Striving for Excellence in Federal Pharmacy

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October 19, 2015

CPE Information and Disclosures

Dr. George Jones, COL John Spain, COL Scott Sprenger, CAPT Thinh Ha, CDR Aaron Middlekauff, Mr. Ron Nosek and RADM Pamela Schweitzer 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 & Technicians
- ACPE#: 0202-0000-15-184-LO4-P/T
- Activity Type: Knowledge-based

Learning Objectives

Pharmacists:
- State joint and service-specific key initiatives and their impact on local pharmacy operations and patient care services.
- Discuss strategic goals and the impact 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 to military and veteran populations.

Technicians
- State joint and service-specific key initiatives and future goals and their impact on local pharmacy operations and patient care services.
- Discuss strategic goals and the impact their implementation will have on the delivery of care at the local level.
- Recall programs that improve access and quality of care to military and veteran populations.

Self-Assessment Question 1

The Defense Health Agency and DoD Pharmacy Enterprise achieved:
- Full Operating Capability in 2015.
- A hit on every identified target.
- An integrated platform for pharmacy operations.
- All of the Above
Self Assessment Question 2

What opportunities are there for pharmacists to strengthen the healthcare system infrastructure?

a. Strategize on ways to fill gaps in healthcare delivery
b. Pharmacist Provider status
c. Alignment of clinical values across healthcare teams, and a shift to patient-centered goals within care delivery.
d. All of the above

Self-Assessment Question 3

Clinical Pharmacists are essential providers of comprehensive medication management services in the Department of Veterans Affairs and all areas of Federal Pharmacy practice.

True or False

Self-Assessment Question 4

The Goal of the Army Medical Home is to ensure the Pharmacist is readily available to provide comprehensive medication therapy management as part of the medical home.

True or False

Self-Assessment Question 5

Challenges and Opportunities currently facing Coast Guard Pharmacy include:

a. Compounding
b. Third Party Study
c. Electronic Health Record
d. CHCS limitations/TPharm4 Connectivity
e. All of the above

Self-Assessment Question 6

The mission of the Medical Reserve Corps is to engage volunteers to strengthen public health, reduce vulnerability and disaster risk, build resiliency, and improve community preparedness, response and recovery capabilities.

True or False
Learning Objectives

- An understanding of the operational status of the Defense Health Agency
- An understanding of the DoD Pharmacy Enterprise achievements through two years of operations

The DoD Pharmacy Enterprise Partnership – Achieving Excellence

- Discussion Points For Today
  - Update “Pharmacy Shared Services” Activities
  - The Team Delivers
  - The Next Level

The “Why”

Military Health System Reform: What We Are Undertaking

- Creating a more **globally integrated** health system – built on our battlefield successes
- Driving enterprise-wide battlefield successes; **standardized clinical and business processes** that produce better health and better health care
- Implementing future-oriented strategies to create a **better, stronger, more relevant** medical force

DHA Vision and Mission

<table>
<thead>
<tr>
<th>Vision</th>
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<tbody>
<tr>
<td>A joint, integrated, premier system of health, supporting those who serve in the defense of our country.</td>
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<table>
<thead>
<tr>
<th>Key Mission Aspects</th>
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<tbody>
<tr>
<td>A Combat Support Agency supporting the military services</td>
</tr>
<tr>
<td>Supports the delivery of integrated, affordable, and high quality health services to beneficiaries of the Military Health System (MHS)</td>
</tr>
<tr>
<td>Executes responsibility for shared services, functions, and activities of the MHS</td>
</tr>
<tr>
<td>Serves as the program manager for the TRICARE Health Plan and medical resources</td>
</tr>
<tr>
<td>Manages the execution of policy as issued by the Assistant Secretary of Defense for Health Affairs</td>
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Defense Health Agency (DHA) - DoD Pharmacy Enterprise

**Mission**

The DHA Pharmacy Operations Division has responsibility for corporate management and compliance oversight of **enterprise-wide pharmacy initiatives** enabling DoD pharmacy benefit delivery in support of the MHS.
DoD Pharmacy Enterprise Update

- Pharmacy Shared Services – from “Initial to Full” Operating Capability 2013-15
- Service Consultants, DHA Pharmacy Staff – “Pharmacy Work Group”
- Exceeded Every Target
  - Integrated Operational Framework – Dynamic Collaboration to Address Mission Opportunities
  - Addressed Compound Pharmacy Explosion
  - Developed / Implemented Strategy – Brought Evidence to Coverage
  - Brought Cost Back to Reasonable Levels
  - Ensured Beneficiary Access to Evidence-Based Individualized Therapy

Delivering Today - Positioned to Build on the Excellence

Pharmacy Savings Index (PSI)

FY15 Overall Target – $208M

DoD Pharmacy Enterprise Update

- DoD Pharmacy and Therapeutics Committee – Integrating Evidence Into Practice Decisions – Achieving Results
  - Comprehensive, Integrated Evidence-Based Clinical and Economic Review
  - Applicable to all 3 Points of Service; Foundation on Beneficiary Access / Optimizing Outcomes

Delivering Congressionally Mandated Benefit Enhancements

- TRICARE for Life Pilot – Select Brand Maintenance
- Copay Changes
- Medication Therapy Management Pilot – Multiple Settings / Varied Beneficiary Groups
- Expanded MTF / Mail-Home Delivery Program – Select Brand Maintenance Meds

DoD Pharmacy Enterprise Update

- Delivered Electronic Prescribing Capability to MTFs
  - 100% MTFs enabled; Over 1 M eRxS from downtown prescribers received by MTFs
- Delivered Contract Transition – TPHARM 4 Implemented May ’15
  - Over last two years – Acquisition; Award; Transition; Implementation
  - $65 Billion contract enhancing Pharmacy Enterprise Capabilities / Beneficiary Services
- Mining “Data Rich” Space –
  - Delivering Foundation Reports
    - Polypharmacy, Deployment Support, Assessing Risk

DoD Pharmacy Enterprise Update

- Building on The Excellence – Targeting the Next Level

  - Integrated Clinical Pharmacy Delivery – Optimizing Outcomes
    - Medication Therapy Management Pilot
    - Integrating / Assessing Pharmacists in PCMH
    - Enhanced Management of Specialty Pharmaceuticals
    - Requirements Based Pharmacy Automation – Efficiency / Cost Targets
    - Implementing Electronic Health Record – Leveraging Enhanced Connectivity to Drive Improved Outcomes
Key Points

- Defense Health Agency / DoD Pharmacy Enterprise - FOC
- Delivered Excellence – Hit The Targets
- Push To Next Level – Improving Outcomes

DoD Pharmacy Enterprise Update

- Compound Drug Management: On-going Operational “Tweaks”
  - Implemented ESI’s full commercial ingredient exclusion list October 1, 2015
  - Continued Beneficiary access – Over 3,000 prescriptions filled since Oct
- Supporting DHMSM (EHR) efforts with Pharmacy Enterprise Input
  - Transitioning Navy Pharmacy Automation contract management
  - Sharing Workflow Lessons Learned to Optimize electronic prescribing
- Implemented NDAA 2015 Expanded Mail Order/MTF Program
  - Brand-name maintenance medications to be filled at Mail or MTF
  - Com Plan was launched mid September; Transition over next 90 days
- Executed all 2015 Pharmacy Shared Services Initiatives
  - Exceeded Initiative savings projections; Halted Compound Drug runaway cost
  - Clinical Pharmacy Performance is a key 2016 Initiative

Comments / Questions

“A vision without a plan is a just a dream. A plan without vision is just drudgery. But a vision with a plan can change the world”

Ancient Proverb

Executing Change: Health, Wellness, Satisfaction & Cost

COL John Spain
Pharmacy Consultant to the Army Surgeon General
U.S. Army Medical Command Pharmacy Program Manager
19 October 2015

Overview

- Tech-Check-Tech
- Pharmacist Support to AFMH
- Regulatory Compliance/Inspections
- e-Prescribing
- Automation Refresh

Air Force Pharmacy Operations

Colonel Scott Sprenger
Pharmacy Consultant to the Air Force Surgeon General
Tech-Check-Tech

- Previous Rx volume requirement unrealistic for GSUs and small MTFs
- New program adjusts requirement to more realistic level that still meets mission & intent
- Allows use of POE and hardcopy Rxs to meet the volume requirement
- Enhances realistic training and ties into deployment

Pharmacist Support to AFMH

- Clinical pharmacist integration into AFMH practice reduces costs and improves access, quality, safety, and outcomes
- SG designated “Go Do”, funded 11 MTFs:
  - Eglin
  - Keesler
  - Luke
  - Patrick
  - Scott
  - Wright-Patterson
  - Fairchild
  - Lackland
  - MacDill
  - Randolph
  - USAF Academy

Pharmacist Support to AFMH (cont.)

- Clinical Pharmacist Support Guide
- Tri-Service Work Flow (TSWF) Clinical Pharmacy Form
- Next Steps:
  - Initiate full-time ops at all sites
  - Anticipate / mitigate challenges
  - Develop performance targets / benchmarks
  - Local assessment / practice refinement

Regulatory Compliance and Inspections

- Change to TJC from AAAHC
- Inspection Process
- Inspection Tracker
- Staff Assistance Visits

e-Prescribing

- Benefits:
  - Improves patient safety
  - Improves workflow
  - Recapture from retail
- Concerns:
  - Workload / staffing
  - Training
  - Non-formulary
  - Operational changes
  - Technology glitches (receipt of e-Rx, CHCS down, pharmacy not found by provider)
Automation Refresh

- Phase I is underway (17 MTF)
- High-capacity robotics next
- Phase II: Remainder of AF MTF

Summary

- Tech-Check-Tech
- Pharmacist Support to AFMH
- Regulatory Compliance/Inspections
- e-Prescribing
- Automation Refresh

Overview of Patient Experience

To answer these questions, we turned to the experts - not consultants, not BUMED, not industry specialists, but the people in the pharmacy every day: patients, pharmacy staff, and providers.

Where did we go?
- 30 sites

Who did we ask?
- 35,000 questions asked
- 1000+ patients
- ~200 staff
- ~20 providers

What did we do?

DEFINE
What do patients care about at the pharmacy?

MEASURE
How do patients feel about their experience?

ASSESS
Why do patients feel that way about the pharmacy?

IMPROVE
How can we improve patient experience?

Patient Experience

CAPTAIN Thinh Ha
Pharmacy Consultant to the Navy Surgeon General

Defining Patient Experience

Previously, patient experience at the pharmacy had only been defined narrowly, as wait times. We developed a comprehensive, measurable definition of patient experience, comprised of four key dimensions.

Patient Experience Dimensions

- Service Quality
  The extent to which staff are accessible, competent, and respectful in interactions with patients

- Medication Availability
  The extent to which pharmacy delivers the quantity and type of medication requested by the patient

- Convenience
  The extent to which the effort and time required of patients when filling a prescription is minimized

- Patient Safety
  The extent to which pharmacy operations ensure the prevention of harm to patients
Measuring Patient Experience

**DEFINE**
What do patients care about at the pharmacy?

**MEASURE**
How do patients feel about their experience?

**ASSESS**
Why do patients feel that way about the pharmacy?

**IMPROVE**
How can we improve patient experience?

Based on that definition, we evaluated patients' experiences at the pharmacy. Using industry-validated surveys, we analyzed patients' perceptions, expectations, and use of the pharmacy and its services. We identified gaps between patients' expectations and perceptions of pharmacy services, which represent opportunities to improve service delivery. We developed patient segments, based on demographic characteristics and healthcare habits, to understand the differences in their behavior.

Assessing Patient Experience

**DEFINE**
What do patients care about at the pharmacy?

**MEASURE**
How do patients feel about their experience?

**ASSESS**
Why do patients feel that way about the pharmacy?

**IMPROVE**
How can we improve patient experience?

To understand the causes of the identified issues, we took an innovative approach, using Human-Centered Design in a nontraditional marriage of data-, customer-, and client-driven perspectives. To identify effective, feasible solutions, we developed an approach to validate the concepts, account for sites' needs and resource constraints, and plan for the ideal-state of the recommendations.

Improving Patient Experience

**DEFINE**
What do patients care about at the pharmacy?

**MEASURE**
How do patients feel about their experience?

**ASSESS**
Why do patients feel that way about the pharmacy?

**IMPROVE**
How can we improve patient experience?

To identify effective, feasible solutions, we developed an approach to validate the concepts, account for sites' needs and resource constraints, and plan for the ideal-state of the recommendations.

**Example:** Medication Availability

Patients' medication availability issues result from failures of communication, not just lack of capacity. Conducted interviews and observed behavior in the pharmacy. Using industry-validated surveys, we analyzed patients' perceptions, expectations, and use of the pharmacy and its services. We identified gaps between patients' expectations and perceptions of pharmacy services, which represent opportunities to improve service delivery.

US Coast Guard Pharmacy

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

Learning Objectives

- Challenges/Opportunities
- Immunization Information Systems
- Make a difference
### Challenges/Opportunities
- Compounding
- Third Party Study
- Electronic Health Record
- CHCS limitations/TPharm4 Connectivity
- Multiple roles

### Immunization Information System
- CDC initiative
- Demonstration of PHS dichotomy
- CG pharmacists “own” vaccine oversight
- CPO/DoD coordination

### Make a Difference
- Communication
- Now is the time to leave your legacy
- All thrust…no vector?
- Come Monday

### Key Points
- Challenges/Opportunities
- Immunization Information Systems
- Make a difference

### Overview and Key Initiatives in VA
- VHA and PBM
- CMOP
- Clinical Pharmacy Programs
- The PhARMD Project
- Academic Detailing
- VA Pharmacy Residencies
Veterans Health Administration

- Over 1,600 sites of care including:
  - 167 Medical Centers
  - Over 1,000 Community-Based Outpatient Clinics (CBOCs)
  - 300 Vet Centers (Readjustment Counseling), 70 Mobile Vet Centers
  - Outreach and mobile medical clinics serve the most remote rural Veterans—all tethered to one of our 167 medical centers.

- Provides health care services to 8.9 million Veterans each year
  - 92.4 M OP appointments annually
  - 16,801 Average Operating Beds
  - 707.4 K Admissions
  - 312 K surgeries annually

- Pharmacy Services
  - Approximately 8,500 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
  - 117 million Rx’s (80% of all OP Rx’s filled in VA)
  - 320,000 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’s/month across VA

- Specialty Pharmacy (GL-CMOP)
  - Centralized approach through CMOP; reduce burden on VAMCs
  - Focus on products with wholesale restrictions
  - Dispensing 37 line items and 35,600 Rx’s

J.D. Power 2015 Mail Order Pharmacy Study

<table>
<thead>
<tr>
<th>Mail Order—Overall Satisfaction</th>
<th>2014</th>
<th>2015</th>
</tr>
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<tbody>
<tr>
<td>Department of Veterans Affairs</td>
<td>775</td>
<td>777</td>
</tr>
<tr>
<td>Pharmacy Benefits Management</td>
<td>775</td>
<td>777</td>
</tr>
<tr>
<td>Clinical Pharmacists are Essential Providers of Comprehensive Medication Management Services</td>
<td></td>
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</table>
  - Over 3,185 (47%) Clinical Pharmacists with a Scope of Practice (SOP)
  - Movement to Practice-Area Based SOPs

<table>
<thead>
<tr>
<th>Clinical Pharmacy Practice in VA</th>
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<tbody>
<tr>
<td>Credentialing of Clinical Pharmacists with a SOP in a similar manner to the LIP</td>
</tr>
<tr>
<td>SOP Oversight and Evaluation of the Quality of Care</td>
</tr>
</tbody>
</table>
  - Professional Practice Evaluations (OPPE and FPPE) Process Re-defined |
| VHA Policy to Support Practice Change |
Clinical Pharmacy Practice Initiatives

The Past 3 years have seen significant Clinical Pharmacy Expansion in:
- Medical Home (Patient Aligned Care Team)
- Hepatitis C
- Mental Health
- Antimicrobial Stewardship

This expansion is supported by:
- Business rules for PACT
- Clinical Pharmacy Boot Camp trainings
- Workload and billing capture
- Tracking of interventions and clinical outcomes (PhARMD project)
- Policies and Guidance documents
- Clinical Pharmacy Practice Council

Hepatitis C Treatment in VA

- Approximately 140,000 Veterans in VA care with chronic Hepatitis C infection making it the largest single HCV provider in the U.S.
- 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.
- VA has treated over 26,000 Veterans with the new interferon free direct acting antivirals in FY 2015 and over 35,000 since January 2014.
- VA has screened 68% 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 40% screening rate nationally in this cohort)
- Also have systems in place at the VISN level to address gaps in testing and access to care. These teams have worked successfully to ramp up VA treatment capacity resulting in as many as 1500 new treatment starts per week
- Hep C drug treatment was over $1.2 billion in FY2015

The PhARMD Project

- Pharmacists Achieve Results with Medications Documentation
- A clinical reminder dialog template that allows pharmacists to document the spectrum of clinical pharmacy services that are provided to patients by pharmacists within the VA.

- The PhARMD tool contains interventions commonly seen in different settings
  - Original tool focuses on the ambulatory setting
  - Version 7.0 is being piloted with interventions in the acute care setting, anticipated to be released at the end of FY15 (August-September 2015 time frame)

PhARMD Project Tool: How Does it Work?

- A health factor was created for each of the clinical pharmacy interventions in the tool using standardized nomenclature and these health factors are exported into the regional and corporate data warehouses
- CPPO has developed the ability to retrieve these clinical pharmacy health factors (HF) for each intervention logged by the clinical pharmacist at the local medical center

PhARMD Project Focus on Interventions

- CPPO PhARMD Reporting SharePoint available with data for all participating sites
- Summary and interventions breakdowns
  - Important in describing role of the pharmacist
- Provides information related to types of patients and their therapeutic goals identified by pharmacists
- Provides granularity as to number of patients who achieved therapeutic targets

PhARMD Project Results

<table>
<thead>
<tr>
<th>Metric</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15 (as of 9 14 16)</th>
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</thead>
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<tr>
<td>Number of Pharmacist Tool Users</td>
<td>171</td>
<td>883</td>
<td>3518</td>
<td>1746</td>
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<tr>
<td>Total Disease State Interventions</td>
<td>15,410</td>
<td>198,342</td>
<td>484,737</td>
<td>570,840</td>
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<tr>
<td>Total Additional Pharmacotherapy Interventions</td>
<td>16,777</td>
<td>109,342</td>
<td>320,648</td>
<td>234,079</td>
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<tr>
<td>Total Interventions</td>
<td>33,127</td>
<td>307,684</td>
<td>805,385</td>
<td>804,919</td>
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<tr>
<td>Avg Number of Interventions per visit</td>
<td>1.9</td>
<td>1.8</td>
<td>1.8</td>
<td>1.7</td>
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</table>
Academic Detailing Implementation in Veterans Health Administration

- 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

VA Residency Program Overview

- Total number of programs: 236
  - PGY-1: 157
  - PGY-2: 79
- PGY-1 Residents: 441
- PGY-2 Residents: 159
  - Mental Health, Ambulatory Care, Internal Medicine, Oncology, Geriatrics, Pain Management/Palliative Care, Critical Care, Emergency Medicine, Infectious Disease, Pharmacy Admin, Informatics
- Fellows: 5 (Infectious Disease and Cardiology)

Growth of VA Pharmacy Residencies

Number of VA Funded Resident Positions

Changing our Culture

Rear Admiral Pamela Schweitzer
U.S. Public Health Service
Chief Professional Officer (CPO), Pharmacy
@USPHSPharmacy #USPHSPharmacy

PHS Pharmacists by Agency
(1263 Commissioned Corps 9/17/2015)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Number</th>
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<tbody>
<tr>
<td>IHS</td>
<td>560</td>
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<tr>
<td>FDA</td>
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<tr>
<td>BOP</td>
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<tr>
<td>SAMHSA</td>
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<td>AHRQ</td>
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<tr>
<td>Coast Guard</td>
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<tr>
<td>DHS*</td>
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<tr>
<td>CMS</td>
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<tr>
<td>CDC</td>
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<tr>
<td>NIH</td>
<td>11</td>
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<tr>
<td>HRSA</td>
<td>15</td>
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<tr>
<td>OS</td>
<td>14</td>
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<tr>
<td>DOD TMA</td>
<td>9</td>
</tr>
</tbody>
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*Includes Immigration
This past year…

• Collaboration efforts across service lines:
  – Limited drug distribution/specialty pharmacies, immunizations, provider status, active participants in the pharmacy profession.
• Meeting/visiting with officers in the field
  – Established several teams: leadership, wellness, tobacco cessation, geriatrics, drug dependency.
• Major improvements to the Commissioned Corps application process
• Infrastructure for pharmacist provider role

Monrovia Medical Unit (MMU)

Federal Pharmacy

American Pharmacist Association - House of Delegates
Federal Pharmacy introduced New Business Items:
• Medication Adherence
• Maternal Health
• Antibiotic Stewardship


National Clinical Pharmacy Specialist Committee (NCPS) Certification

• Total Certifications - 689
• Active Certifications - 483

• Total Pharmacists - 489
• Active Pharmacist - 347

Data updated: 6/2/2015

NCPS Certifications by Disease State

• Cardiovascular Risk Reduction
• Alcohol Abstinence
• Chronic Kidney Disease
• HIV/AIDS
• Seizure Disorder
• Infectious Disease
• Hepatitis C
• Home-Based Pharmacokinetic
• Anemia
• CHF
• Diabetes
• Dyslipidemia
• Hypertension
• Immunization
• Pain Management

Public Health

• Public health is:
  – the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases.
  – concerned with protecting the health of entire populations.
  – promoting healthcare equity, quality and accessibility.
• Public health professions implement educational programs, recommend policies, administer services and conduct research.

Reference: http://www.cdcfoundation.org/content/what-public-health
Engaging our Patients

- Connectiveness
- Continuity
- Share decision making
- Clear information
- Team-based


Leading Change – Kotter’s 8 step process

Change

“Success is never final and failure never fatal. It’s courage that counts.”

Medical Reserve Corps

- National “Network of Networks”
- Mission: Engage volunteers to strengthen public health, reduce vulnerability and disaster risk, build resiliency, and improve community preparedness, response and recovery capabilities
- Keys to success:
  - Dedicated volunteers and leaders
  - Supportive housing organizations
  - Strong partnerships

- [http://www.naccho.org/topics/emergency/MRC/networkprofile](http://www.naccho.org/topics/emergency/MRC/networkprofile)
**Key Points**

- All of us in health care are public health leaders
  - Be an example, inspire others
- Federal pharmacy: a model for strengthening the healthcare system infrastructure.

"Because your actions inspire others to dream more, learn more, do more and become more, you are a leader."

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**Thank you for your service!**

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**Answer to Self-Assessment Question 1**

What opportunities are there for pharmacists to strengthen the healthcare system infrastructure?

a. Strategize on ways to fill gaps in healthcare delivery
b. Pharmacist Provider status
c. Alignment of clinical values across healthcare teams, and a shift to patient-centered goals within care delivery.
d. All of the above

**Answer to Self-Assessment Question 2**

What opportunities are there for pharmacists to strengthen the healthcare system infrastructure?

a. Strategize on ways to fill gaps in healthcare delivery
b. Pharmacist Provider status
c. Alignment of clinical values across healthcare teams, and a shift to patient-centered goals within care delivery.
d. All of the above

---

**Answer to Self-Assessment Question 3**

Clinical Pharmacists are essential providers of comprehensive medication management services in the Department of Veterans Affairs and all areas of Federal Pharmacy practice.

True or False

**Answer to Self-Assessment Question 4**

The Goal of the Army Medical Home is to ensure the Pharmacist is readily available to provide comprehensive medication therapy management as part of the medical home.

True or False
### Answer to Self-Assessment Question 5

Challenges and Opportunities currently facing Coast Guard Pharmacy include:
- a. Compounding
- b. Third Party Study
- c. Electronic Health Record
- d. CHCS limitations/TPPharm4 Connectivity
- e. All of the above

### Answer to Self-Assessment Question 6

The mission of the Medical Reserve Corps is to engage volunteers to strengthen public health, reduce vulnerability and disaster risk, build resiliency, and improve community preparedness, response and recovery capabilities.

True or False

### Closing Remarks

**JFPS 2015**

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