Engaging Pharmacists in State Public Health Actions

Speakers:
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Moderator: Chanel Recasner
1305 Grantee Meeting
September 11, 2014
Engaging Pharmacists in State Public Health Actions

Learning Objectives

• Describe activities where pharmacists are being utilized to accomplish 1305 strategies
• Discuss factors that contribute to programs’ successes and gain knowledge about the best practices and key elements of activities that engage pharmacists
• Define some key terms and practices related to working with pharmacists
Summary of 1305-funded State Activities that Engage Pharmacists

Lori Hall, PharmD
Program Consultant, Division of Diabetes Translation

• How work aligns with Domains 3 & 4
• Summary of types of activities
  • Key partnerships utilized
• Targeted populations/settings
• Activities on the Horizon
Domain 3: Increase Use of Team-Based Care

Increase use of team-based care in health systems

- Increase engagement of non-physician team members (i.e., nurses, pharmacists, and patient navigators) in hypertension and diabetes management in health care systems
- Increase use of self-measured blood pressure monitoring tied with clinical support
Team-Based Care: Desired Outcomes

- **Short Term:**
  - Increased proportion of health care systems (and patients in health care systems) with policies or systems to encourage a multi-disciplinary team approach to blood pressure and A1C control
  - Increased proportion of health care systems with policies or systems to encourage patient self-management of high blood pressure

- **Intermediate:**
  - Increased proportion of adults with high blood pressure and patients with diabetes in adherence to medication regimens
  - Increased proportion of patients with high blood pressure that have a self-management plan

- **Long Term:**
  - Increased proportion of adults with known high blood pressure who have achieved blood pressure control
  - Decreased proportion of persons with diabetes (PWD) with A1C >9
Domain 4: Increase use of Health Care Extenders

Increase use of health-care extenders in the community in support of self-management of high blood pressure and diabetes

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

- Increase engagement of community health workers (CHWs) in the provision of self-management programs and on-going support for adults with high blood pressure and adults with diabetes
Health Care Extenders: Desired Outcomes

- **Short Term:**
  - Increased proportion of community pharmacists that promote medication-/self-management for adults with diabetes

- **Intermediate:**
  - Increased proportion of patients with diabetes in adherence to medication regimens

- **Long Term:**
  - Decreased proportion of people with diabetes with A1C > 9
YR1 Activities – Domains 3 & 4
Work with Pharmacists
24 “Enhanced” + 4 “Basic” Grantees

ENHANCED WORK PLANS

BASIC WORK PLANS
## What types of services are pharmacists providing?

<table>
<thead>
<tr>
<th>Service</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Therapy Management</td>
<td>AR, CT, MD, MS, OH, WI</td>
</tr>
<tr>
<td>Medication adherence coaching</td>
<td>AZ, ME, MN, RI, UT</td>
</tr>
<tr>
<td>Million Hearts Team Up, Pressure Down approach</td>
<td>MT, NY, MN, MS</td>
</tr>
<tr>
<td>Team-based care initiatives</td>
<td>AZ, CO, IA, ID, KY, MD, ME, MO, OH, OK, PA, RI, TN, UT</td>
</tr>
<tr>
<td>Promote prediabetes or ABCS awareness</td>
<td>KY, ME, NC</td>
</tr>
<tr>
<td>Administer DSME curriculum</td>
<td>AZ, AR, IA</td>
</tr>
<tr>
<td>Referrals to chronic disease self-management and lifestyle modification programs</td>
<td>RI, TN, UT</td>
</tr>
<tr>
<td>Academic detailing</td>
<td>WI</td>
</tr>
</tbody>
</table>
### What ARE these services?

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**Team Up. Pressure Down.**
The Medication Therapy Management Core Elements Service Model

The diagram below depicts how the MTM Core Elements (●) interface with the patient care process to create an MTM Service Model.

**MEDICATION THERAPY REVIEW**
- Interview patient and create a database with patient information
- Review medications for indication, effectiveness, safety and adherence
- List medication-related problem(s) & Prioritize
- Create a plan

**INTERVENTION AND/OR REFERRAL**
- Possible referral of patient to physician, another pharmacist or other healthcare professional
- Interventions directly with patients
- Interventions via collaboration
- Physician and other healthcare professionals

**IMPLEMENT PLAN**
- Create/Communicate
- Create/Communicate
- Complete/Communicate & Conduct

**PERSONAL MEDICATION RECORD (PMR)**

**MEDICATION-RELATED ACTION PLAN (MAP)**

**DOCUMENTATION & FOLLOW-UP**
Highlighted Grantee: Ohio Department of Health
Year 1 Activities

• Original proposal: Use their colleges of pharmacy to implement MTM practices in 5 FQHCs
• Develop and establish contracts with OACHC, OPA and OSU College of Pharmacy that include data sharing plans
• Progress thus far:
  ▪ 4 MTM Pilot Sites chosen (3 FQHCs, 1 retail chain 340B)
  ▪ MTM Consortium formed (reps from 6 Ohio Colleges of Pharmacy)
  ▪ Plans for expansion of sites with “Basic Plus” funds
  ▪ Website developed, resource sharing
  ▪ Data collection tool developed
  ▪ Targeting “complicated” DM and HTN patients
Medication Adherence

- Appointment Based Model, synchronized prescription refill program
- Education with behavioral support
- Pill counting
- Blister packaging
- Electronic monitoring
- Telecommunication systems for monitoring and counseling
- Single dose vs. multiple dose prescribed
Medication Adherence
Sampling of YR1 Activities

- Expand adoption of shared medical appointments by nurses, dieticians, pharmacists in FQHCs to assist with medication adherence and disease management.
- Expand existing Hypertension Medication Management Adherence project to include Diabetes Medication Adherence and referral to CDSMP/DSME.
- Implement pilot project where pharmacists provide MTM, adherence coaching, and hypertension management for employees in a County with disproportionately high disease burden. Contract w/ College of Pharmacy to utilize pharmacists/senior pharmacy students to carry out work.
As a Pharmacy or Pharmacist

- EDUCATE customers about the most effective ways to control their risk factors for heart disease and stroke.
- PROMOTE heart-healthy habits to your customers, such as regular exercise and a diet rich in fresh fruits and vegetables.
- HELP customers follow treatment instructions and IMPROVE medication adherence.
- PROVIDE access to a free blood pressure measurement device and encourage its use with customers.
- IMPLEMENT processes, systems, and structures that improve surveillance and monitoring of customer medications.
Tier 1

- **General Awareness:** Basic information is shared about TUPD program; general education, periodic blood pressure screenings offered

Tier 2

- **Medication Adherence Messaging:** Pharmacist proactively identifies and addresses medication adherence and blood pressure issues with their patients on a regular basis

Tier 3

- **Blood Pressure Counseling Services:** Pharmacists adopt and track implementation policies/procedures; trained on the full integration of a BP management program

TUPD = Team Up. Pressure Down.

Million Hearts Promotion
Sampling of YR1 Activities

- Recruit community pharmacists associated with School of Pharmacy for Team Up. Pressure Down. (TUPD) Initiative; modify the TUPD materials for diabetes control.
- Convene a Community Pharmacy Team to develop and guide a project to identify one high need community as initial implementation site; customize Million Hearts Campaign Team Up. Pressure Down tools for alignment with project.
- Identify and engage at least 45 community pharmacists to implement Team Up. Pressure Down. for hypertension awareness and management.
Team Based Care Initiatives

- The Community Guide Task Force defines team-based care:
  
  “Adding new staff or changing the roles of existing staff to work with a primary care provider. Each team includes the patient, the patient’s primary care provider, and other professionals such as nurses, pharmacists, dietitians, social workers, and community health workers.”

- Collaborative Drug Therapy Management
  
  - Pharmacist can initiate, modify, continue drug therapy under an agreed upon protocol (generally known as “Collaborative Practice Agreements”, or CPAs)
  
  - CPA rules vary by State, subject to scope of practice laws, mandates, board of pharmacy rules, etc.
Team-Based Care Initiatives
Sampling of YR1 Activities

- Enhance pharmacy curriculum at both Schools of Pharmacy to include a focus on team-based care for hypertension and diabetes management, establishing an infrastructure for pharmacy students to deliver education to underserved populations in primarily rural communities across the state.

- Create a workgroup that will research evidence and cost benefits of team-based care, disseminate results, and make recommendations on how to increase engagement of non-physician team members in healthcare systems.

- Expand Heart Disease/Stroke Prevention physician-pharmacist team building project with the College of Pharmacy (beyond rural/micropolitan restrictions to urban/suburban areas)
State Actions

- Train providers and pharmacists on team-based care approach
- Explore incentive programs aimed at providers using non-physician team members
- Administer surveys, environmental scans (scope of practice, willingness, reimbursement, obstacles)
- Develop policies, procedures, protocols that enhance utilization of pharmacists
- Develop work groups devoted to preparing for implementation phases of work
- Implement data systems or establish data sharing between pharmacists and providers
- Build referral systems (i.e. pharmacists refer patients to DSME)
Partnerships

- Schools of Pharmacy
- State Pharmacy Organizations, Pharmacist Associations
- State Primary Care Association
- Retail Pharmacies:
  - Walgreens (CO, KY, NC, RI)
  - Safeway (AZ, CO)
  - Hannaford (ME)
  - Arrow Pharmacy (CT)
- National Organizations (and their State affiliates) to consider:
  - American Pharmacists Association (and Foundation)
  - American Society of Health-System Pharmacists
  - National Community Pharmacists Association
  - National Association of Chain Drug Stores
Populations and Settings

- People with diabetes, hypertension, heart disease, history of stroke
- Employees, targeted worksites
- State Health Plan members
- Medicaid recipients
- Underserved populations, low-income and minority populations
- Residents of rural communities, residents of urban/suburban communities

- FQHCs, CHCs
- Local health departments
- Retail Pharmacies
- PCMHs
- Teleservices
Pharmacists...where do they fit?

- Several variables to consider:
  - Nature of work
  - Setting
  - Relationship to performance measures (outcomes)
  - Funding allowances
  - Others?
Save the Date!

Tuesday, Oct 22, 2014

CDC Public Health Grand Rounds

Topic: Engaging Pharmacists to Improve our Nation’s Health
State Experiences: Utah and Montana