GHS Medication Therapy Disease Management Program (MTDM) - Endless Opportunities

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Geisinger Health System

“The Legacy

“Make my hospital right, make it the best.”

Abigail Geisinger
1827-1921

“Geisinger Quality – Striving for Perfection”...
The Vision for the Second Century
The Next Five Years

• Quality and Innovation
  • Patient centered focus
    • Patient activation (empowerment)
    • Culture of quality, safety and health
  • Value re-engineering
    • Transformational changes – embedding innovations

• Market Leadership
  • Collaboration/partnerships
    (local, regional, national)
  • The GHS Brand
    • Scaling and generalizing

• The Geisinger Family
  • Personal and professional well being

Geisinger Health System
Enterprise Pharmacy

PHARMACY CARE COORDINATION AND ENTERPRISE EHR
The Virtual Clinical Pharmacy Program
Medication Therapy Disease Management

• *Not a building…not a pharmacy, but the complete System Clinical Pharmacy resource.*
• A “Virtual Pharmacy”… a distributed Pharmacy/Pharmacist Network
• Matrixed throughout the health system
• Completely connected electronically
• With the patient in the center
• Responsible for all Medication Therapy Disease Management (MTDM) throughout the continuum of care

Background

• There are an estimated 1.5 million preventable adverse medication events per year that result in $177 billion in injury and death.

• Medication Therapy Management (MTM) was officially recognized in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

• Studies have shown increased patient satisfaction, decreased hospitalizations, and economic cost-savings from pharmacist-managed MTM services.
GHS Medication Therapy Disease Management (MTDM)

• A Comprehensive Program to:
  • Document the care delivered and communicate essential information to the patient’s other care team providers.
  • Coordinate care between the patient, the provider, the dispensing pharmacy and third party payer
  • The concept of MTM recognizes that medication therapy offers both significant benefit and poses serious risks.
    – Risk being associated with uncoordinated, noncollaborative programs
  • MTM is supported by a Federal mandate both in the CMS regulations and in the Healthcare reform act
  • There is a opportunity to enhance both the availability of appropriate information and the quality of care provided through the appropriate use of clinical pharmacists in MTDM.

GHS MTDM Collaborative Practice Agreements

• A Collaborative Practice program to:
  • Perform comprehensive medication therapy reviews and medication reconciliation.
  • Identify, modify, resolve and evaluate medication-related problems including adverse drug events.
  • Manage the disease state by measuring the safety and effectiveness of the medication regimen.
  • Design medication regimens tailored to each patient’s individual needs
  • Optimize polypharmacy regimens
  • Titrate and Monitor chronic disease medication regimens
  • Design cost-effective medication therapy regimens
GHS MTDM General Information

- Pharmacists are medication experts
- Cost of adverse drug events (ADEs) $177 billion annually
  - Health Systems spend $1 on ADEs for every $1 spent on prescriptions
  - Preventing, Identifying and Resolving ADEs will decrease total medical costs.
- GHS MTDM Program Revenue capture:
  - Office visit payments FY14=$6,519,529
- GHS MTDM Program Cost Avoidance:
  - Stroke prevention=$3,342,000
  - ER visit prevention=$198,000/year
  - Hospitalization prevention=$231,000/year
  - Medication cost savings=$1,320,000/year

GHS MTDM Program History

- Started in 1996 with 2 Pharmacists
- As of December, 2014:
  - 47 pharmacists and 10 support staff
  - At 46 ambulatory practice locations across the GHS service area
  - Certified/credentialed in the following diseases:
    - Anemia
    - ADA Certified in Diabetes
    - Anticoagulation
    - Geriatrics
    - Heart Failure
    - Hypercholesterolemia
    - Hypertension
    - Medically Complex Children
    - Multiple Sclerosis
    - Non-malignant Chronic Pain
    - Oral Chemotherapy and symptom management
GHS MTDM Program Practice Locations

Central Region:
- Berwick, Bloomsburg, Danville (Internal Medicine, Knapper Clinic, Nephrology, Neurology, Woodbine Pain Therapy, Cardiology/Heart Failure), Frackville, Kulpmont, Orwigsburg, Pottsville, Shamokin

Eastern Region:
- Baltimore Drive, Dallas, Hazleton, Henry Hood Cancer Center, Kistler, Life Geisinger Scranton, Moosic, Mt. Pleasant, Mt. Pocono, Nicholson, Pittston, South Wilkes-Barre, Tunkhannock

Western Region:
- Bellefonte, Cold Springs, Juniata, Lewisburg, Lewistown, Lewistown FHA, Lock Haven, Lycoming, Milton, Philipsburg, Scenery Park, Selinsgrove

GHS MTDM Program Key Statistics as of December 2014

- **20,614** Active Patients
- **82,505** Total Patients
- >2.3 % per month growth rate
- >1,000 New patients per month
- ~26,000 Encounters per month
- 1.42 encounters per patient per month
- 70% of INR’s within Therapeutic Range
- 81% adherence rate to medications
### Anticoagulation MTDM Visits by Location
#### December 2014

<table>
<thead>
<tr>
<th>Clinic Location</th>
<th>December 2014 in person visits</th>
<th>Budget in person visits</th>
<th>2014 Phone visits</th>
<th>Total completed appts</th>
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<td>Bellefonte</td>
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<td>Berwick</td>
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<td>Cold Springs</td>
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<td>132</td>
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<td>Dallas</td>
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<td>198</td>
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<td>484</td>
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<td>GMC-Woodbine Pain</td>
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<td>GMC-Selinsgrove SU</td>
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<td>GMC-Shamokin</td>
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<td>GMC-Heart Failure</td>
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<td>GWV-SWB Pain</td>
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<td>Total HOP</td>
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<td>2,070</td>
<td>6,098</td>
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<td>Totals</td>
<td>8,584</td>
<td>7,893</td>
<td>18,157</td>
<td>26,740</td>
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### Overview of MTDM Anticoagulation Program

#### Comparison of GHS Anticoagulation Management Service with Literature

**Incidence of Adverse Events**

<table>
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<tr>
<th></th>
<th>GHS Anticoag Clinics¹</th>
<th>Reference Anticoag Clinics²</th>
<th>Usual Practice (non-GHS Patients)*</th>
<th>GHS Non-Anticoag Clinic Patients³</th>
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<tr>
<td>Rate of Bleeding</td>
<td>8.33%</td>
<td>15.30%</td>
<td>35.30%</td>
<td>17.10%</td>
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<tr>
<td>Rate of Thromboembolic Events</td>
<td>1.41%</td>
<td>3.60%</td>
<td>11.80%</td>
<td>20.60%</td>
</tr>
</tbody>
</table>

1 Based on 2007-2013 GHS Anticoag data-total of 19,362 patients on continuous therapy
2 Bungard TJ, Gardner L, Archer SL; Evaluation of a pharmacist-managed anticoagulation clinic: Improving pa
3 Based on 2009 GHS data - total of 307 patients on continuous therapy
Stroke Prevention

• 7117 patients were actively managed on anticoagulation therapy during calendar year 2013, with a diagnosis of A-Fib
• For every 33 A-fib patients on anticoagulation therapy 1 stroke per year is avoided
• 216 potential strokes avoided during 2013

Stroke Prevention, cont.

• Cost per Acute Stroke approximately $12,000 for initial event
  – $2,592,000 annual cost avoidance
• Ongoing care costs are approximately $3,500 per patient per year
  – $754,000 per patient per year cost avoidance
• Cost avoidance associated with stroke prevention more than pays for annual cost of the ENTIRE Anticoagulation portion of the program
Cost Comparison of Anticoagulation Medication Regimens: Is newer better?

- Warfarin (GHS System Cost)
  - $0.13/tab + $7.90 lab fee + $45 MTDM = $78/month
  - Assuming 30 tabs and 1.4 lab INRs per month

- Novel Anticoagulant e.g. Rivaroxaban (Xarelto)
  (GHS System Cost)
  - $12.62/tab for 30 days = $378/month

- Adherence to chronic medications in a managed program such as GHS MTDM Anticoagulation Program is ~80%. In a Non-managed program adherence to chronic medication is ~50%.

Lipid Goal Attainment Among Select GHP Patients NOT Followed in GHS Medication Therapy Management Program and the Potential for Improving Outcomes

- Among 21,837 “Very High CV Risk” patients, only ~6,648 (30.4%) are at optimal target levels of LDL cholesterol.

- For those not at goal:
  - **IF** the majority (~80%) of the 8555 patients with an LDL > 70 but less than 100 could be moved to <70, (6844 patients with ~20mg/dl decrease)
  - **AND** a smaller majority (~70%) of those 6,634 with a current LDL >100 could also be moved to <70 (4644 patients with ~40mg/dl decrease)
  - **THEN** over 5 years relative reductions in death and MI would be ~27%, or ~320 people, with further reductions in strokes, TIAs and revascularizations.
Therapeutic outcomes for HTN, DM, and dyslipidemia in GHS MTDM Program

• **December 2010 thru July 2014:**
  • # 1 GOAL of diabetes program are NO LOWS!!!!!!!
  • 12,445 patients referred and managed
  • 61% of patients at goal A1C
  • 79% of patients had a reduction in A1C
  • 70% at BP goal of 130/80 or 140/90
  • 73% at LDL goal of <100, <70 or max statin
  • MPR of 74%

MTDM Management in HTN, DM, and Dyslipidemia
Quality/Safety and Cost Avoidance

• Quality/Safety:
  • Year Three Results in 7,111 metabolic patients
    • 87 MI’s prevented (NNT* =82)
    • 42 Strokes prevented (NNT =170)
    • 47 Cases of Retinopathy prevented (NNT=152)

• Cost Avoidance:
  • Based on an estimated savings of $820 for each 1% decrease in A1C, cost avoidance was calculated as $2,845,537
  • Based on an estimated savings of $9,196 for each MI, cost avoidance was calculated as $800,052
  • Based on an estimated savings of $15,500 for each stroke prevented, cost avoidance was calculated as $651,000
  • Based on an estimated savings of $3,190 for each case of retinopathy, cost avoidance was calculated as $149,930

* NNT=Number Needed to Treat

Pharmacotherapy. 2005 Dec;25(12):1809-16
Oral Chemotherapy Focus

• When we give IV chemotherapy we know the patient received it!
• With Oral Therapies:
  • At home, unknown if patient is adherent
  • Studies in breast cancer patients show that adherence rates drop off the longer patients take the medication
  • Alternatively, in a study of patients taking capecitabine (Xeloda), patients were more adherent if they were seen every cycle
  • Just because the medication is taken at home does not mean that there is not a potential for serious side effects
  • Some patients think that since the medication is taken orally vs. IV, it might not be as "strong"
  • Patients may continue to take medication even with side effects and not call the office because they think all chemotherapy should have side effects
• To Note: Three out of five new treatment options in phase III clinical trials are oral chemotherapeutic agents

Forecasted Cost Avoidance Impact of MTDM Services on Oral Chemotherapy

<table>
<thead>
<tr>
<th>Patient Appts. per day</th>
<th>Total Appts. per Month</th>
<th>Total patients per year</th>
<th>Drug therapy problems per patient</th>
<th>Medication cost savings per patient/year</th>
<th>Medication cost savings per year</th>
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<tbody>
<tr>
<td>7</td>
<td>140</td>
<td>420</td>
<td>2.1</td>
<td>$4,900</td>
<td>$2,058,000</td>
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<tr>
<td>9</td>
<td>180</td>
<td>540</td>
<td>2.1</td>
<td>$4,900</td>
<td>$2,646,000</td>
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<tr>
<td>11</td>
<td>220</td>
<td>660</td>
<td>2.1</td>
<td>$4,900</td>
<td>$3,234,000</td>
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</table>
Why MTDM Pharmacists in Management of Oral Chemotherapy?

• Many oral chemotherapies work via specific receptor pathways and have side effects that pharmacist understand, can predict and CAN manage. For Example:
  • Rash with erlotinib (Tarceva)
    • Similar to acne, use creams and oral antibiotics
  • Hypertension associated with sunitinib (Sutent)
    • Start with ACE inhibitors or add additional meds based on regimen
  • Hyperglycemia due to steroids
    • Adjust current DM medications or add insulin
  • Hypothyroidism due to imatinib (Gleevec)
    • Start/adjust levothyroxine at known dose and timing

Regionalizing Medication Management of Pain

• Physician referral to the MTDM pain pharmacists for medication optimization – Collaborative Practice Agreement for Pain Management

• Pharmacists conduct complete medication, medical, psychological, social, legal and family history

• Adjustment of pain and associated medications to promote controlled pain levels

• Consistent lab and urine tox monitoring

• Utilization of Med Use Agreement (MUA)
GHS MTDM Pain Process

- Patients must complete opioid risk assessment
  - SOAPP-R (Screen and Opioid Assessment for Patients with Pain-Revised) on all new patients
  - COMM (Current Opioid Misuse Measure) based on SOAPP-R risk stratification
- Baseline and periodic urine tox screen
- Must sign opioid contract
- Subject to random pill counts and urine tox screens
  - No refill until submitted
- No lost pain prescriptions
- Follow up every 1-3 months depending on condition and risk
- Collaborate with addiction specialist where possible

MTDM Pain Process, cont.

- Patient will set functional goals prior to treatment
- Monitored outcomes
  - Overall % pain improvement
  - Decrease in Visual Analog Scale score
  - Confidence in reaching functional goal
  - Opioid doses and usage
- Once functional goals are met and maintained for two consecutive visits OR all medication options have been exhausted will discharge back to PCP
  - Will notify PCP via EPIC staff message marked high priority
- Patient may be referred back to clinic should pain worsen in future
Pain Bundle Report

Report Description: Patients with Long and Short Acting Opioids in their current medication list

- This report only includes patients whose PCP are employed by GHS. It is grouped by the PCP’s primary department/location.
- Patients on our Long Acting Opioid (LAO) population are those who have an LAO medication in their current medication list and has been prescribed in the last 120 days.
- Patients on our Short Acting Opioid (SAO) population are those that had a recent SAO medication order (past 45 days) and who had 3 or more SAO medication orders in the past 6 months.
- Patients with an MUA are those that either have a scanned MUA document, an MUA is indicated in the problem list or a letter was printed and sent. MUA and TOX % means percent of compliance.
- Added the Morphine Equivalent Dose for medications orders whose SIGs have already been mapped by the system. Each patient’s total daily equivalent dose will be indicated. The Total Daily Equivalent Dose higher than 120 will be shown in red.
- ED visits in the past year where the patient was not admitted nor had surgery and pain medication was administered or a prescription was obtained is included in this report.

MTDM Pain Outcomes: Hazleton GMG
Decrease in Opioid Use-GHP

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<th>4Q2013</th>
<th>3Q2014</th>
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<tbody>
<tr>
<td>NUMBER OF UNIQUE</td>
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<tr>
<td>MEMBERS FILLING</td>
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<tr>
<td>NARCOTIC SCRIPTS</td>
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<tr>
<td>AVE. CLAIMS PER MEMBER PER QUARTER</td>
<td>2.32</td>
<td>1.89</td>
<td>18.5% CHANGE</td>
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<td>AVG. COST PER MEMBER PER QUARTER</td>
<td>$61.70</td>
<td>$49.99</td>
<td>25.3% CHANGE</td>
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- **OTHER STATS**
  - **2013:**
    - 140 UNIQUE MEMBERS: 47 COMMERCIAL, 36 MEDICAID, 57 MEDICARE
    - 134 MEMBERS <20 MED
    - 21 MEMBERS 21 - 120 MED
    - 5 MEMBERS >120 MED
  - **2014:**
    - 168 UNIQUE MEMBERS: 72 COMMERCIAL, 51 MEDICAID, 45 MEDICARE
    - 146 MEMBERS <20 MED
    - 18 MEMBERS 21-120 MED
    - 4 MEMBERS >120 MED
    - **ONLY 2 OF THESE MEMBERS ARE THE SAME AS 2013 DATA**
    - **OTHER 2 MEMBERS = NEW MEMBERS TO THE CLINIC**
  - **3 MEMBERS ABOVE 120 MED IN 2013 NO LONGER >120 MED IN 2014**
    - 1. REDUCED FROM 185 MED TO 70 MED
    - 2. MEMBER SWITCHED PCP CLINIC
    - 3. 2013 MEMBER WAS ON OXYCONTIN THREE TIMES DAILY CURRENTLY ON NO NARCOTICS.
GHS MTDM: CareSite Specialty Pharmacy

- These pharmacists practice in collaboration with System Physicians who prescribe Biologic Medication
  - System Collaborative Practice Agreements

- Primary focus is insurance prior authorization, medication delivery to patient and Just In Time Refill (JITR) for all prescription refills
  - JITR - patient called prior to refill to access adherence, adverse events, dosage changes and delivery of next prescription

- Monitoring for tolerance, adherence and efficacy
  - EHR documentation of all care delivered

- Pharmacist resource for the clinic physicians, PAs, research assistants, and nurse specialists

- Coordinate care with other MTDM clinics in system
  - For example, neurology or hematology clinics

2014 Patient Satisfaction Survey Results:
MTDM Clinics

- Strongly Agree 79.25%
- Agree 18.03%
- Disagree 1.24%
- Strongly Disagree 0.47%
- No Experience 0.96%
GHS MTDM Program Patient Comments

“I trust my doctors when they’re making decisions, but I wasn’t getting any better until I saw the MTM Pharmacist – this is a resource all patients should have access to.”

“I was taking 30 or so medications until I was enrolled in the MTM program, now I take 16, feel better and know why I am taking them.”

“I had surgery and was started insulin. After seeing the pharmacist, insulin was stopped, my other medications were adjusted and now my diabetes is under control.”

“This pharmacist program needs to be available to all patients.”

“My diabetes was out of control for years, multiple physicians could do nothing, but this program actually helped me reach my goals once I actually understood why and what the goal actually is!”

GHS MTDM Program Comments

Community Practice Service Line (CPSL) Physicians

“MTDM Program is by far the BEST program that Geisinger has instituted”

“Been reading your assessments and interventions. Wow! You are providing a service that actually will improve the health of the patients, as to just maintaining it.”

“A 20 minute visit is not enough time for me to address all of these patient’s issues, this is what the MTDM clinic is for”

“My limitations in medication knowledge and time, make this new program a necessity. We along with patients have benefited from a similar pharmacist program- coag. ”

“This program has raised the bar in disease management”

“When can this program be started at my clinic?”
**Future GHS MTDM Initiatives**

**Anticoagulation:** Lewistown Hosp, Holy Spirit, Hazleton/Pottsville/Lewisburg/Sunbury/Lockhaven Cancer Service, Atlanticare Health System

Regionalizing **Insulin Pump** initiation and management

**Biologics:** Multiple Sclerosis, Psoriasis, Crohn's, Inflammatory Bowel Disease, Hepatitis C, Cancer

**Pain Management Expansion**

**COPD/Asthma**

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**Conclusion**

The Pharmacy/Pharmacist Provider relationships are an integral health care partnership that must be integrated into the patient care model to help streamline healthcare delivery, improve chronic disease/population health and decrease cost.

Data integration and management, medication utilization management, and clinical effectiveness have an increased emphasis in the new ACO paradigm.

The entire continuum of care is serviced by the enterprise pharmacy.

We must continue to find ways to decrease disease burden and decrease cost burden of medications to the Health System and to the patients we serve.
If you can’t explain it simply, you don’t understand it well enough.

– Albert Einstein