Federal Pharmacy 2017: Senior Leaders’ Perspective

RADM Pam Schweitzer, U.S. Public Health Service
Ron Nosek, Department of Veterans Affairs
CAPT Michael Shiber, U.S. Coast Guard
Lt Col Bernard Vanpelt, U.S. Air Force
LTC Jeff Neigh, U.S. Army

March 24, 2017

CPE Information and Disclosures

Pamela Schweitzer, Ron Nosek, Michael Shiber, Bernard Vanpelt, and Jeff Neigh 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.

CPE Information

Target Audience: Pharmacists & Technicians

ACPE#: 0202-0000-17-107-L04-P/T
(1 credit hour)

Activity Type: Knowledge-based

Learning Objectives

1. Discuss two current issues that affect federal pharmacy.
2. Describe how the Defense Health Agency is improving medication safety and effectiveness by offering medication therapy management to its beneficiaries.
3. Explain how the Veterans Health Administration’s clinical pharmacy program is expanding the role of pharmacists.
4. Discuss the current status of the Air Force’s automation refresh initiative and the overall impact on service support.
5. Describe the current and future utilization of embedded clinical pharmacists into the DoD Medical Home project.

Self-Assessment Question 1

What should pharmacists role be in substance abuse prevention?

a. Participate in the development of substance abuse prevention and assistance programs within healthcare organization.
b. Participate in multidisciplinary efforts to support patients who are recovering substance dependency.
c. Implement and utilize health information technologies to improve care.
d. All of the above

Self Assessment Question 2

Which of the following statement(s) are true regarding pharmacist prescribing in VA:

a. Pharmacists prescribe 69% of all anticoagulant medications
b. Pharmacists prescribe 30% of all hepatitis C medications
c. Pharmacists prescribe 28% of all anemia medications
d. Pharmacists do not prescribe medications in the VA
e. Answers a, b and c are true
Self-Assessment Question 3
How many Air Force Medical Treatment Facilities (MTFs) are projected to have a pharmacist embedded on their Air Force Medical Home clinical team by the end of FY18?

Self-Assessment Question 4
Which of the following are measures of “value” for Army Pharmacy
a. Diabetes Index
b. Patient Satisfaction
c. Clinical Productivity
d. All the above

Federal Pharmacy 2017: Senior Leaders’ Perspective
RADM Pam Schweitzer, Assistant Surgeon General
Chief Professional Officer for Pharmacy
U.S. Public Health Service
March 24, 2017

Overview and Key Initiatives
- Describe key U.S. Public Health Service Pharmacy Initiatives
- Discuss how federal pharmacists can impact substance use disorders.

USPHS Pharmacists by Agency
(total 1,289 as of February 5, 2017)

<table>
<thead>
<tr>
<th>Agency</th>
<th># Pharmacy Officers</th>
<th>Agency</th>
<th># Pharmacy Officers</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHS</td>
<td>562</td>
<td>HRSA</td>
<td>16</td>
</tr>
<tr>
<td>FDA</td>
<td>414</td>
<td>GS</td>
<td>14</td>
</tr>
<tr>
<td>BOP</td>
<td>158</td>
<td>NIH</td>
<td>11</td>
</tr>
<tr>
<td>CMS</td>
<td>40</td>
<td>DoD TMA</td>
<td>10</td>
</tr>
<tr>
<td>CDC</td>
<td>22</td>
<td>SAMHSA</td>
<td>6</td>
</tr>
<tr>
<td>ICE</td>
<td>20</td>
<td>AHRQ</td>
<td>1</td>
</tr>
<tr>
<td>Coast Guard</td>
<td>16</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Agency Clinical Leadership
- Indian Health Service
  - CAPT Kevin Brooks
- Bureau of Prisons
  - CAPT Martin Johnston
- U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC)
  - CAPT Jeff Haug
- United States Coast Guard
  - CDR Aaron Middlekauff
National Clinical Pharmacy Specialists (NCPS) Transformation

- Focus on comprehensive medication management
- Address public health/prevention
- Webinar series
- Medical staff credentialing and privileging


Expanding Scope of Pharmacy Practice

USPHS-Rx for Change Tobacco Cessation Training Program

Adult Immunizations

"We haven’t seen anyone your size for a while!"
USPHS Women Leadership Support Group(s)

- Cross category support groups located in different geographic regions
- Provides a supportive environment to foster sharing of ideas
- Emphasis on wellbeing, work-life balance challenges, leadership, mentoring, and career development.

Restoration of Public Health Hospital

- Angel Island State Park Pacific Coast Immigration Center
- “Ellis Island of the west coast”
- Opening early 2018
- [https://aiisf.org/OpenTheDoors/project/](https://aiisf.org/OpenTheDoors/project/)

Klondike Gold Rush Chilkoot Trail

“Patience is not an absence of action, rather it is timing. It waits on the right time to act.”

Fulton J Sheen

Key Points

- Innovative tools such as collaborative practice agreements and state-wide protocols expand the ability of the pharmacist to prescribe, modify, or monitor drug therapy for certain medications and help address priority public health issues.
- Pharmacists play a key role in working with providers to influence safe prescribing of controlled substances, and recommending alternative strategies to manage pain and anxiety, and increasing use of prescription drug monitoring programs.

Federal Pharmacy 2017

Senior Leaders’ Perspective

Ronald A. Nosek, Jr., RPh, MS, FASHP
Deputy Chief Consultant (Acting)
Department of Veterans Affairs

March 24, 2017
Overview and Key Initiatives in VA

- VHA and PBM Overview and Top Priorities
- CMOP
- Clinical Pharmacy Practice
- Hepatitis C Treatment
- Pharmacy Residency Training
- Academic Detailing
  - Opioid Safety Initiative (OSI)
  - Opioid Overdose Education and Naloxone Distribution (OEND)

Veterans Health Administration

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

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

VA PBM Top Priorities

- Fulfill VA’s mission by serving and honoring the men and women who are America’s Veterans by promoting and developing pharmacy programs that:
  - Are Veteran-centric with a focus on safety, quality, and value
  - Utilize system-based approaches to engage key clinicians and pharmacists throughout the decision-making processes
  - Leverage automated dispensing, distribution, and ordering processes with exceptional accuracy and lower operating costs
  - Utilize advanced clinical pharmacy specialists to improve access to care

- Continue to be recognized in the profession of pharmacy as the professional benchmark for:
  - Pharmacy practice
  - Pharmacy supply chain management
  - Post-graduate pharmacy education

Pharmaceutical Supply Chain Fiscal Year 2016

- Cost Savings
  - Pharmaceutical Prime Vendor (PPV) pays VA a discount for prompt payment on orders
    - $6.386 Billion in PPV purchases (without discount)
    - $5.824 Billion in PPV purchases (with discount)
    - $562 Million in cost savings due to PPV discount

- Cost Avoidance
  - VA negotiates with industry
    - National Contracts: $2.1 Billion
    - Temporary Price Reductions: $2.7 Billion

Cost Savings and Avoidance

Impact of Control in Pharmacy Spending in VA

What if VA had same rate of increase as U.S.?

Based on yearly increase in drug costs, Kaiser Family Foundation, 2000-2014, Truveris 2015

2015: $4.7B
Would have been: $8.49B
$173B
What About VA vs Medicare

- Brand-Name Prescription Drug Use Among Veterans Affairs and Medicare Part D Patients with Diabetes
- Budget Impact: 4 drug classes for diabetics
  - If VA were to be like Medicare: $108M more/year
  - If Medicare were to be like VA: $1.4B less/year

Consolidated Mail Outpatient Pharmacy (CMOP)

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

- Low Volume Products
  - Goal is to increase # of low 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 >10 line items and 43,000 Rx's

- Veterans Tracking the delivery of their medication using My HealtheVet
  - An average of 5,700 Veterans track the delivery of their medication every work day
  - 363,400 Veterans have signed up for email notification that their medication package has been mailed

Clinical Pharmacy Practice in VA

- Clinical Pharmacists are Essential Providers of Comprehensive Medication Management Services
  - Over 3,180 (41%) Clinical Pharmacists with a Scope of Practice (SOP)
  - 76% are Residency Trained and/or Board Certified
  - Nearly 50% of pharmacists serve as clinical providers

- Credentialing of Clinical Pharmacists similar to all other LIPs in VA

- Significant growth of Clinical Pharmacy Services:
  - Hepatitis C Care: Up 79%
  - Mental Health: Up 179%
  - ID/AS Up 90%

- Medication Prescribing Across VA, Pharmacists Prescribe:
  - 69% of all Anticoagulants
  - 30% of all Hepatitis C medications
  - 28% of all Antiretroviral medications

Expanding Clinical Pharmacy Services in VA

- VHA has made significant efforts to expand clinical pharmacy services to meet access demands (i.e., Mental Health, Pain, HCV screening and treatment, PACT) however many facilities struggle for resources.

- Clinical Pharmacy Practice Office Joint Initiatives with VA Public Health Program Office and Office or Rural Health
  - Improve access by utilizing Clinical Pharmacy Specialists (CPS)
  - Target sites with access challenges
  - 243 proposals were submitted between the two programs
  - 104 facilities were selected to receive funding for 181.5 new FTEEs
    - HCV: 44 CPS/2.5 technician FTEE
    - Pain: 22.5 CPS FTEE
    - MI: 23.5 CPS FTEE
    - PACT: 69 CPS FTEE

Hepatitis C Treatment in VA

- VA has had a comprehensive National Viral Hepatitis Program since 2001 and is a leader in the U.S. in HCV screening, care and treatment.
- Initial estimates were ~140,000 Veterans in VA care with chronic Hepatitis C infection making it the largest single HCV provider in the U.S.
- VA has screened 75% of Veterans born within the 1945-1965 cohort, a group which the CDC and USPSTF recommend one-time screening. (This is substantially higher than the 50% screening rate nationally in this cohort).
- VA has treated over 80,000 Veterans with the new interferon free direct acting antivirals since January 2014.
  - Averaging 581 new starts per week in FY 2017.
  - 64,500 Veterans awaiting treatment
- Overall Sustained Virologic Response (VSR) rate (i.e., cure rate) is 93%
  - Hep C drug treatment was over $1.16 billion in FY2016

Annals of Internal Medicine, 2013 (Gellad et al)
VA Residency Program Overview

- **Total number of programs:** 236
  - PGY1 – 141 programs
  - PGY2 – 95 programs

- **Total Allocations 608**
  - 600 Residency Positions
  - 8 Fellowships
    - Medication Safety ACCP Accreditation Pending
    - Infectious Disease ACCP Accredited
    - Pain/Palliative Care OAA Fellowship
    - Cardiology

Growth of VA Pharmacy Residencies

VHA Priorities and Meeting Gaps in Access to Care

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

Academic Detailing:
Opioid Safety Initiative (OSI) and Overdose Education and Naloxone Distribution (OEND)

- **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
Opioid Safety Initiative Metric Trends

Veteran Disposed Opioids

Veteran Disposed Opioids and a Benzodiazepine

Veteran on Long-Term Opioid Therapy With a Urine Drug Screen (UDS) Completed

Veteran on > 100 Morphine Equivalents Daily Dose (MEDD)

Is AD Making a Difference?

- Proportion of Veterans on High Dose Opioids (>100 MEDD)
    - 58% reduction in HD PTs with AD provider exposure
    - 34% reduction in HD PTs w/o AD provider exposure
- AD resulted in 7 times greater prescribing rate of Naloxone kits to at risk Veterans
  - As of February over 63,000 kits dispensed to 53,000 patients
  - Approximately 16% were pharmacists prescribed

Veterans on Long-Term Opioid Therapy With a Urine Drug Screen (UDS) Completed

Veterans on > 100 Morphine Equivalents Daily Dose (MEDD)

Learning Objectives

- Challenges/Opportunities
- Fellow Federal Partnerships
- Make a difference
Challenges and Opportunities

- Commandant’s Mission Duty to People
- Electronic Health Record
- Privileging / Patient Centered Wellness Home
- Vaccine management and oversight
- SNS CPOD Planning and Operations

Duty to People our Service members

Annual Flu Vaccine Program

FEMA SNS CPOD Exercise

Fellow Federal Partnerships

- Public Health Service
- DoD / VA
- Federal and State SNS Resources
- DEA

DEA Partnership with Take Back Program
Make a Difference

- Create your Opportunities from Challenges
- Find Solutions through your Service
- Make your Service a Legacy

Lighthouse Alcatraz Island

Career Sky Limits

Support Service Mission

Sea Service Mission

Joint Service Mission
Heading Home

Key Points

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

Closing Thought

“The pessimist sees the difficulty in every opportunity; the optimistic sees the opportunity in every difficulty.”

-Sir Winston Churchill

Enjoy APhA San Francisco!

Overview and key Initiatives

- Describe the current and future utilization of embedded clinical pharmacists (CP) into the AF Medical Home (AFMH) project
- Discuss the current status of the Air Force’s automation refresh initiative and how it will impact overall service support

Air Force Pharmacy Update

BERNARD L. VANPELTLT, Lt Col, USAF, RPh
Pharmacy Flight Commander
48th Medical Group
RAF Lakenheath, UK

March 24, 2017
USAF Pharmacy Support

(1581 strong as of February 16, 2017)

• Who are we?
  – Active Duty: 214 (43P); 724 (4P)
  – Civilian: 48 (43P), 246 (4P)
  – Contractor: 196 (43), 153 (4P)

• Where are we?
  – MTF/Clinics: 76/62
  – PCMH Teams: 25
  – Other (HAF/Command/Admin): 37

Clinical Pharmacist Integration into AF Medical Home (AFMH)

• AF/SG “Go Do” Initiative: Pilot w/11 Medical Treatment Facilities (MTF) x5 yrs
  • Goals:
    – Integrate clinical pharmacist expertise on Patient Centered Medical Home (PCMH) concept teams to aid with aggressive prevention & intervention measures
    – Show benefit over time through improved health management, outcomes and health cost savings
  • Site performance steadily improving as practices mature
  • 8K CP encounters Sep 15- May16
  • POM FY18 11 + 15 add’l MTFs

Looking Ahead

• Safety & Quality: Measures added to analysis
• Access: Time to 3rd next 24HR appointment decreased 0.9 days/35% improvement from AFMS average
• Continued assessment, collaboration, practice refinement:
  – Share lessons learned / best practices
  – Solicit feedback from stakeholders
  – Leverage Clinical Pharmacy Subject Interest Group
  – Collaborate with sister services and VA
  – Standardize processes, where appropriate

Air Force Automation Refresh Initiative

• Initial planning started in 2012 for 2013 kickoff
  – Estimated $35M cost to cover 75 sites
  • Phase I
    – 17 sites
    – Contract protest and contracting delays
    – First installation on Sep 2015
    – Completed at $7M under budget projections
  • Phase II
    – 24 sites: Acquisition of requirements shifted to Electronic Catalog (ECAT)
    – Additional $5.8M savings

Automation Progress Report

• Completion Rates
  – Phase I in 2016
  – Phase II Feb 2017
  – Phase III (overseas & remaining stateside sites): Projected by end of 2017

• Way Ahead
  – Enterprise-wide operating system upgrade (MHS Genesis); Fairchild AFB pilot location (Feb 2017)
  – Will-call systems for all pharmacies on horizon
Key Points

- AF taking action on proven clinical intervention methods to improve patient outcomes while capitalizing on pharmacist expertise
- AF continuing effort to improve overall patient safety and service efficiency with automation upgrades across the enterprise

ARMY PHARMACY
Demonstrating “Value”

LTC Jeff Neigh, U.S. Army
APhA Fellow
Presenting on behalf of
COL Kevin W. Roberts
Pharmacy Consultant to the Surgeon General
Director, MEDCOM Pharmacy Service

March 24, 2017

Clinical Pharmacists in the Medical Home

- Clinical Pharmacists are an essential member of the interdisciplinary team
  - Trained as experts in pharmacotherapy
  - Unique resource to healthcare providers
  - Experienced in counseling patients

AMH Clinical Pharmacist Pilot

- Medication Therapy Interventions
  - 7,147 Interventions
  - Estimated Cost Avoidance: $6,057,637
  - ROI: 4.4
- Clinical Improvement
  - HgbA1C
  - LDL
  - Incidence of MI
- Formulary Optimization
  - Therapeutic Conversion
  - $278,232

High Reliability Organization

- Pre-Occupation with Failure
  - Minor lapses indicate something may be wrong with the system
- Reluctance to Simplify
  - Create a complete and nuanced picture; subtle differences matter
- Sensitivity to Operations
  - Front line is where reality occurs; small things matter
- Commitment to resilience
  - Not error free; errors are opportunities to improve
- Deference to expertise
  - Authority to change is with those with expertise (front line)

Forward Progress

- Staffing Enhancement: 1:6,500
- Embedded in Medical Homes
- Reduced/eliminated dispensing role
- Developed Templates
  - Patient Care Documentation
  - Staffing Documentation
- Established Communication Standard
  - Monthly ECHO’s
  - Quarterly R&A
  - Quarterly: Clinical Operations Course
- Transitioned to a “service line”
  - Data Analysts
  - Program Manager
**Pharmacy Service Line Value Measures**

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

**FUTURE GROWTH**

- Leverage Population Health Data
  - Enhance Readiness (i.e., non-deployable meds, Polypharmacy Program)
  - Dx State management (i.e., Diabetes Index)
  - Health Promotion (i.e., Tobacco Cessation, Weight Control)
- Prime Vendor Auto-Sub (National Contract Compliance)
- Enhance Practice Capabilities
  - Education/Skill Development
  - Leverage Technology to create opportunity
- Dashboards

**Showcasing Pharmacy Value**

<table>
<thead>
<tr>
<th>Access</th>
<th>Quality</th>
<th>Safety</th>
<th>Satisfaction</th>
<th>Network</th>
<th>Productivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDCOM</td>
<td>RHC-A</td>
<td>RHC-C</td>
<td>RHC-E</td>
<td>RHC-P</td>
<td></td>
</tr>
</tbody>
</table>

**Closing the GAP**

For Those I Love, I Will Sacrifice

For Those Who Sacrifice, I Will Serve
Answer to Self-Assessment Question 1
What should pharmacists role be in substance abuse prevention?

a. Participate in the development of substance abuse prevention and assistance programs within healthcare organization.
b. Participate in multidisciplinary efforts to support patients who are recovering substance dependency.
c. Implement and utilize health information technologies to improve care.
d. All of the above

Answer to Self-Assessment Question 2
Which of the following statement(s) are true regarding pharmacist prescribing in VA:

a. Pharmacists prescribe 69% of all anticoagulant medications
b. Pharmacists prescribe 30% of all hepatitis C medications
c. Pharmacists prescribe 28% of all anemia medications
d. Pharmacists do not prescribe medications in the VA
e. Answers a, b and c are true

Answer to Self-Assessment Question 3
How many AF MTFs are projected to have a pharmacist embedded on their Air Force Medical Home clinical team by the end of FY18?

11 + 15

Answer to Self-Assessment Question 4
Which of the following are measures of “value” for Army Pharmacy

a. Diabetes Index
b. Patient Satisfaction
c. Clinical Productivity
d. All the above

Closing Remarks and Contact Info

RADM Pamela Schweitzer
Pamela.Schweitzer@cms.hhs.gov

Ron Nosek
Ron.nosek@va.gov

LtCol Bernard Vanpelt
Bernard.vanpelt@us.af.mil
Closing Remarks and Contact Info, Cont’d

CAPT Mike Shiber
Michael.J.Shiber@uscg.mil

CDR Aaron Middlekauff
Aaron.p.middlekauff@uscg.mil

LTC Jeff Neigh
jneigh@aphanet.org

COL Kevin W. Roberts
Kevin.w.roberts18.mil@mail.mil