Meaningful Collaboration between Pharmacists and Physicians to Improve Quality and Meet Patient Needs

Speakers:
Chan Chuang, M.D., FCCP, FACP
Jamie Reedy, M.D., M.P.H.
Rae Ann Williams, M.D.

Co-sponsored by AMGA
Moderator:
John Kennedy, M.D.
President, AMGA Foundation
Chief Medical Officer, AMGA
Disclosures

- The following faculty disclose no relevant financial relationships with commercial interests:
  - Rae Ann Williams, MD
  - Chan Chuang, MD
  - Jamie Reedy, MD, MPH

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

1. Describe successful practices that have engaged pharmacists as active members of the care delivery team.

2. Discuss the business case for the engagement of pharmacists as members of the medical practice care delivery team.

3. Discuss physician and administrator perspectives on successful mechanisms to integrate pharmacists’ services into physician and medical group practices.

4. Describe how pharmacists in various practice settings can bring value to the practice, including their impact on medication-related and health outcomes.

5. Discuss the do’s and don’ts for pharmacists in approaching physician and medical group administrators.
1. When primary care physicians engage pharmacists as care team members:

A. Physician productivity is lessened
B. Access to care is decreased
C. Quality measures are improved
D. Cost effectiveness is not a focus
2. Assessment Question

2. Pharmacists’ clinical roles in physician and medical group practices include all of the following EXCEPT:

A. Providing medication and disease management in the primary care office
B. Warfarin management
C. Serving on committees focused on generic utilization, prior authorization and formulary management
D. Participating on transitions of care teams
3. Assessment Question

3. Pharmacists can bring value to the care team through metrics related to all of the following services EXCEPT:

A. Diabetes management
B. Improved time to dispense prescriptions
C. Opioid management
D. Hypertension control
4. Successful approaches to integrating pharmacists into physician practices include:

A. Implementing a culture of partnership
B. Promoting the need for everyone on the team to spend more time working
C. Targeting the pharmacist’s pain points
D. Focusing solely on reducing costs in the practice
Collaboration Between Pharmacists & Physicians

Rae Ann Williams, MD, FACP
Regional Medical Director, Primary Care
HealthPartners Medical Group
Consumer-governed, non-profit

Integrated health care delivery and financing
• Clinics and hospitals
• Health plan

Twin Cities & surrounding communities (MN & Western WI)

HealthPartners Medical Group – Primary Care:
• 500,000 patients
• 39 locations
• 425 physicians
• Mixed payer population
• NCQA Tier 3 ACO
• 34 pharmacies
• 20 MTM pharmacists

www.healthpartners.com
Agenda

▪ Building a Culture of Partnership
▪ Successful Clinical Partnerships
▪ Business Case for Collaborative Care
▪ Key takeaways
**Our Group Practice**

We became clinicians to put patients at the center. It is the reason we are here. With hearts and minds, each of us is leading the creation of our culture. We envision that culture centered in humility, compassion, respect and shared leadership. It will equip us as professionals and support us as people. It will foster trusted, powerful relationships with our patients and with one another. It will yield the tools and systems we need to innovate and improve our practices. And it will lift our sights daily from the way things are to the way they ought to be.

**MISSION**

why we’re here
Improve health and well-being in partnership with our members, patients and community.

**VISION**

where we’re headed
Health as it could be, affordability as it must be, through relationships built on trust.

**VALUES**

What guides our actions
Excellence Compassion Partnership Integrity

**THE DOCTORS AND CLINICIANS WE WANT TO BE**

Joy and passion are fundamental to our work. Being at our best requires balance in our personal and professional lives. Clinical excellence and great care is grounded in the right training, appropriate staffing, market-based compensation, and strong organizational support. Each of us is a leader and shares responsibility for creating our culture.

**THE RELATIONSHIPS WE SEEK TO STRENGTHEN**

Every colleague and patient is part of the team. We are stronger together. Time together as colleagues makes for a stronger group. We see clinicians and administrators as true partners, and we value multiple voices when making decisions.

**THE PRACTICES WE ASPIRE TO BUILD**

Quality improvement and innovation is everyone’s work. We value guidelines that help us deliver consistent, evidence-based care. The tools that support our practices must be advanced and simple. We continuously seek better ways to listen, share and access information within our group and with our patients.
Pharmacist as Part of Care Team

Patient

- Reception
- Pharmacist
- CMA/LPN
- RN
- Physician/Clinician
Pharmacy Committee

- Organization-wide
  - Operational leaders
  - Physicians/Clinicians
  - Nursing
    - Quality/Measurement
- Sampling policy
- Formulary changes and standing orders
- Generic utilization optimization and judicious use of best practice alerts
Successful Clinical Partnerships

- Diabetes
- Hypertension
- Opioid Epidemic
Clinical Outcomes—Diabetes Control

<table>
<thead>
<tr>
<th></th>
<th>Baseline (no MTM) N=370</th>
<th>8 years (no MTM)</th>
<th>Baseline (MTM) N=296</th>
<th>8 years (MTM)</th>
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<tbody>
<tr>
<td>LDL controlled</td>
<td>70.2%</td>
<td>61.6%</td>
<td>73.9%</td>
<td>93%</td>
</tr>
<tr>
<td>A1C controlled</td>
<td>52.9%</td>
<td>72.8%</td>
<td>48%</td>
<td>83.5%</td>
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<tr>
<td>BP controlled</td>
<td>53.7%</td>
<td>84.1%</td>
<td>54.9%</td>
<td>84.7%</td>
</tr>
<tr>
<td>Aspirin Use</td>
<td>85.2%</td>
<td>100%</td>
<td>90.9%</td>
<td>100%</td>
</tr>
<tr>
<td>Not smoking</td>
<td>86.2%</td>
<td>86.6%</td>
<td>89.5%</td>
<td>92.9%</td>
</tr>
<tr>
<td>Optimal diabetes control</td>
<td>16.5%</td>
<td>37.5%</td>
<td>16.2%</td>
<td>67.1%</td>
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*Internal unpublished HealthPartners data*
Clinical Outcomes—BP Control

<table>
<thead>
<tr>
<th></th>
<th>Intervention BP Control</th>
<th>Usual Care BP Control</th>
<th>P Value</th>
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<tr>
<td></td>
<td>N=228</td>
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<tr>
<td>6 months</td>
<td>71.8%</td>
<td>45.2%</td>
<td>&lt;.001</td>
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<tr>
<td>12 months</td>
<td>71.2%</td>
<td>52.8%</td>
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<tr>
<td>18 months</td>
<td>71.8%</td>
<td>57.1%</td>
<td>.003</td>
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Effect of Home Blood Pressure Telemonitoring and Pharmacist Management on Blood Pressure Control: A Cluster Randomized Clinical Trial
Opioid Partnership—Pharmacy Role

- Assessment of past controlled substance prescribing (MNPMP)
- Education at the time of dispensing
- Safe and effective taper off of opioid medications (MTM Pharmacist)
In October 2016 the care group prescribed 1,029,303 opioid pills, 200,126 new starts, and 730,045 chronic.  

In September 2017 the care group prescribed 898,210 opioid pills, 153,684 new starts, and 654,120 chronic.

<table>
<thead>
<tr>
<th></th>
<th>In October 2016</th>
<th>In September 2017</th>
<th>Percent Change</th>
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<tr>
<td>Opioid pills</td>
<td>1,029,303</td>
<td>898,210</td>
<td>-12.7%</td>
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<tr>
<td>New Starts</td>
<td>200,126</td>
<td>153,684</td>
<td>-23.2%</td>
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<tr>
<td>Chronic</td>
<td>730,045</td>
<td>654,120</td>
<td>-10.4%</td>
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*JAMA Pediatrics study released 10/31/16 attributed the significant increase in pediatric opioid poisoning to increased prescribing of opioids to adult patients and leftover pills from large prescriptions among [http://jamanetwork.com/journals/jamapediatrics/fullarticle/2571466](http://jamanetwork.com/journals/jamapediatrics/fullarticle/2571466)*
Safe Medication Disposal

- Medication takeback kiosks (including controlled substances)
- At 11 Park Nicollet and HealthPartners Pharmacy locations across the Twin Cities
Business Case for Engaging Pharmacy

Simultaneously deliver:
• Improved health
• Optimal experience
• Affordable care and coverage

The Triple Aim

- Improved health of the population
- Improved Affordability
- Exceptional experience
Diabetes Pilot Program

97 fewer hospital admissions = $809,000 savings!

199 fewer Emergency Room visits = $157,500 savings!

Projected Cost Savings of $967,000

*Internal unpublished HealthPartners data
MTM ROI Analysis

<table>
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<tr>
<th>Overall Results</th>
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<tr>
<td>Estimated Return on Investment:</td>
<td>3:1</td>
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<tr>
<td>Estimated Reduction in Total Costs:</td>
<td>19%</td>
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<table>
<thead>
<tr>
<th>High-Risk Commercial Member Results</th>
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</thead>
<tbody>
<tr>
<td>Estimated Return on Investment:</td>
<td>11:1</td>
</tr>
<tr>
<td>Estimated Reduction in Total Costs:</td>
<td>27%</td>
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*Internal unpublished HealthPartners health plan data
Key Takeaways

- Culture of partnership is essential
- Identify “pain points” for physicians
- Appeal to common goal of reducing “time spent working”
- Pharmacy value proposition for:
  - Improved access and disease outcomes
  - Medication adherence and decrease in readmission
AMGA Correlation with Overall Satisfaction

<table>
<thead>
<tr>
<th>Dimension</th>
<th>25th</th>
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<th>75th</th>
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<td>Resources</td>
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<tr>
<td>Compensation</td>
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<td>Staff</td>
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<td></td>
</tr>
<tr>
<td>Admin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Working</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Leadership</td>
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<td>Quality</td>
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<td>Computers</td>
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<td>Preauthorization</td>
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</table>

AMGA Physician Satisfaction Survey 2005

AMGA Physician Satisfaction Survey 2017

Preauthorization, Computers, Paper Work, Staff, Resources, Colleagues, Quality, Compensation, Administrators, Leadership, Patients, Time Working

Dimension Percentile Ranking:
- 25th
- 50th
- 75th

2017

AMGA Correlation with Overall Satisfaction

HPMG
Physician-Pharmacist Collaborations in an Integrated Delivery Model

Chan Chuang, MD, FCCP, FACP
Chief Clinical Officer, Davita Medical Group
March 17, 2018
DaVita Medical Group (DMG) At A Glance

~13,000 affiliates
~2,100 team clinicians
~10,000 teammates
~1.8M+ patients
~900K value lives
~275 clinics
~60 pharmacists
~75 pharm techs
Clinical Vision

- Quality Improvement
- Better Pharmaceutical Care
- Cost Effectiveness
- Core Values

Triple Aim +1
DMG Pharmacy Services

- Preferred drug list development and management
- Develop medical and pharmacy policy
- Guideline development
- Medication utilization monitoring and management
- Perioperative management
- Warfarin management
- Direct Oral Anticoagulant (DOAC) management
- Warfarin ↔ DOAC conversions
- Risk Adjustment
- Gap Closure

- Chronic disease management programs (COPD, DM, CHF)
- House Calls
- Post hospital medication reconciliation
- Transitions of care

- Medication and immunization budget
- Drug utilization reporting
- Specialty drug strategy
- Drug rebates
- Pharmacy risk pool management
- Pharmaceutical pipeline monitoring

- Centralized medication renewals
- Prior authorizations
- Drug information
- Care delivery integration
- Pharmacy Protocols

- Medication adherence
- Brand to generic conversions
- Comprehensive medication reviews
- Blood pressure control
- Flu vaccination
Key Clinical Collaboration Areas

1. Pharmacy Support Center (RxSC)
2. Quality Initiatives
3. Transitions of Care
Pharmacy Support Centers (RxSC)

RxSC able to process 76% of all eRx’s under 24 hours **without** physician intervention
- 36% in ≤ 8 hours

*Internal unpublished DaVita Medical Group data*
## Stars for Medication Adherence

<table>
<thead>
<tr>
<th>Core STAR Measure</th>
<th>CA</th>
<th>CO</th>
<th>FL</th>
<th>NV</th>
<th>WA</th>
<th>DMG</th>
<th>CMS STAR MA Averages&lt;sup&gt;1&lt;/sup&gt;</th>
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<td>'17</td>
<td>'17</td>
<td>'17</td>
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<tr>
<td>Oral Diabetes Medications</td>
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<td>4</td>
<td>4</td>
<td>5</td>
<td>5</td>
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<td>4</td>
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<tr>
<td>Hypertension (RAS antagonists)</td>
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<td>4</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>5</td>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>4</td>
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</table>

DMG Star based on 2016 dates of service using 2018 Star Rates from CMS as of 9/28/17

<sup>1</sup> Most currently available benchmark - CMS Star MA Averages based on 2016 dates of service
Transitions of Care – RxIMPACT™

28% relative risk reduction in admits per patient-year and $2M savings in 12 months

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Admits Per Patient-Year</th>
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</thead>
<tbody>
<tr>
<td>Pre-RxIMPACT</td>
<td>1.97 admits per pt-year</td>
</tr>
<tr>
<td>Post-RxIMPACT</td>
<td>1.42 admits per pt-year</td>
</tr>
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</table>

*Internal unpublished DaVita Medical Group data
Challenges

- Real time data
- Physician preference
- High cost/specialty drug trends
- Incentive alignment
Journey
Meaningful Collaboration between Pharmacists and Physicians to Improve Quality and Meet Patient Needs

Jamie L. Reedy, MD, MPH
Chief of Population Health
Summit Health Management
Summit Health Management

• Physician owned and led with professional management team
• Offers proven administrative, clinical and financial management services to medical groups and other healthcare organizations
• Formed in 2013 by Summit Medical Group (SMG) in New Jersey, one of the nation’s largest independent multispecialty groups
• Maintains a “patients first” philosophy, assisting medical groups in the transition to value based care
• Focus on providing high levels of service, outstanding quality, lower cost of care while maintaining provider wellness
• > 1,100 employees
• ~1,000 providers
• 3 states (New Jersey, Arizona and Oregon)
• 1 Director of Pharmacy Services, 2 Ambulatory Care Clinical Pharmacists & 1 Clinical Pharmacy Technician
Clinical Pharmacy Team

Laura Balsamini, Pharm D, BCPS
National Director of Pharmacy Services

Gwen Egloff-Du, Pharm D. BCPS
Clinical Pharmacist

Khushbu Thaker, Pharm D, BCACP
Clinical Pharmacist
Summit Medical Group - NJ

- Founded in 1929
- Over $650 million in revenue
- 800+ providers in 70 specialties
- 6 major medical campuses in Northern New Jersey
- 81 total locations in 7 counties (~1 million square feet of real estate)
- Comprehensive diagnostic radiology, laboratory, ASCs, urgent care, sleep labs, PT/OT/speech/audiology, infusion centers, radiation oncology
- Oncology Partnership with MD Anderson
- Participating in 7 value-based contracts including the Next Generation ACO

1. Florham Park
   Summit Medical Group
   MD Anderson Cancer Center
2. Livingston
3. Berkeley Heights
4. Westfield
5. Clifton
6. Fair Lawn

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Pharmacy is fastest growing segment of healthcare costs

Clinical Pharmacy Team Focus

▪ Primary Care Integration
  ▪ Improvement in quality metrics for DM & HTN
  ▪ Reduce hospital readmission rates
  ▪ Reduce use of high risk medications
  ▪ Improve medication adherence
  ▪ Improve medication reconciliation
  ▪ Increase generic utilization

▪ Pharmacy & Therapeutics Committee
Clinical AmCare Pharmacist Integration in Primary Care

- Patient population identified
  - PCP referral to pharmacist
  - Registry report of patients not meeting quality metric benchmarks for DM & HTN

- Comprehensive Medication Management (CMM) Consults
  - In-office & telephonic
  - Billing for services to payers (pilot to begin April 2018)

- Collaborative Practice Agreements (DM & HTN)
- Monitoring for improvement in quality metric benchmarks
Clinical AmCare Pharmacist TCM Integration

Transitional Care Management (TCM) in Primary Care

- High risk patients identified post discharge
  - ≥ 5 medications each day or 12 doses per day
  - Hospital admission secondary to medication issues
  - Recent history of falls or high risk for falls
  - Difficulty managing medication (i.e. swallowing, forgetting)

- Goals
  - Accurate medication reconciliation and medication education
  - Improve medication adherence & reduce high risk meds
  - Establish “polypharmacy” care plans that use multiple drugs to treat co-morbid conditions

- Collaborate with PCP, Care Management, Social Work
- Monitoring for improvement in 30-day hospital readmission rates
• **84% reduction** in high risk medications in the elderly
Medication Non-Adherence

- The Scope
  - >25% of new prescriptions never filled
  - 50% of patients don’t take chronic medication as directed

- Worse Outcomes
  - Up to 50% of treatment failures
  - 125,000 deaths annually
  - Higher Cost: $100 Billion per year in hospitalizations

- Medicare Triple-Weighted Stars Measures
  - ACEI’s or ARB’s
  - Non-Insulin Diabetes Agents
  - Statins

Medication Adherence Best Practices

Prescriber Opportunities
- Prescribe generic alternatives to reduce cost barriers
- Prescribe 90-day supplies for all chronic medications with refills to last 6-12 months, if appropriate
- Reduce pill burden
  - Use combination products when generically available
  - Use once daily dosing when generically available and appropriate
  - Caution over-prescribing (e.g., opioids, sedative hypnotics, proton pump inhibitors, antibiotics)
  - Maximize benefit of current regimen: titrate doses to avoid adding additional medications
- Assume adverse reactions are medication related until proven otherwise
- Assess adherence at every visit: Morisky Medication Adherence Scale (MMAS-4, see below)
- Consider medication synchronization: patient’s pharmacy coordinates all prescriptions to be refilled on the same day
- Refer high pill burden patients to pharmacies with unit-dose packaging services
- Use ICD-10 code for history of non-compliance in appropriate patients

Get Patients Involved
- Review medication indications
- Simplify medical jargon
- Use motivational interviewing to empower patients
- Use teach back to ensure comprehension
- Provide realistic expectations of anticipated benefits
- Involve patients in decisions about prescribed medicines
- Choose medications based on adverse event profile

Tools to Improve Adherence
- Up-to-date medication list: Name, indications, dose, directions
- Pill boxes
- MMAS-4 (see below)
- Smart phone Apps: MyMeds https://www.my-meds.com/
- Smart pill bottle cap: “TimerCap” https://timercap.com/
- Calendars
- Alarms

Morisky Medication Adherence Scale: MMAS-4

1) Do you ever forget to take your medicine?
2) Are you careless at times about taking your medicine?
3) Sometimes if you feel worse when you take the medicine, do you stop taking it?
4) When you feel better do you sometimes stop taking your medicine?

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<th>Scoring:</th>
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<tr>
<td>Adherence</td>
<td>Score</td>
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<tr>
<td>High Adherence</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Medium Adherence</td>
<td>1-2</td>
<td></td>
</tr>
<tr>
<td>Low Adherence</td>
<td>3-4</td>
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### Medication Adherence*

#### 2017 Medicare Advantage

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<tr>
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<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
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<tbody>
<tr>
<td><strong>Diabetes Adherence</strong></td>
<td>90.0%</td>
<td>79.0%</td>
<td>81.0%</td>
<td>83.0%</td>
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<tr>
<td><strong>ACE-I/ARB Adherence</strong></td>
<td>89.4%</td>
<td>79.0%</td>
<td>81.0%</td>
<td>83.0%</td>
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<tr>
<td><strong>Statin Adherence</strong></td>
<td>86.3%</td>
<td>77.0%</td>
<td>80.0%</td>
<td>82.0%</td>
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*CMS Star Ratings Triple Weighted Measures*

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Medication Reconciliation Best Practices

GOAL
Standardize medication reconciliation process to maintain up-to-date active medication list

ONE SOURCE OF TRUTH
The Athena active medication list is the one document that can be modified and updated by all specialties
Engaging Domestic Prescribers through Full Data Transparency and Outreach

- In March 2015, Summit Medical Group first started analyzing and sharing the RX prescribing data with their providers. This is represented in the “1” arrow.
- In June 2015, SMG clinical leadership presented to the full physician team at their annual Department of Medicine meeting. This including outlining the prescribing % rankings of all domestic providers. This is represented in the “2” arrow.
- In January 2016, SMG made generic dispensing ratio a performance metric in their providers’ incentivized yearly bonus. This is represented in the “3” arrow.

*Internal unpublished Summit Health Management Data
Full Data Transparency and Education with all Domestic Prescribing Providers

- Summit Medical Group is committed to data transparency to engage their providers. They understand that the physician education around generic drugs is vital to improve generic prescribing rates. Many physicians do not know the true cost of many of these brand name prescription drugs.
- SMG created a Generic Utilization Power Ranking report for the eight therapeutic classes. These were posted to their internal web boards and presented to all the physicians at the full Department of Medicine meeting. This helped encourage competition and peer collaboration around generic prescribing patterns.
- SMG found that when doctors can see that prescribed generics cost 80-85% less than the brand drug, they frequently ask what they can do to help better curb the costs.
- SMG also removed any brand samples of these drugs from their providers offices.
- SMG’s Director of Pharmacy Services engaged with individual providers and practices directly throughout the outlined time period.

Performance Incentive Bonuses
- Summit Medical Group understood that financial compensation is a great way to get providers to change their prescribing habits.
- Starting in 2016, SMG decided to have the Generic Dispensing Rates (GDR) be a performance metric in all their providers’ incentivized yearly bonuses.
- Their providers and finance team appreciate the quality component in SMG’s compensation model.
Top Generic Opportunities

- Glumetza®, Fortamet®, (metformin) → prescribe generic XR
- Wellbutrin XL® (bupropion XL) → prescribe generic XL
- Rx Zegerid® (omeprazole/sodium bicarbonate) → prescribe OTC
- Vimovo® (naproxen/esomeprazole magnesium) → prescribe OTC naproxen and esomeprazole
- Duexis® (ibuprofen/famotidine) → prescribe OTC ibuprofen and famotidine
- Auvi Q® (epinephrine injection) → prescribe generic epinephrine injection
Community Pharmacy Collaboration

- Walgreen’s on site at major hub for patient convenience
- Supports our joint objectives for Medication Adherence & Generic Utilization
- Specialty Pharmacy Services – prior authorization, patient counseling
- Medication Synchronization – coordinating refills on the same day
- Prescription delivery to Urgent Care Center, Ambulatory Surgery Center & Pediatrics
- Insulin and inhaler device counseling
Pharmacy & Therapeutics Committee

- Recent FDA Approvals
- Generic Approvals
- Biosimilar Reviews
- ACC/AHA 2017 Hypertension Guidelines
- Diabetes Medications: Cardiovascular Impact
- Deprescribing in Older Adults
Vendor Relationship Policy

- ALL Pharma Reps require approval by Pharmacy Services
- Approved Pharma Rep list posted on the intranet for clinical staff on the front lines
- Pharma provided lunches prohibited
- Pharma education provided through the P&T Committee and not Pharma reps to ensure unbiased academic detailing
Samples & Co-pay Savings Cards

- Patient Experience:
  - “In the last 6 months, did anyone on your health care team talk about how much your prescription medicines cost?”

- Influence on prescribing habits:
  - Association Between Academic Medical Center Pharmaceutical Detailing Policies and Physician Prescribing (JAMA. 2017;317(17): 1785-1795)
  - Associations were statistically significant in these classes:
    - lipid-lowering, GERD, anti-hypertensives, sleep aids, ADHD & antidepressants

- Cost-related medication non-adherence is a large barrier to achieving quality outcomes

- Sample Medication Closet Policy - restrict contents to evidence-based, cost-effective, single source products (i.e. insulin, inhalers, DOAC’s, etc.)
Panel Discussion
What are the do’s and don’ts for pharmacists when approaching physicians and medical group administrators?
From the physician perspective, what are successful mechanisms to integrate pharmacists in physician and medical group practices?
What insights can you provide on the value proposition/business case for engaging pharmacists in a practice/organization?
1. When primary care physicians engage pharmacists as care team members:

A. Physician productivity is lessened
B. Access to care is decreased
C. Quality measures are improved
D. Cost effectiveness is not a focus
2. Pharmacists’ clinical roles in physician and medical group practices include all of the following EXCEPT:

A. Providing medication and disease management in the primary care office
B. Warfarin management
C. Serving on committees focused on generic utilization, prior authorization and formulary management
D. Participating on transitions of care teams
3. Assessment Question

3. Pharmacists can bring value to the care team through metrics related to all of the following services EXCEPT:

A. Diabetes management
B. Improved time to dispense prescriptions
C. Opioid management
D. Hypertension control
4. Assessment Question

4. Successful approaches to integrating pharmacists into physician practices include:

A. Implementing a culture of partnership
B. Promoting the need for everyone on the team to spend more time working
C. Targeting the pharmacist’s pain points
D. Focusing solely on reducing costs in the practice