Advancing Pharmacy Practice: VA Case Study

June 19, 2019 | 1 p.m. Eastern

GTMRx Learning Network Webinar
Agenda

- Welcome and Introductions
- Learning Objectives
- Presenters:
  - Brig. Gen. Allison Hickey, (Ret.) USAF, Founding Board Member, GTMRx Institute
  - Anthony P. Morreale, Pharm.D., MBA, BCPS, FASHP, Department of Veterans Affairs
  - Julie Groppi, Pharm.D., FASHP, Department of Veterans Affairs
- Question and Answer Session
Audience Notes

- There is no call-in number for today’s event.
- Audio is by streaming only. Please use your computer speakers, or you may prefer to use headphones.
- There is a troubleshooting guide in the tab to the left of your screen.
- Please refresh your screen if slides don’t appear to advance.
Submit questions at any time

To submit a question, click on Ask Question to display the Ask Question box. Type your question in the Ask Question box and submit. We will answer as many questions as time permits.
Audience Notes

- A recording of today’s session will be posted within one week to our website, www.gtmr.org
Learning Objectives

After the webinar, participants will be able to:

• Discuss how the Clinical Pharmacy Specialist (CPS), serving as a provider of Comprehensive Medication Management (CMM) services, fills gaps in health care-related access, costs and quality;

• Describe foundational elements of practice utilized by the Veterans Health Administration (VHA) that has led to successful optimization and integration of the CPS provider into team based care settings; and

• Summarize strategies, case examples and key outcomes of CPS provider integration in both the primary and specialty care practice areas.
Our Presenters

BRIG. GEN. ALLISON HICKEY (RET.) USAF
CEO, All In Solutions LLC; former Undersecretary for Benefits (VBA) in the Department of Veterans Affairs; Founding Board Member, GTMRx Institute

ANTHONY P. MORREALE, PHARM.D., MBA, BCPS, FASHP
Associate Chief Consultant For Clinical Pharmacy And Policy Department Of Veterans Affairs Pharmacy Benefits Management, VA Central Office

JULIE GROPPI, PHARMD, FASHP
National PBM Program Manager for Clinical Pharmacy Practice Policy and Standards, VA Central Office
Quick view of GTMRx Institute

A national platform creating a forum for more rapid practice and policy change to save lives and revolutionize the way care is delivered in order to optimize medication use.

**Goal:** To educate, inform and change the market so research and innovation moves to the practice level, payment models and policy align, and buyers receive value.

**Vision:** Enhance life by ensuring appropriate and personalized use of medication and gene therapies.

**Mission:** Bring critical stakeholders together, bound by the urgent need to optimize outcomes and reduce costs by getting the medications right.

Focus Areas
- Practice Transformation
- Evidence & Innovation
- Payment & Policy Solutions
Founding and funding board members

Katherine Capps
Co-founder, Exec Director

Terry McInnis, MD, MPH, FACOEM
President & Co-founder

Paul Grundy, MD, MPH, FACOEM, FACPM

Brig. Gen. Allison Hickey (Ret.)

Deborah M. Gage

Ira Klein, MD, MBA, FACP

Steve Goldberg, MD, MBA

C. Edwin Webb, Pharm.D., MPH, FCCP

Paul W. Abramowitz, Pharm.D., Sc.D. (Hon), FASHP

Health System, Payor or Foundation

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Join a dynamic team of health care leaders!

Executive Members

- VA
- U.S. Department of Veterans Affairs
- LabCorp
- Chronic Care Coalition in San Diego County

A sample of our 150+ GTMRx Institute member organizations
(inclusion does not constitute an endorsement of any program, product or organization)
What does it take to get the medications right?

https://www.patientcare.va.gov/primarycare/PACT.asp
“...28% of physician visits are shifted from physician to pharmacists for medication management services”

“...Access to care remains a top VA priority, and the appropriate integration of CPSs is of critical importance in the timely delivery of high-quality care to our veteran population.”
Clinical Pharmacy Specialists (CPS) are Advanced Practice Providers

CPS = PHARMACIST PROVIDER

- Prescriptive Authority
- Practice-Area expert to manage multiple disease states
- Population Management

IMPROVING ACCESS

- Core team member
- Comprehensive Medication Management (CMM) services to allow other providers to focus on other Veterans with more acute care needs
- Creating access to care for patients with med management needs, including rural patients

CPS Providers: Your Team’s Medication Experts

Optimize roles of CPS to provide Essential Chronic Disease and Medication Management Services
Clinical Pharmacy Specialist (CPS) Provider Direct Patient Care

- Executing Therapeutic Plans
  - Scope of Practice (Authority for Comprehensive Med Management services)
  - Executive Committee of the Medical Staff (ECMS) oversight
- Ordering Labs and Diagnostic Tests
- Prescribing Medications
- Referrals for Needed Care
- Obtaining Informed Consent
- Independent Corrective Action

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Optimizing Care by Leveraging CPS Providers

Clinical Pharmacy Specialist (CPS) = Advanced Practice Provider
FY18: VA CPS had 6 Million encounters providing care for 1.4 Million Veterans

PATIENT IMPACT

- Improve Outcomes and Patient Satisfaction
- Comprehensive Medication Management Services
- Access to Care Primary and Specialty Care

FACILITY AND HEALTH SYSTEM IMPACT

- Interprofessional Teams Medication Expert Improve Efficiency
- Performance measures Clinical Quality Medication Safety Improvement
- Financial Impact Unburden Providers Save Healthcare Resources
# CPS Roles in Foundational Areas

### Primary Care
- Diabetes
- Hypertension
- Hyperlipidemia
- CV Disease
- Thyroid Disease
- Heart Failure
- COPD & Asthma
- Smoking Cessation
- Pain
- Mental Health
- Hepatitis C
- Obesity
- Anemia

### Mental Health
- Depression
- Anxiety Disorders
- PTSD
- Insomnia
- Bipolar Disorder
- Schizophrenia
- Smoking Cessation
- Alcohol Use Disorder
- Opioid Use Disorder (OUD)
- Neurocognitive Disorders

### Pain
- Musculoskeletal pain
  - Joint and bone pain
  - Muscle pain/spasms
  - Low back pain
  - Osteoarthritis
  - Fibromyalgia
- Neuropathic Pain
  - Peripheral neuropathy
  - Post-herpetic neuralgia
  - Phantom limb pain
  - Sciatica
  - OUD

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In the Past: Focused Disease State Management

Today: Comprehensive Medication Management

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Primary Care Services and Access

• Access to primary care services across the country continues to be in high demand with a significant provider shortages expected by 2025.
• Primary Care Physician (PCP) Turnover rate is estimated at 6-8% annually.
• Based on estimates, VA can expect 325 to 434 PC physicians to leave VA in the next year.
  • In 2017, it is estimated that R&R costs of replacing a PCP is $368,000.
  • Collectively, this translates into an expected cost of turnover equal to $119 million to $160 million.
• Full Optimization of the CPS has demonstrated a clear-cut benefit on quality and safety metrics, including Healthcare Effectiveness Data and Information Set (HEDIS) measures.
A recent study evaluated primary care team staff satisfaction with CPS integration in the VA. Specifically, clinical pharmacy services were perceived to have significant impact on primary care satisfaction and the ability to increase access to primary care services.

Perceptions of CPS Integration into the Primary Care Team: ACCESS and Job Satisfaction

Panel A. By Discipline

- Licensed Practical Nurse
- Medical Support Assistant
- Nurse Practitioner
- Other
- Physician
- Registered Nurse
### Key Strategies for CPS Provider Integration

#### Identify the Need: CPS Provider Impact
- Gap analysis and Needs
- Access, Safety, Quality
- Staffing shortages, reducing burnout
- Expanding CPS training in gap areas

#### Key Stakeholders: Role Clarity CPS Practice
- Team, Optimizing each member
- Leadership
- Patients
- Align Priorities and set staffing expectations

#### Care Coordination
- Define appropriate referrals, standard referral process
- Population management
- Collaboration with Team

#### Space, Care Delivery, Ancillary Support
- Space/equipment
- Expanding Care Modalities (face to face, virtual care)
- Establish core schedule and appointments
- Ancillary support (e.g. scheduling, vitals)
VA CPS Advanced Practice Providers: Highly Trained

VHA has ~8,748 Clinical Pharmacists

4,259 (49%) have a Scope of Practice

3,489 (82%) have Residency and/or Certification

- 72% PGY-1 and/or PGY-2 Residency
- 52% BPS or Other Certification
- 82% Residency and/or Certification

Ref: VA Clinical Pharmacy Practice Office 2019
CPS Provider Growth Over Time

Pharmacists with a Scope of Practice

104% increase in Pharmacist Providers since FY12

Ref: VA Clinical Pharmacy Practice Office 2019
CPS Provider Encounters Growth

Pharmacist Encounters by Quarter: FY15Q1 - FY19Q1

24.8% increase in CPS Provider Encounters each quarter since FY15
## CPS Provider Prescribing By Drug Classes

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Number of Distinct Prescriptions by a Pharmacist Provider</th>
<th>Percentage of Overall Prescriptions by a Pharmacist Provider</th>
<th>Opportunity/Benefit to VA</th>
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<tbody>
<tr>
<td>All Prescriptions</td>
<td>2,454,806</td>
<td>3.5%</td>
<td>Comprehensive Medication Management for multiple chronic diseases. <strong>Opportunity to expand 50%</strong></td>
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<td>Diabetes Agents</td>
<td>235,675</td>
<td>11.9%</td>
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<td>Lipid Agents</td>
<td>75,340</td>
<td>2.5%</td>
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<td>Anticoagulants</td>
<td>650,328</td>
<td>88%</td>
<td><strong>Opportunity to refer additional 12% of Patient AC Appointments to the CPS</strong></td>
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<td>Hepatitis C Agents</td>
<td>134,896</td>
<td>30.7%</td>
<td>Pharmacist prescribing of agents increased 255% from FY14-FY15, allowing more patients to be cured. <strong>Opportunity for redeployment now that patients have been cured</strong></td>
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<td>Erythropoiesis-Stimulating Agents</td>
<td>36,667</td>
<td>31%</td>
<td>Clinical Pharmacists achieve safer, higher quality outcomes that are more cost-effective. <strong>Expanding service would save provider time and money</strong></td>
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VHA CPS Practice in Primary Care

1,795,610 Med Management Interventions Made

>1,700 VA CPS work in Primary Care

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What is Your CPS Provider Integration Vision?

Silo Eliminator, Force Multiplier

CPS Provider, Medication Expert:
Collaborative team member, each practice area
Comprehensive Medication Management Services
Mitigate Patient Risk, Education
Treat co-morbid conditions in practice area
Referrals for needed care
Population Management
Expanded Access to Care
Care Coordination
VHA CPS Provider Expansion Projects

- **Increasing Access to Care - CPS Rural Veteran Access (CRVA) Initiative**
  - Awarded $120M over 5 years to provide CPS resources focused on leveraging CPS Providers in PACT, Mental Health, and Pain Management.
  - Partnered and Leveraged data from Diffusion Project

- **Increasing Access to Hepatitis C Care Utilizing CPS Providers**
  - 44 facilities were awarded funding equating to 44 CPS FTEE and 23.5 Pharmacy Technician FTEE awarded to and a total dollar value $8.7 Million.

- **Antimicrobial Stewardship**
  - National Directive mandating CPS ASP Champions at every site
  - Secured local funding for CPS Certification in ASP
  - Staffing Analysis and Tool to support Integration
VHA CPS Provider Expansion Projects

- **Increasing Access to Care in MH and Pain Management with CPS Providers**
  - Access to MH, Pain management and Substance Use Disorder Treatment

- **Centralized Anticoagulation Hub - CPS Services**
  - A conservative estimate based on anticoagulation encounters indicates ~91 physician FTE annually could be freed up system-wide if the remaining 31% of anticoagulation care was transitioned to pharmacist managed anticoagulation clinics
VHA CPS Provider Practice Expansion Initiative

5 year Enterprise Wide Initiative (EWI): Optimizing VA CPS providers to increase access to care for rural Veterans - 183 Pharmacist Providers across 61 facilities

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<tr>
<th>Practice Area</th>
<th>Number of CPS</th>
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<td>Primary Care (PACT)</td>
<td>111</td>
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<tr>
<td>Mental Health</td>
<td>35</td>
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<tr>
<td>Pain Management</td>
<td>31</td>
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<td>Mental Health/Pain Management</td>
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<td>Primary Care/Mental Health</td>
<td>2</td>
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<tr>
<td>Primary Care/Pain</td>
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Steering Committee  Data Tracking Reports  Mentorship Program  Training Boot Camps  Consultative Visits
Diffusion of Excellence (DOE) Gold Status
Practice Improving Access with CPS Providers

CPS Assigned to PACT Teams
Enhanced communication and team satisfaction

CPS Role Optimization
13.8% increase in CPS Utilization

Conversion of PCP to CPS Appointments
27% of PCP appointments converted

CPS Impact
• Improved HEDIS measures
• Saved PCP Time
• Increased CPS visit utilization
• Improved Veteran access
• Improved no-show rates
• Additional CPS positions

Partnership and Practice Diffusion to over 21 VA locations
Optimizing CPS Rural Veteran Access (CRVA) through a Consultative Visit Approach

- 27 CRVA Sites w/Consultative Visit
- 35 Other CRVA Sites

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Optimizing CPS Providers through Training Leadership and Clinical Boot Camps

- Bootcamps based on gap analysis surveys which helped guide curriculum

- **Leadership Boot Camps**
  - Virtual teleconference series focused on the implementation, promotion, and maintenance of expanded clinical pharmacy programs
  - Equip participants with the knowledge and tools for advancing clinical pharmacy practice
  - Completed in Sept and Oct 2017

- **Clinical Boot Camps**
  - 5 Clinical Pharmacy Boot Camps with up to 50 attendees each
  - 2 Mental Health/Pain Boot Camps - April & May 2018
  - 3 PACT Boot Camps - April & May 2018
CPS Provider Mentorship Program
54 Mentor/Mentee matches

- The mentorship process includes:
- Mentor and Mentee Orientation Webinar
- Virtual Mentorship Teleconference
- CPS Shadowing

Virtual and face-to-face mentoring services offered to CRVA facilities
Focus on key metrics and clinical practice growth
VHA CPS Provider Project Overview – Defining Metrics

- Focus on using the CPS most effectively and demonstrating their impact on patient care

- Targets
  - Minimum # of Encounters $\geq 120$ Encounters/FTEE/Month
  - $\geq 75\%$ PhARMD Tool Use on Encounters
  - $\geq 50\%$ Encounter Rurality (Determined by rurality of patient)

- Each CPS hired – workload reviewed monthly
VHA CPS Rural Veteran Access (CRVA) Initiative

**CRVA Encounters with a Pharmacist Provider**
10/1/16 to 06/03/19

- **174,928** Veterans Served
- **556,269** Encounters
- **104,605** (59.8%) Rural Veterans Served
- **373,484** (67.1%) Rural Encounters

**CRVA Veterans Served by Fiscal Month through MAY-FY19**

- Blue line represents Veterans
- Orange line represents Rural Veterans

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<th>Month</th>
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CPS Providers Increasing Access to Care
October 2016 to June 2019

- **Primary Care CPS Providers**
  - 75,411 Veterans Served (66.6% Rural)
  - 281,682 Encounters/Visits with CPS Providers (72.6% Rural)

- **Mental Health (MH) CPS Providers**
  - 29,712 MH Veterans Served (54.3% Rural)
  - 89,888 Encounters/Visits by MH CPS Providers (58.5% Rural)

- **Pain CPS Providers**
  - 26,479 Veterans with Pain Served (55.6% Rural)
  - 66,873 Encounters/Visits by Pain CPS Providers (59.2% Rural)

**Access to Care**
- Average of an Additional 14,127 visits per month for PC patients
- Average of an Additional 4,282 visits per month for MH patients
- Average of an Additional 2,975 visits per month for Pain patients
CPS Providers Increase Access to Virtual Care

CRVA Virtual Care by Practice Area

- Virtual
- PACT Virtual
- MH Virtual
- Pain Virtual

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Strategies for CPS Provider Expansion

Meet with Leadership and Front-line Stakeholders

Evaluate Pharmacist Provider Roles, Workflow and Productivity

Identify Opportunities for Pharmacist Provider Practice Impact (e.g. SAIL)

Develop Targeted Initiatives to Optimize Results

Demonstrate Results

Pharmacist Provider Integration and Optimization
Multimodal Strategies for CPS Provider Optimization

<table>
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<th>Hepatitis C CPS Provider Expansion</th>
<th>Antimicrobial Stewardship and Infectious Disease CPS Providers</th>
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<tr>
<td>▪ Clinical Pharmacy Boot Camps</td>
<td>▪ Policy to Support Practice Vision</td>
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<tr>
<td>▪ Train the Trainer Approach</td>
<td>▪ Interprofessional Task Force</td>
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<td>▪ Targeted Integration</td>
<td>▪ Greater than 220 CPS Providers serving as ASP Pharmacy Champions and contributing to improved care</td>
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<tr>
<td>▪ Over 35% prescribing across the nation was achieved by CPS Providers</td>
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CPS Providers Increase Access to HCV Treatment

- 47 CPS providers
  - 24,888 patient care encounters providing care
  - 9,593 unique patients
  - Initiated new HCV treatment for 1191 treatment-naïve patients.
  - For 8402 patients, additional HCV care activities such as evaluation and monitoring before, during, and after treatment was performed.
- The Same care delivered by non-pharmacist provider specialists (e.g., specialty physicians) would cost an additional $936,535 (48% more).

https://doi.org/10.1016/j.japh.2019.01.018
All VA Pain CPS Providers and Veterans Treated: Growth Over Time

Must have at least 60 pain encounters in preceding 6 months to be included
Key Needs of VHA are Met by CPS Providers

- Few states have authorized **pharmacists** to prescribe controlled substances
- VA Primary Care, Mental Health and Pain Management Specialty want VA CPS to assist with complex medication management needs
- VA is experiencing significant need for patient specific expertise in medication management:
  - Opioid Risk Reduction
  - Benzodiazepine Tapering
  - OUD & Access to MAT
  - Alternatives to Controlled Substances

- **2,756** pharmacists performed over 122,000 PDMP screenings for 88,140 patients in team-based care settings
- **2,192** VA pharmacists prescribed 82,140 smoking cessation products
- **953** VA Pharmacists wrote 20,821 naloxone prescriptions
- **938** pharmacists ordered and interpreted 202,501 urine drug screen labs
Conclusions

- In the Veterans Health Administration (VHA) Clinical Pharmacy Specialist (CPS), serving as a Provider of Comprehensive Medication Management (CMM) services fill gaps in healthcare related access, costs and quality.
- Consistent application of foundational elements of practice has led to successful optimization and integration of the CPS provider into team based care settings.
- There are numerous examples of CPS provider integration in both the primary and specialty care practice areas that can and should be replicated outside the VA setting because they improve access, cost and quality.
Question & Answer Session

BRIG. GEN. ALLISON HICKEY (RET.) USAF
CEO, All In Solutions LLC; former Undersecretary for Benefits (VBA) in the Department of Veterans Affairs; Founding Board Member, GTMRx Institute

ANTHONY P. MORREALE, PHARM.D., MBA, BCPS, FASHP
Associate Chief Consultant For Clinical Pharmacy And Policy Department Of Veterans Affairs Pharmacy Benefits Management, VA Central Office

JULIE GROPPI, PHARMD, FASHP
National PBM Program Manager for Clinical Pharmacy Practice Policy and Standards, VA Central Office
Thank you!

- Please fill out the survey after today’s session
- A recording of today’s webinar and slides will be available in one week at www.gtmr.org
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