



GTMR^x
Institute™

Get the medications right
www.gtmr.org

Advancing Pharmacy Practice: VA Case Study

June 19, 2019 | 1 p.m. Eastern

GTMRx Learning Network Webinar

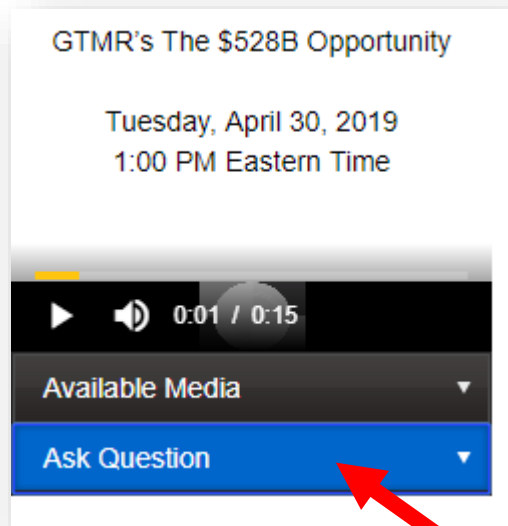
Agenda

- 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



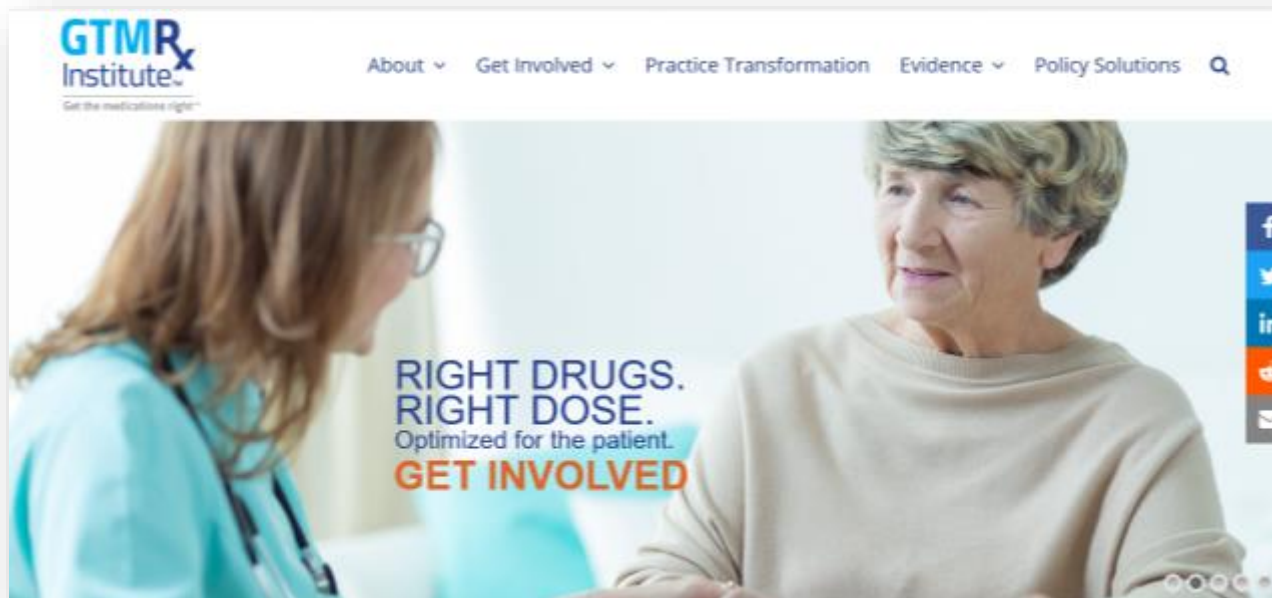
Click here

How to submit a question

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, PHARM.D., 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

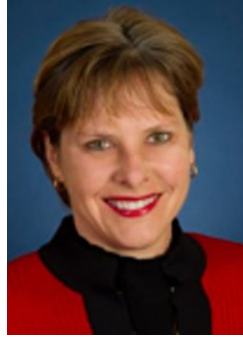
- Practice Transformation
- Evidence & Innovation
- Payment & Policy Solutions



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*

Join a dynamic team of health care leaders!

Executive Members



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?



Partnerships
with Veterans



Access
to care using
diverse methods



Coordinated care
among team
members



Team-based care
with Veterans as the
center of their PACT

<https://www.patientcare.va.gov/primarycare/PACT.asp>



VA's Leadership

“...28% of physician visits are shifted from physician to pharmacists for medication management services”

“The CPSSs intervention directly linked to the EMR and cost, quality and outcomes that CPSSs deliver has led to expansion from 1900 positions (2011) to 4600 (2018)...”

EDITORIAL

Optimization of clinical pharmacy specialists at Veterans Affairs facilities

For decades, clinical pharmacy specialists (CPSs) in the U.S. Department of Veterans Affairs (VA) have served our veterans as advanced practice providers with special expertise in medication management. Their skills and expertise providing comprehensive medication management services, paired with the larger complement of the healthcare team, have led to significant increases in patients' access to care and improvement in patient care outcomes, with many facilities demonstrating that up to 28% of appointments are shifted from physicians to pharmacists for medication management services.^{1,2} With the shortage of primary care and specialist physicians compounded by the increasing patient care demands on the U.S. healthcare system, it is imperative that we optimize the use of CPSs to their fullest capacity to address these gaps.^{3,4}

In an article that appears in this issue of *AJHP*, Groppi et al.⁵ describe a tool used by facility-based VA CPSs to document daily patient care interventions. This report outlines the framework that was instrumental in the diffusion of the Pharmacists Achieve Results with Medications Documentation (PhARMDD) tool across nearly all VA medical centers in the country. This tool, which was awarded the 2015 Under Secretary for Health Pharmacy Benefits Management Innovation award, describes the types of patient care activities performed by CPSs as a part of the largest integrated healthcare organization in the country. These interventions, directly linked to the individual patient's electronic medical record (EMR), provides valuable information to VA leadership on the cost savings, quality, and outcomes that CPSs deliver and has been useful in advocating for further expansion of clinical pharmacists across all practice settings in the organization, as witnessed by the growth of CPS positions from approximately 1,900 in 2011 to nearly 4,600 today.⁶

As healthcare organizations aspire to achieve the “triple aim” of better health, better care, and better value, tools to measure interventions and outcomes systematically and transparently are essential and a core component of VA's efforts to advance high performance.⁷ In doing so we must ensure that our approach is patient centric and integrated as efficiently as possible into the clinician workflow and EMR. Burnout among healthcare providers and teams is a national challenge in healthcare. Improvement efforts that add work are not sustainable and may result in adverse patient care outcomes. The National Academy of Medicine launched an action collaborative on clinician well-being and resilience in which ASHP is a key stakeholder. This collaboration challenges organizations to develop and share action plans to mitigate clinician burnout and promote

well-being.⁸ VA recognizes that team-based care, with all team members providing top-level care, can reduce stress and burnout and that CPSs can play an important role in this endeavor.

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. The CPS is a valuable member of the healthcare team who improves our capacity to provide timely, efficient, effective, and safe primary and specialty care, which significantly improves patients' access to care. We urge other organizations to adopt a similar approach to fully optimize the use of their pharmacist providers into team-based models of care to ensure that patients have access to their medication expertise and services.

1. Elmhah SM, Clancy CM, Shuklin DJ. A framework for disseminating clinical best practices in the VA health system. *JAMA*. 2017; 317:255-6.
2. Greer N, Bolduc J, Geukink E et al. Pharmacist-led chronic disease management: a systematic review of effectiveness and harms compared with usual care. *Ann Intern Med*. 2016; 165:30-40.
3. Rose AJ, McCullough MB, Carter BL, Rudin RS. The clinical pharmacy specialist: part of the solution. *J Gen Intern Med*. 2017; 32:375-7.
4. Carter BL. Primary care physician-pharmacist collaborative care model: strategies for implementation. *Pharmacotherapy*. 2016; 36:363-73.
5. Groppi JA, Ourth H, Morreale AP et al. Advancement of clinical pharmacy practice through intervention capture. *Am J Health-Syst Pharm*. 2018; 75:In press.
6. VHA Corporate Data Warehouse (172VA10P2 online database). Washington, DC: U.S. Department of Veterans Affairs (accessed 2018 Feb 7).
7. Atkins D, Clancy CM. Advancing high performance in Veterans Affairs health care. *JAMA*. 2017; 318:1927-8.
8. National Academy of Medicine. More than 130 organizations join the National Academy of Medicine in committing to clinician well-being (January 11, 2018). <https://nam.edu/130-organizations-join-national-academy-medicine-committing-to-clinician-well/> (accessed 2018 Mar 14).

Carolyn Clancy, M.D.
Veterans Health Administration
Washington, D.C.
Carolyn.Clancy@va.gov

Disclosures: The author has declared no potential conflicts of interest.

Keywords: access, clinical pharmacy, healthcare value, interventions, pharmacists, providers

DOI 10.2146/ajhp180149

Carolyn Clancy, MD
Deputy Under Secretary
for Discovery, Education
and Affiliate Networks,
Veterans Health
Administration

“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

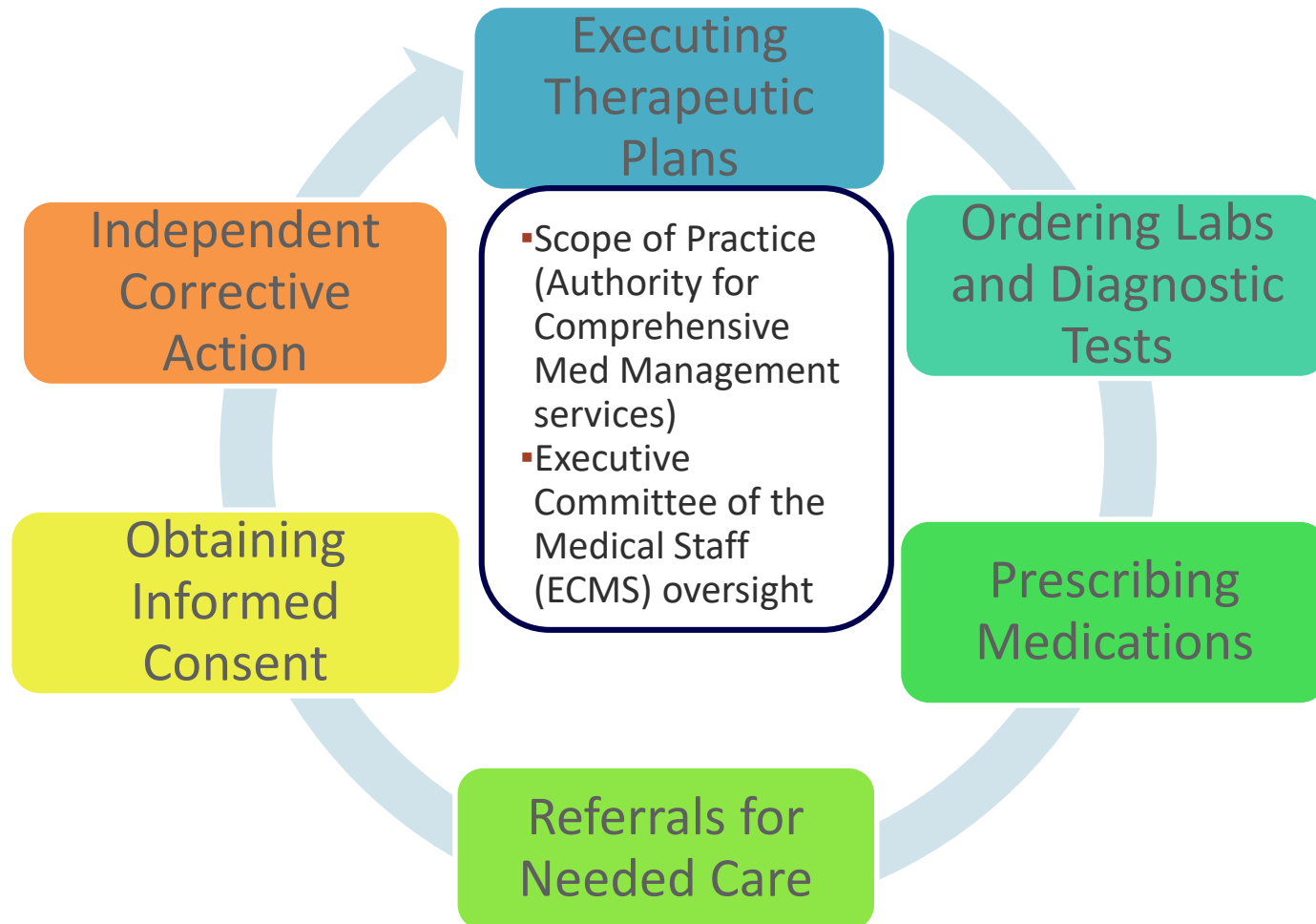
- Core team member
- Comprehensive Medication Management (CMM) services to allow other providers to focus on other Veterans with more acute care needs
- Creating access to care for patients with med management needs, including rural patients

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



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

In the Past: Focused
Disease State Management

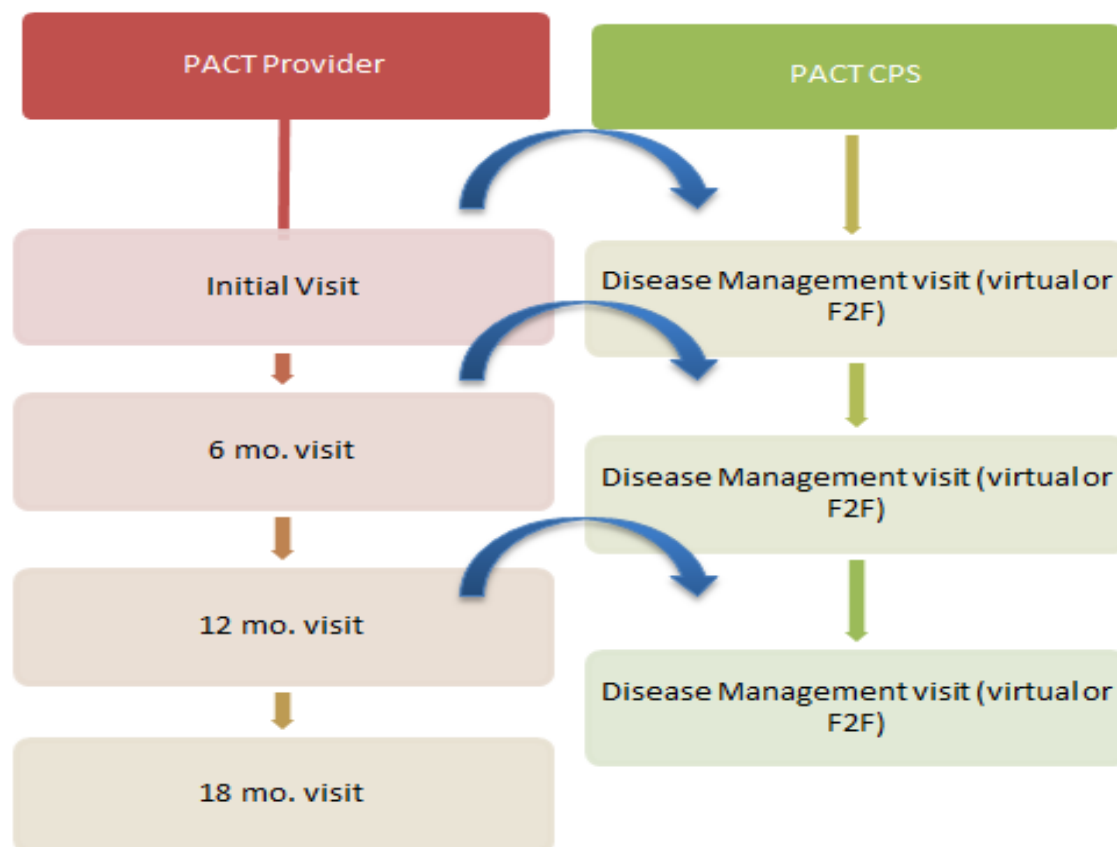
Today: Comprehensive
Medication
Management

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

Optimizing PACT CPS as an Advanced Practice Provider Increasing Access

Primary Care=Patient Aligned Care Team (PACT)



Optimizing PACT CPS to see patients between PACT Provider visits increases patient access for medication management services

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.**

McFarland MS, Hughes J, Thomas A, Lamb K, Gatwood J, Hathaway J. The Evaluation of Primary Care Staff Perceptions to Integration of the Clinical Pharmacy Specialist into the Patient Centered Medical Home Model in a VA Healthcare System. J Healthc Qual. 2017 Dec 22. doi: 10.1097/JHQ.000000000000114. [Epub ahead of print]

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

Panel A. By Discipline



Original Article

Perceptions of Integration of the Clinical Pharmacist
Into the PCMH Model by the PCMH Team

M. Shawn McFarland • Kristen Lamb • Jonathan Hughes • Ashley Thomas • Justin Gidwood • Jacob Hatheway

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



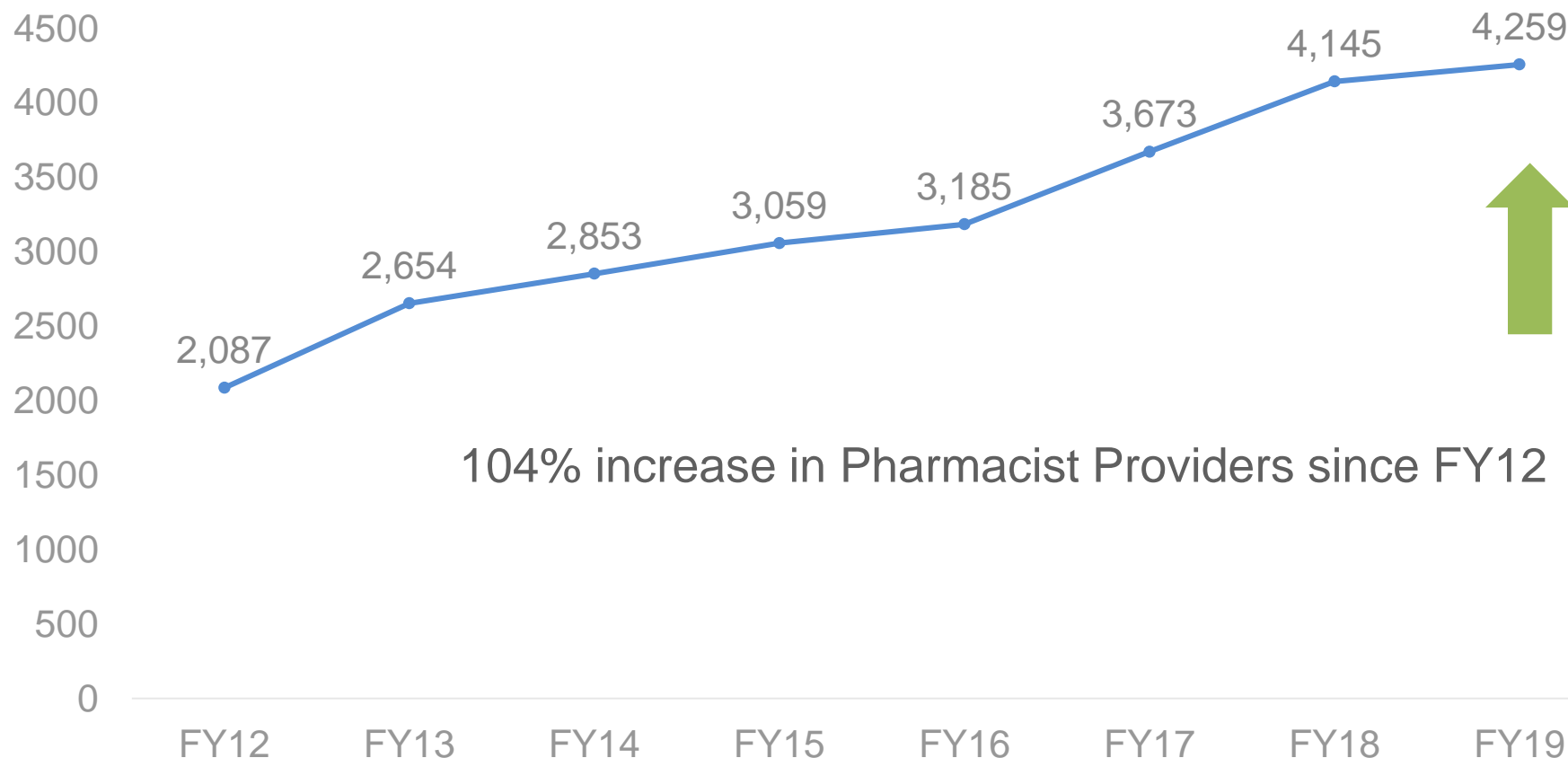
82%

Residency and/or
Certification

Ref: VA Clinical Pharmacy Practice Office 2019

CPS Provider Growth Over Time

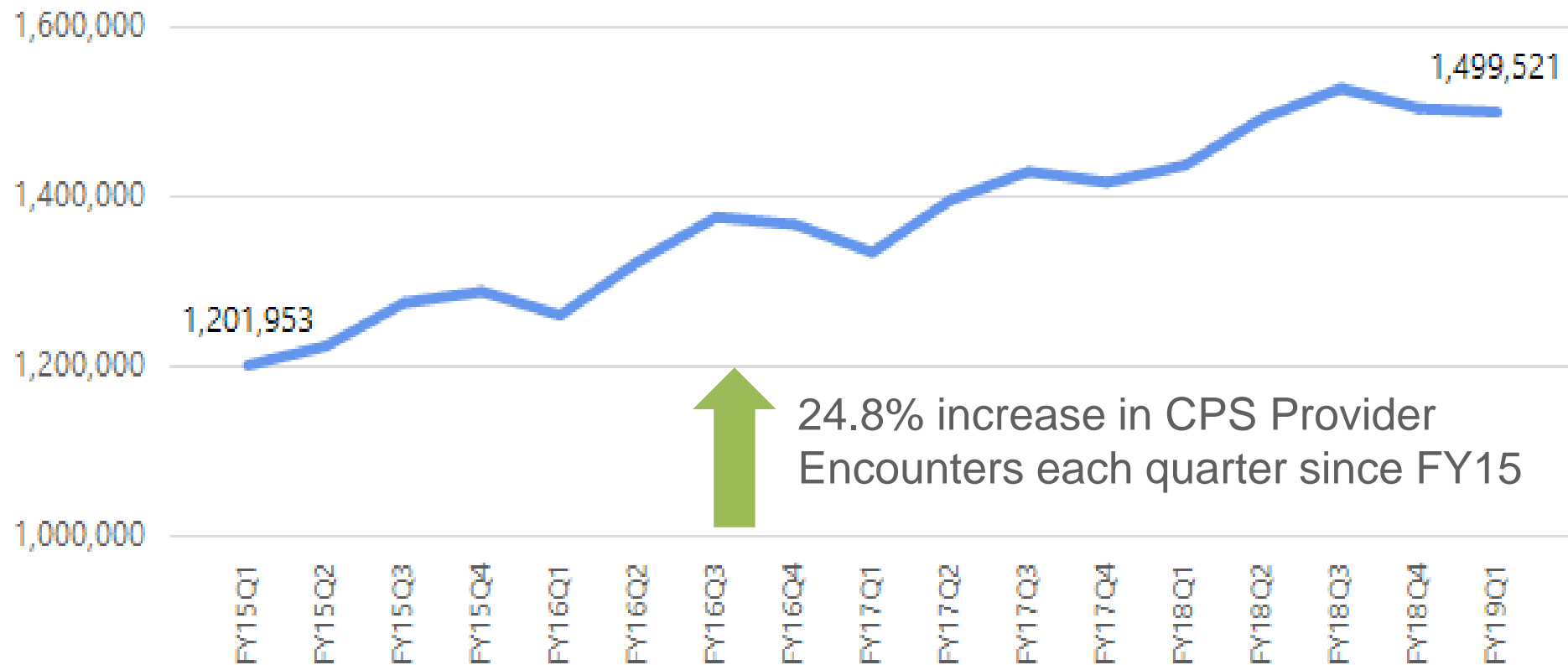
Pharmacists with a Scope of Practice



Ref: VA Clinical Pharmacy Practice Office 2019

CPS Provider Encounters Growth

Pharmacist Encounters by Quarter: FY15Q1 - FY19Q1



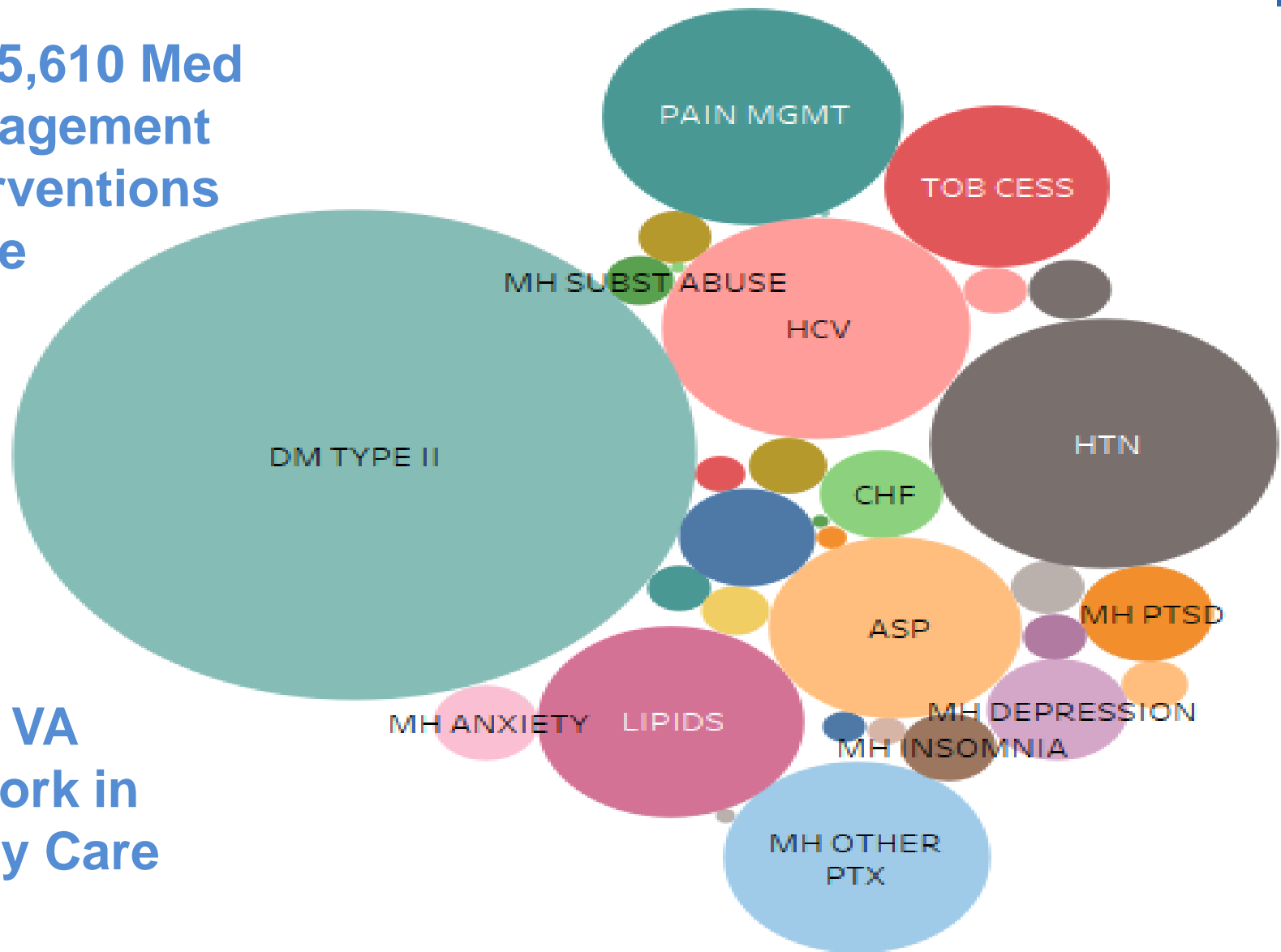
CPS Provider Prescribing By Drug Classes

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

VHA CPS Practice in Primary Care

1,795,610 Med
Management
Interventions
Made

>1,700 VA
CPS work in
Primary Care



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**

Practice Area	Number of CPS
Primary Care (PACT)	111
Mental Health	35
Pain Management	31
Mental Health/Pain Management	3
Primary Care/Mental Health	2
Primary Care/Pain	1

Steering
Committee

Data Tracking
Reports

Mentorship
Program

Training Boot
Camps

Consultative
Visits

Diffusion of Excellence (DOE) Gold Status

Practice Improving Access with CPS Providers

Partnership and Practice
Diffusion to over 21 VA
locations

CPS Assigned to PACT Teams

Enhanced
communication and team
satisfaction

CPS Role Optimization

13.8% increase
in CPS
Utilization

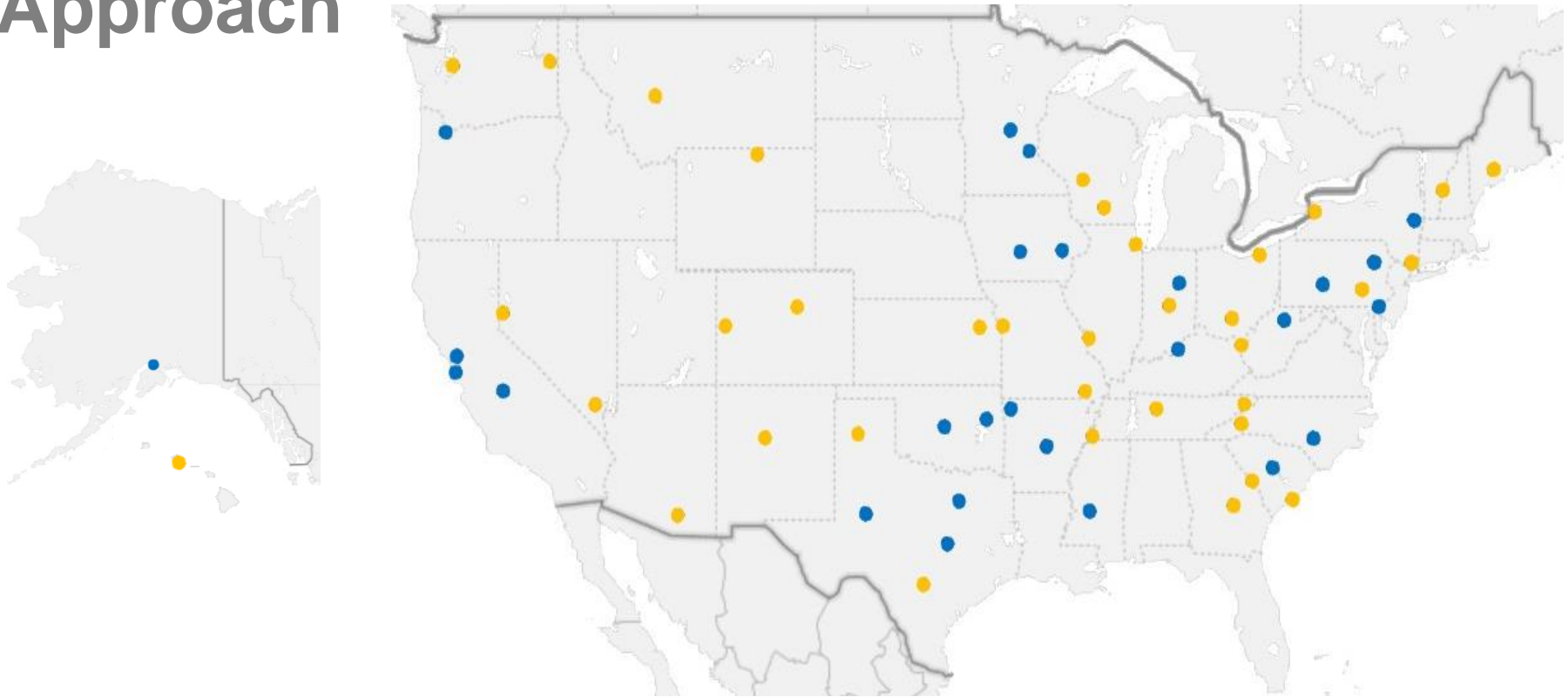
Conversion of PCP to CPS Appointments

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

Optimizing CPS Rural Veteran Access (CRVA) through a Consultative Visit Approach



● 27 CRVA Sites w/Consultative Visit

● 35 Other CRVA Sites

2 Optimizing CPS Providers through Training Leadership and Clinical Boot Camps

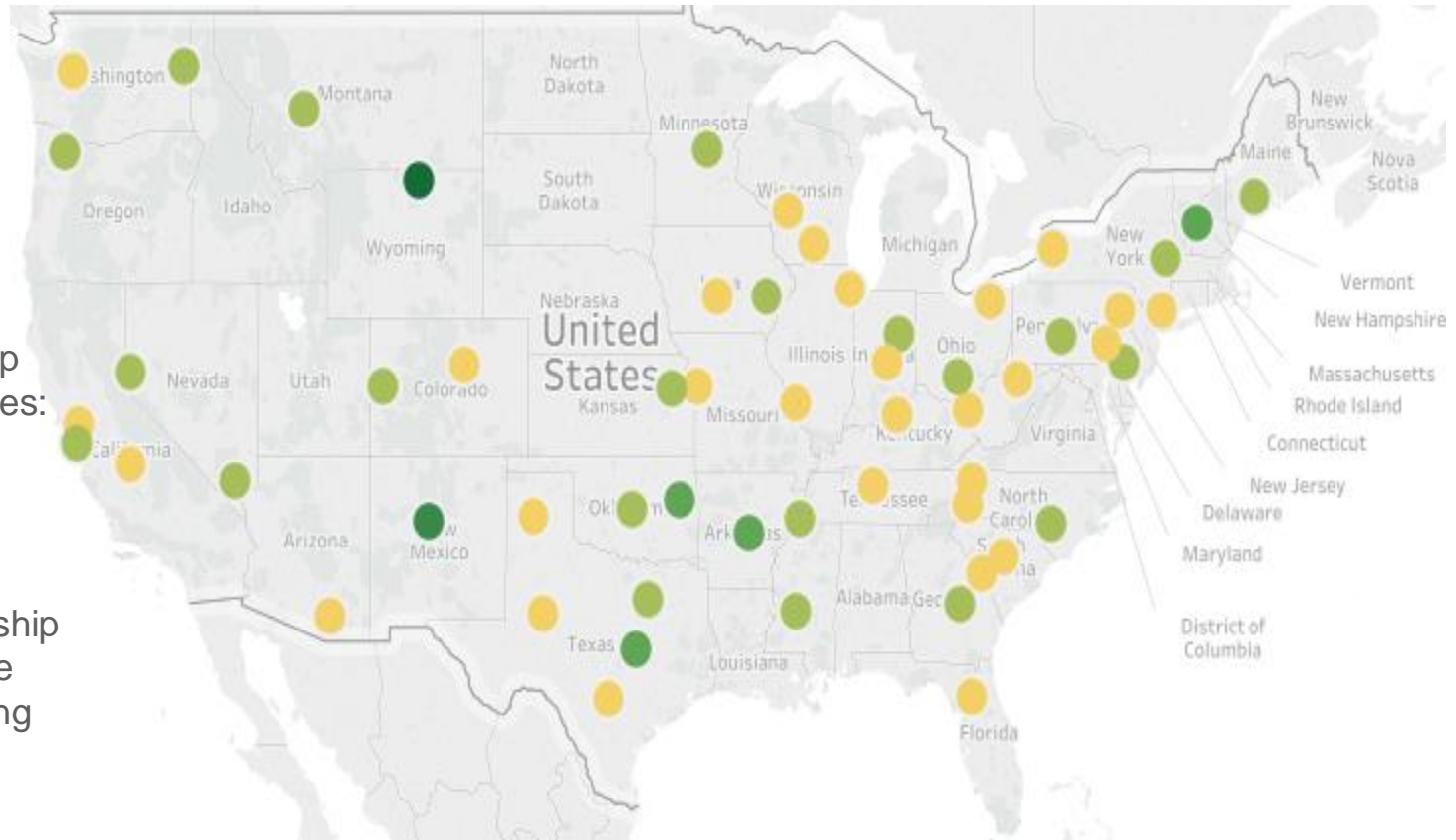
- Bootcamps based on gap analysis surveys which helped guide curriculum
- **Leadership Boot Camps**
 - Virtual teleconference series focused on the implementation, promotion, and maintenance of expanded clinical pharmacy programs
 - Equip participants with the knowledge and tools for advancing clinical 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

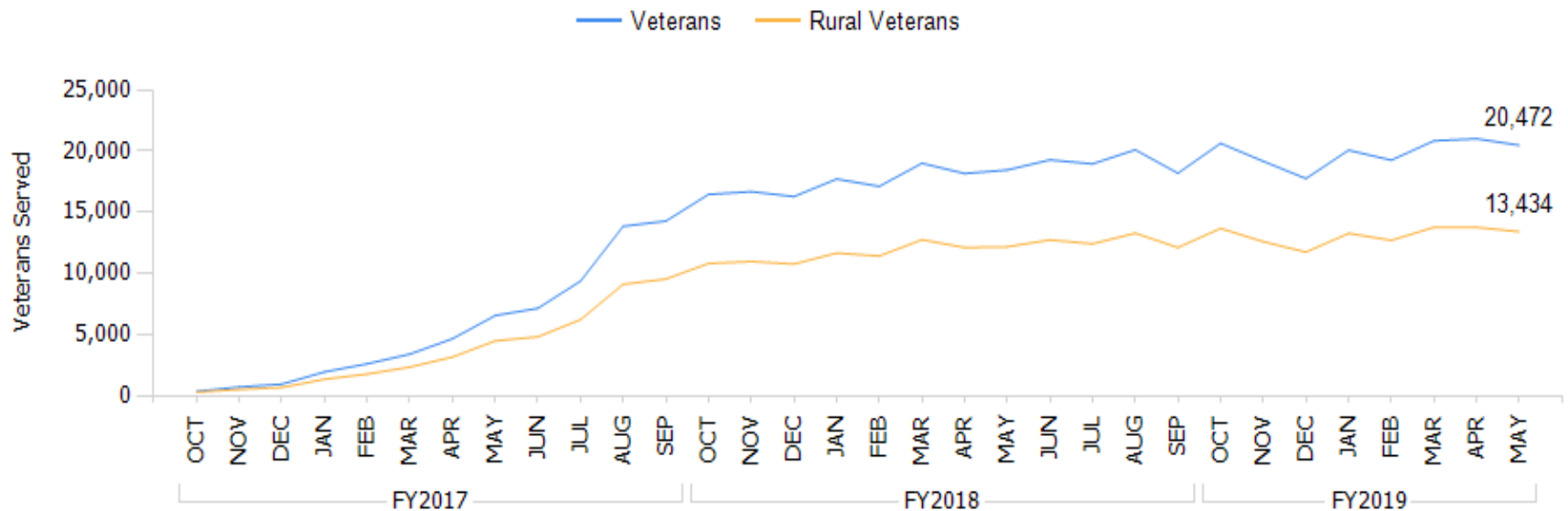
- Focus on using the CPS most effectively and demonstrating their impact on patient care
- Targets
 - Minimum # of Encounters ≥ 120 Encounters/FTEE/Month
 - $\geq 75\%$ PhARMD Tool Use on Encounters
 - $\geq 50\%$ Encounter Rurality (Determined by rurality of patient)
- Each CPS hired – workload reviewed 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



CPS Providers Increasing Access to Care October 2016 to June 2019

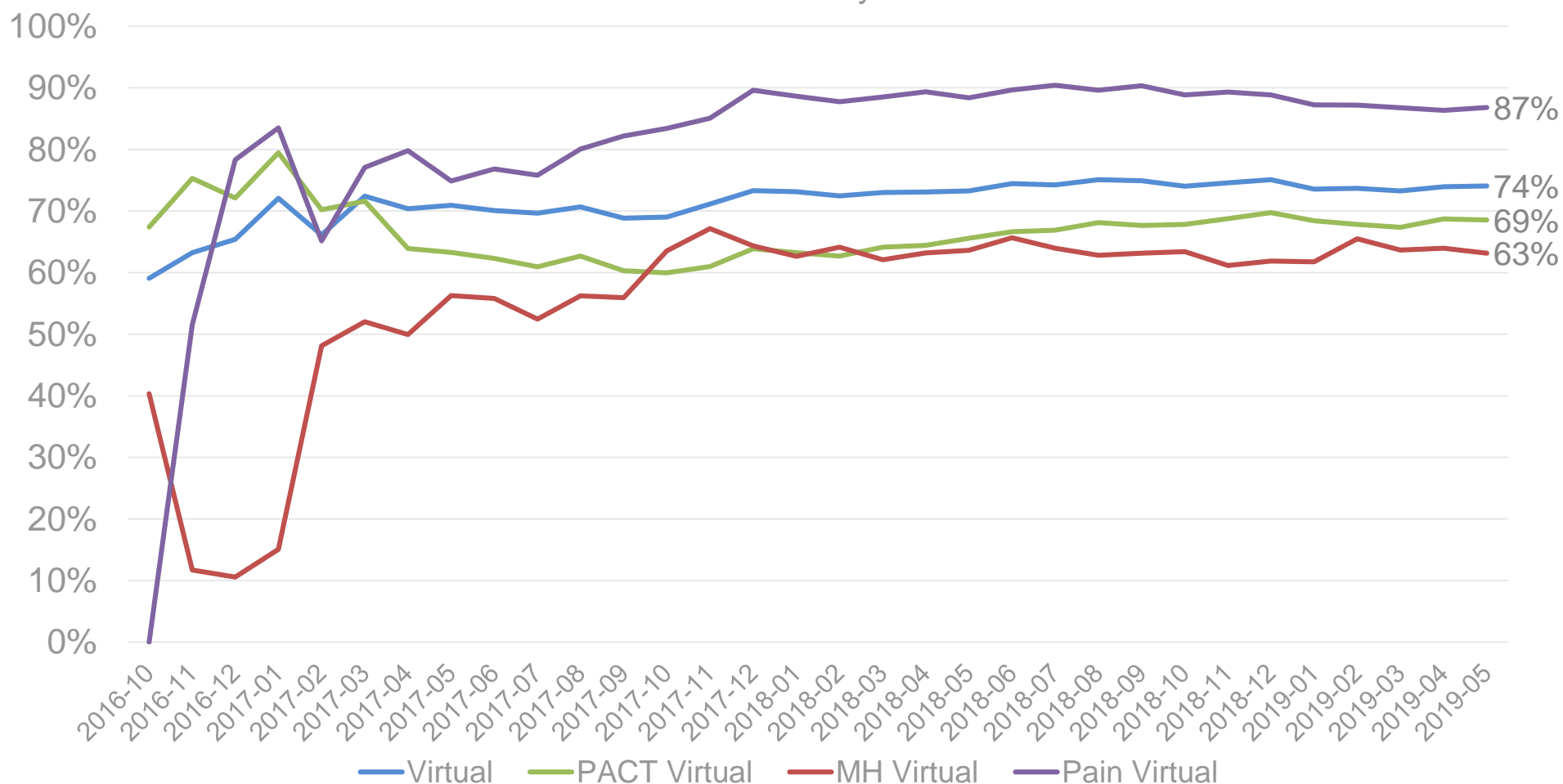
- **Primary Care CPS Providers**
 - 75,411 Veterans Served (66.6% Rural)
 - 281,682 Encounters/Visits with CPS Providers (72.6% Rural)
- **Mental Health (MH) CPS Providers**
 - 29,712 MH Veterans Served (54.3% Rural)
 - 89,888 Encounters/Visits by MH CPS Providers (58.5% Rural)
- **Pain CPS Providers**
 - 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



Strategies for CPS Provider Expansion



Pharmacist Provider Integration and Optimization

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

Multimodal Strategies for CPS Provider Optimization

Hepatitis C CPS Provider Expansion

- Clinical Pharmacy Boot Camps
- Train the Trainer Approach
- Targeted Integration
- Over 35% prescribing across the nation was achieved by CPS Providers

Antimicrobial Stewardship and Infectious Disease CPS Providers

- Policy to Support Practice Vision
- Interprofessional Task Force
- Greater than 220 CPS Providers serving as ASP Pharmacy Champions and contributing to improved care

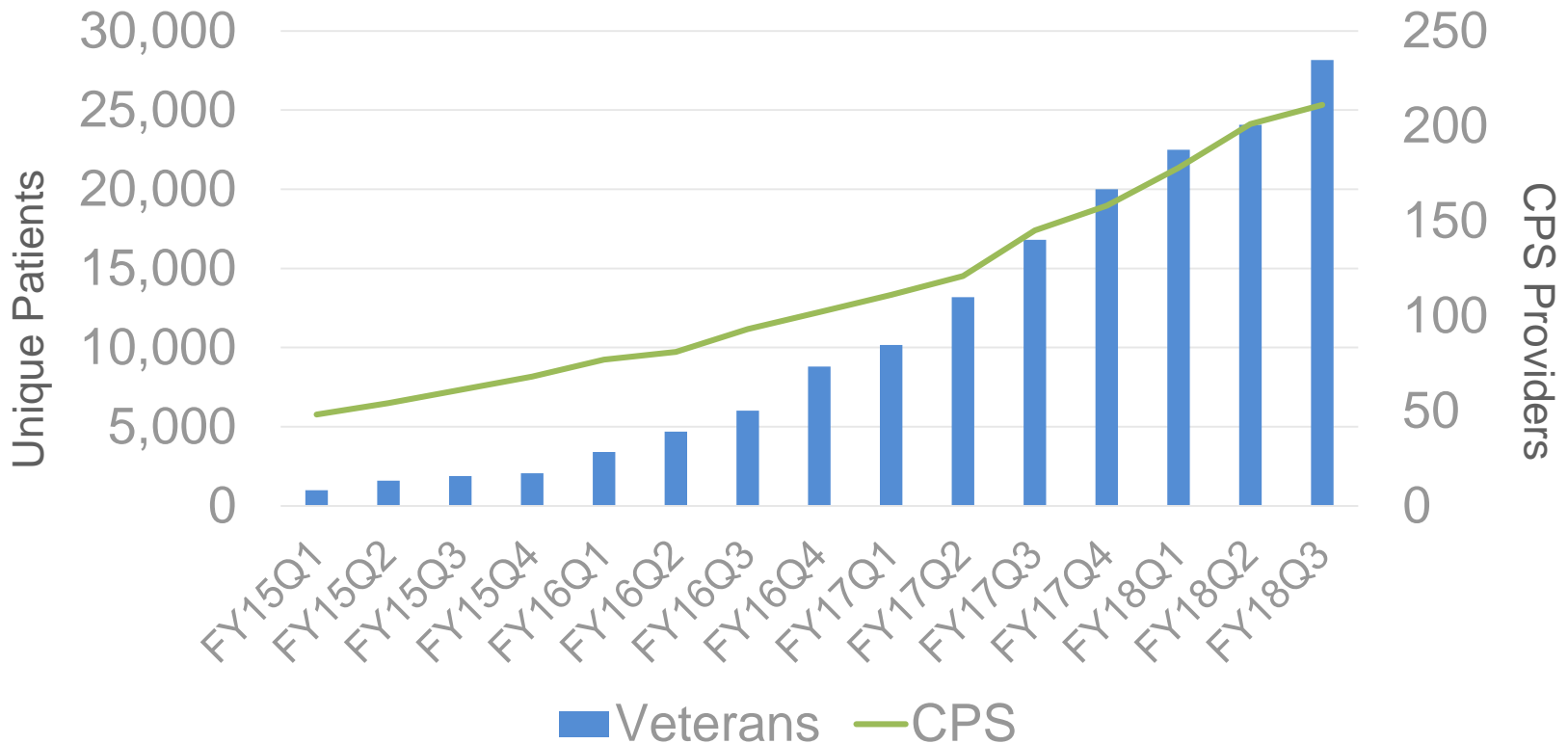
CPS Providers Increase Access to HCV Treatment

- 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).

Intervention category	Number of interventions
Medication monitoring (e.g., assessing for medication tolerability and adherence)	18,213
HCV laboratory tests workup (e.g., ordering and interpreting viral load)	10,061
Nonpharmacologic intervention (e.g., lifestyle education to prevent recurrence, adherence education, etc.)	8757
Medication management of drug interaction (e.g., adjusting medication regimen due to potential drug–drug interaction)	3714
Medication initiation (e.g., initiation of HCV medication)	3415
At goal because of CPS care (e.g., sustained viral response achieved while being treated by the CPS)	1721
Modify medication (e.g., medication adjusted based on individualized patient information or response to HCV therapy)	1572
Medication intervention—vaccination (e.g., vaccination ordered and given to patient by health care team member)	3

<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**
 - **ODU & 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, PHARM.D., 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
- Follow and like us! [gtmrxinstitute](https://www.facebook.com/gtmrxinstitute)

