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Get the medications right

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CMM Practice in Real Life: Clinical Pharmacy Specialists on the VA Care Team

To ensure appropriate medication use, it's essential to offer a systematic approach. It saves money and saves lives. And yet, for too long, medication optimization has been overlooked. That's starting to change, and innovators are showing the rest of us how to move forward. One of the most notable success stories comes from the Veterans Administration, where patient care teams have included clinical pharmacists for roughly a decade. It's a success story with implications for every provider organization in the country.

Understanding the context

Comprehensive medication management (CMM) is a systematic approach to medications in which physicians and pharmacists ensure that medications—be they prescription, nonprescription, alternative, supplements, etc.—are individually assessed to determine that each is appropriate for the patient, effective for the condition, safe (especially in the context of comorbidities and other medications) and able to be taken by the patient as intended.[1]

Avoidable illness and death resulting from non-optimized medication use cost $528.4 billion in 2016. That represents more than 16% of the annual $3.2 trillion the U.S. spent on health care in 2016.

In advanced team-based care models, clinical pharmacists are part of the care team and work collaboratively with physicians, nurses and other providers. It's a patient-centered approach that improves patient care and access by optimizing the skills of *all* clinicians on the care team.

Such an approach is sorely needed. Avoidable illness and death resulting from non-optimized medication use cost $528.4 billion in 2016. That represents more than 16% of the annual $3.2 trillion the U.S. spent on health care in 2016.[2]

A systematic approach both reduces this waste and assures medications are appropriately and effectively used, making them *cost effective* in reducing overall medical spend and

1 McInnis, Terry, et al., eds. *The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes.* 2nd ed., Patient-Centered Primary Care Collaborative. PCPCC Medication Management Task Force collaborative document.

2 Watanabe, JH, McInnis, T, Hirsch, JD. "Cost of Prescription Drug–Related Morbidity and Mortality." *Annals of Pharmacotherapy,* 2018; 52(9), 829–837.

assuring all conditions—including pain—are effectively managed with fewer side effects and less dependency.

That's what CMM provides. The results have been tremendous in terms of access, outcomes and costs. Examples of CMM success abound. Perhaps the most expansive is found within the Department of Veterans' Affairs (VA), the nation's largest integrated health system. It has systematically integrated clinical pharmacy specialists (CPS) into the care team to accomplish CMM for a range of chronic conditions.

As a provider of CMM services, the CPS fills gaps in health care access, cost and quality.

A model for transformation

In 2010, the VA launched the Patient Aligned Care Teams (PACT) concept, which redesigned how care is delivered by evaluating and maximizing the strengths of *all* team members.

That's where CMM comes in. The VA optimizes care by leveraging the expertise of clinical pharmacy specialists.

The VA provides the ideal testing ground for optimizing medication use. For example, veterans often have multiple health conditions and take an array of medications. CMM rose to the challenge; deployment of clinical pharmacists resulted in significant increases in patients' access to care and improvement in patient care outcomes.[3] For example, one study found the use of CPS professionals enhanced overall diabetes care—specifically, a significant improvement in glycemic outcomes in a veteran population.[4]

The benefits aren't merely clinical. Researchers in a different study evaluated primary care team staff satisfaction with CPS integration in the VA. Clinical pharmacy specialists were perceived to have significant impact on primary care satisfaction and the ability to increase access to primary care services.[5]

Over the years, focus has expanded beyond primary care into mental health and pain. Each encompasses an array of conditions. (See figure 1, next page.)

This level of success required a new way of thinking.

Asking important questions: A new mindset

"To get the medications right for the individual patient the *first* time, we have to change the mindset about practice design. Advanced practice organizations are integrating the medication experts into the care team," explains Allison Hickey, founding board member of the Get the Medications Right™ Institute and CEO of All In Solutions LLC. Previously, she served as the undersecretary for benefits to the Department of Veterans Affairs.

The CPS is an advanced practice provider, one with prescribing authority and advanced knowledge of pharmacotherapy. Virtually and in person, they provide CMM services to patients. They design, implement, monitor and, as needed, discontinue drug therapy. Although they work collaboratively with other members of the care team, they function independently under their individual scope of practice to directly care for patients.

"The CPS is completely in charge of managing that therapeutic plan. That includes ordering labs and diagnostic tests as well as prescribing

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3 Carolyn Clancy, "Optimization of clinical pharmacy specialists at Veterans Affairs facilities," *American Journal of Health-System Pharmacy,* Volume 75, Issue 12, 15 June 2018, Page 844, https://doi.org/10.2146/ajhp180149

4 Gardea J, Papadatos J, Cadle R. "Evaluating glycemic control for patient-aligned care team clinical pharmacy specialists at a large Veterans Affairs medical center." *Pharm Pract (Granada).* 2018;16(2):1164. doi:10.18549/PharmPract.2018.02.1164

5 McFarland MS, et al. "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 HealthcQual.* 2017 Dec 22.

medications," explains Anthony P. Morreale, PharmD, MBA, associate chief consultant for clinical pharmacy and policy for the Department of Veterans Affairs Pharmacy Benefits Management.

This approach allows everyone on the team to work at the top of their license. So, for example, physicians and other providers can focus on diagnosis and acute issues rather than trying to provide medication management, explains Morreale.

That's crucial, and will be more so going forward, given the growing shortage of physicians.

Supply and demand

Most health systems continue to struggle with shortages of physicians. The VA is no exception, with an estimated 6% to 8% annual turnover for primary care physicians. It's difficult to replace these clinicians, especially in rural areas. It's also more costly: The VA estimates that recruitment and retention costs for replacing a primary care provider runs around $368,000 per provider.

Fortunately, clinical pharmacy specialists are more readily available, have lower turnover, lower costs, and can take on some of the medication management burden. "We can find places where we can substitute some of the roles of the primary care specialist physicians by using clinical pharmacists," Morreale says. "We can both improve quality metrics as well as the economics of the health care system."

Relieving stressed access points

In FY 2018, the VA's clinical pharmacy specialists had 6 million encounters, caring for 1.4 million veterans. This allowed them to

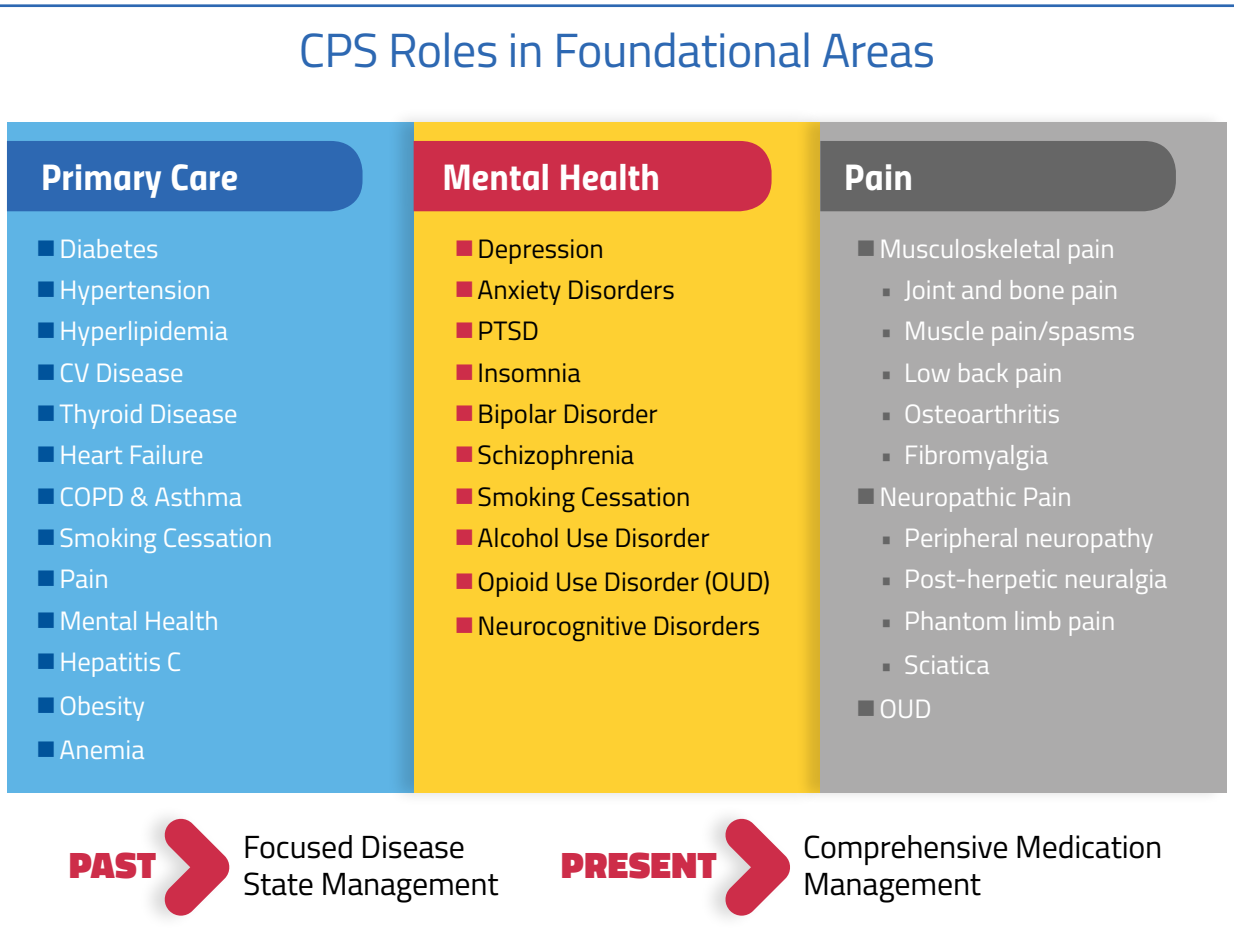

Figure 1. CPS Roles in Foundational Areas. (SOURCE: Data from Veterans Health Administration.)

address highly stressed access points in primary care, mental health and pain management.

On average, a CPS professional sees 12 to 14 patients a day, with each visit lasting about 30 minutes. Not all these visits are face-to-face. In fact, most are virtual. (See figure 2.) VA's CPS Diffusion of Excellence project demonstrated that 27% of all scheduled primary care visits could be managed independently by the CPS, thus freeing up significant access appointments for PCPs to see more complex patients with a focus on diagnostics.

The VA's CPS experience is, Hickey says, "a good story about learning how to optimize the system. Not just putting more of the same into it, but carefully looking at every role in a system to figure out how they can operate at the top of their license."

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And it's applicable across organizations—not just the VA or large integrated delivery systems, she adds. The CPS scope of practice parallels formalized Collaborative Practice Agreements already in place for clinical pharmacists in an array of settings, including health plans and accountable care organizations.

Case in point: Hep C

Hepatitis C is just one of the many CPS success stories. Pharmacist prescribing of hepatitis C therapies increased 255% between fiscal years 2014 and 2015, leading to more patients being cured. But that was just the beginning.

In 2016, the VA prioritized expanding veteran access to hepatitis C treatments. As a result, 47 CPS providers had 24,888 patient care encounters with 9,593 unique patients and initiated treatment for 1,191 treatment-naïve patients.

The CPS team provided hepatitis C care activities such as evaluation and monitoring for an additional 8,402 patients. Had the same care been delivered by specialty physicians, it would have cost an additional $936,535—48% more.[6]

"This is astronomical when you think about how many patients are affected by hepatitis C," says Julie Groppi, PharmD, National PBM program manager for clinical pharmacy practice policy and standards for the VA. At its peak, CPS providers handled over 35% of the hepatitis C prescribing, she says.

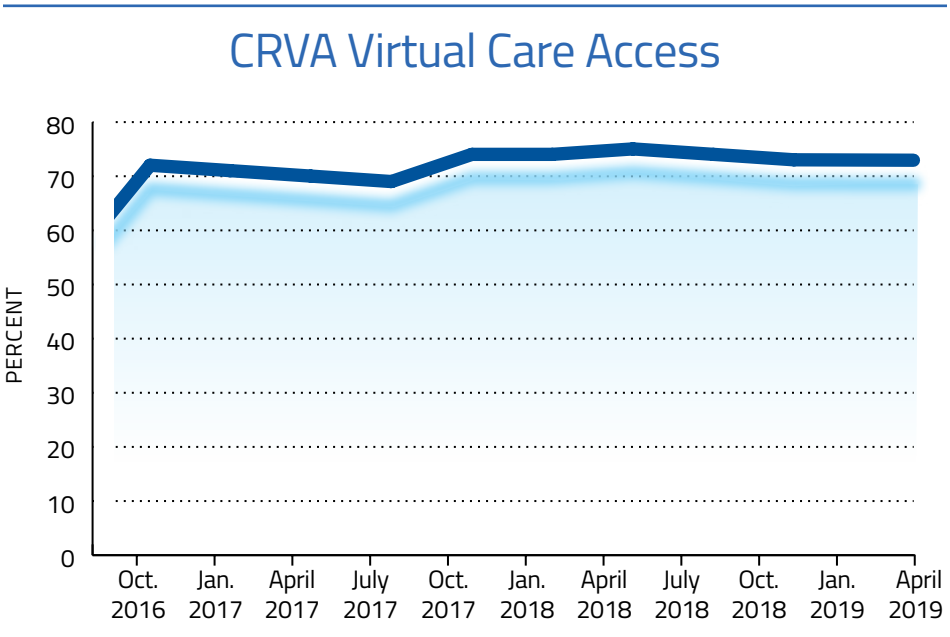

Figure 2. CPS providers increase access to virtual care. (SOURCE: Data from Veterans Health Administration.)

6 Ourth, Heather L. et al. "Increasing access for veterans with hepatitis C by enhancing use of clinical pharmacy specialists," *Journal of the American Pharmacists Association,* Volume 59, Issue 3, 398-402.

Not just the VA: bringing CMM home

It's tempting to think of these results as unique to the VA system, but Hickey, Groppi and Morreale all argue that the lessons they learned apply to various settings—not just integrated health systems. Here are a few of their tips, tactics and strategies.

Change perceptions: There's still a pretty big lack of understanding from physicians and other health care team members about what clinical pharmacists can do. "We spent a lot of time, and continue to spend a lot of time, on marketing and making sure that teams understand the advanced training of the clinical pharmacists, what they're able to do, how they could affect the team and the team dynamic. I think that goes a long way to the acceptance," Morreale says. "The point is to get away from the stereotype that the clinical pharmacist is the guy in the drugstore behind the counter." Showing team members how the clinical pharmacist can help them manage their patients is essential. Once you do that, say Morreale and Groppi, the team members typically become much more open to the idea.

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> *Anthony P. Morreale, Pharm.D., MBA, BCPS, FASHP*
> *Associate Chief Consultant for Clinical Pharmacy and Policy*
> *VA Pharmacy Benefits Management*

This goes beyond just targeting front-line providers. Medical center and clinic leadership need to be educated as well, not only on the clinical and cost benefits of the CPS, but also their ability to improve quality and performance metrics. That capability often impacts the organization's bottom line and is a high priority for medical center or clinic leaders. "It's a very positive business model," Morreale says.

Cultivate buy-in from providers: Face-to-face meetings with physician leaders and other providers can ease the transition. "We explain that the pharmacist is a medication expert who often can manage the drug therapy as well," Groppi says. And in some cases, she adds, it's well documented they do it better—for example, anticoagulation—and that the provider's time is better spent elsewhere.

For instance, a gap analysis may reveal that, in a group practice setting, several physicians spend a disproportionate amount of time doing medication management and titration and follow-up. That time could be used to see—and bill—more patients, if the providers offload some of the work to the less-costly clinical pharmacist.

"We help them understand that we're not trying to take people's jobs," Morreale adds.

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> *National PBM Program Manager, Clinical Pharmacy Practice Policy and Standards, Department of Veterans Affairs*

Do a gap analysis: To make the case for adding clinical pharmacists to the care team, you need to show the potential value they bring and the gaps in care that exist. Identify where you have difficulty hiring primary and/or specialty care physicians. Then demonstrate how the clinical pharmacist can take on some of the practice burden. "Focusing on that gap analysis has been highly successful for us," Morreale says. It helped the VA identify mental health and pain as two areas where clinical pharmacists could make the most difference.

Show how costs are offset: It's simple math: Physicians are paid more than clinical pharmacists. When a patient needs to be seen by somebody to oversee their medications, it makes sense that they visit the clinical pharmacist. "There's a significant cost offset by using a pharmacist; they are a lower paid clinician, who has the same skills and expertise as those physicians have when it comes to medication management," says Groppi. "If I

Training and education

Before embedding the CPS cohort into the care team, the VA held bootcamps for clinical pharmacists to help them better understand their new role and give them the knowledge and tools for advancing the pharmacy practice at their own sites. The focus was on clinical topics, but Groppi reports that simply bringing the CPS clinicians together was beneficial, allowing them to discuss the issues they were facing with integration. "Many of our younger clinicians brought forward lots of great ideas and were engaged and excited about how they could bring these ideas back to their own sites."

The VA also paired seasoned CPS clinicians with greener ones. "This was really effective in helping them gain the confidence and the skills to be able to showcase how they can improve patient care within their teams."

It wasn't just clinical pharmacists who received training. Groppi and her team also met with group practice managers, directors of primary care, primary care providers and others about adding clinical pharmacists to the care team. Meeting with frontline stakeholders is essential, she says. And the act of meeting with them can increase adoption and smooth the path for CPS integration.

Simply sitting around the table and talking about the team and how to work together helped allay concerns. "It was amazing," she says. "So many times, when we left those meetings, they said 'Thank you.'" They were eager to share their insights and discuss the program. "So many were ready and willing to jump in to make that cultural change at their own facility."

were a group practice manager of a primary care group and seeing a huge number of patients, I'd be hiring clinical pharmacists to enable my physicians to see more patients."

All about collaboration (with a small "c")

"Collaboration—with a small *c*—among the CPS, the primary care physician specialist and others on the care team is an essential part of patient-centered care," Hickey says. Collaborative team-based care creates an opportunity to more quickly help patients achieve clinical goals by deploying pharmacists as the medication experts within the care team to inform and empower physicians *and* their patients. Morreale says there are a number of VA facilities that routinely have all newly enrolled patients see the CPS prior to a first physician visit, a practice which has been shown to save significant time. Because the CPS has already addressed medication reconciliation, adverse events, medication duplication, labs and adherence, physicians can focus on active problems.

"We know it's possible to get the medications right the first time," Hickey says. "It's time for other organizations to take our lessons and transform their practices and health systems. There's really no other alternative." GTMR

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Allison Hickey is the CEO of All In Solutions LLC, specializing in transformation and change management, strategic and implementation planning across the full complement of people, organization, training, process improvement and digital technology. Previously, she served as the undersecretary for benefits (VBA) in the Department of Veterans Affairs, where she led more than 21,000 VBA employees in the delivery of eight lines of business to more than 12 million veterans, servicemembers, their families and survivors, while managing and directing a $95-billion-dollar budget.

A pilot and aircraft commander, Hickey has 27 years of leadership in Department of Defense strategic and transformation planning, program and resource implementation, public and congressional affairs, and quality and organizational management.

She also led human capital management as an executive for Accenture in its work for the National Geospatial-Intelligence Agency and supported operational business processes for other intelligence community organizations in the areas of customer relationship management, call center practices, and other 21st Century information technology systems.

She is a graduate of the U.S. Air Force Academy, the first class to include women. She holds a bachelor's degree in behavioral science and a master's degree in national security strategy and is currently a candidate in the Wesley Theological Seminary Master of Divinity Program in Washington, DC. She serves as a board member on the Military Officers Association of America, Air Force Museum Foundation and Operation Finally Home Advisory Board. She routinely presents at the Harvard Kennedy School of Government Senior Executive Fellows program on leadership in the federal government.

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Associate Chief Consultant for Clinical Pharmacy and Policy
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Anthony Morreale has led multiple initiatives focused on organizing, standardizing and expanding the scope of clinical pharmacy practice throughout the VA. His major responsibilities are focused on identifying and resolving gaps in patient care in which clinical pharmacists have demonstrated positive outcomes and to establish new roles in complex medication management environments where clinical pharmacists can use their knowledge and training to improve patient care.

His long career as a clinical pharmacist, married with his interest in pharmacoeconomics, formulary management and clinical pharmacy health services research, resulted in the creation and implementation of numerous innovative practices for clinical pharmacists. Some of Morreale's groundbreaking accomplishments include creating the first VA pharmacoeconomics and pharmacogenomics pharmacist positions, serving as a founding member of VA's national formulary and PBM outcomes research group, establishment of the first accredited oncology, pharmacoeconomics, pharmacogenomics, nephrology and clinical informatics residency programs in the VA, and establishment of the national VA PBM Clinical Pharmacy Practice Office, which led to the development of comprehensive programs involving integration of clinical pharmacy specialists (CPS) into Patient Aligned Care Teams (PACT), mental health, pain management, antimicrobial stewardship, hepatitis C, and rural health.

About the Experts *(cont.)*

Morreale is board certified in pharmacotherapy and has been the recipient of numerous professional recognitions and awards, including being recognized as a Fellow of the American and California Society of Health Systems Pharmacists for his many contributions to the profession. He has also been recognized as an honorary member of the United States Public Health Service for his dedication to public health initiatives. Morreale has authored or co-authored more than 60 peer reviewed articles, has served on editorial boards, and as reviewer on a number of journals and has been actively involved in leadership roles within many pharmacy organizations, both nationally and internationally.

Julie Groppi, PharmD, FASHP
National PBM Program Manager,
Clinical Pharmacy Practice
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Julie Groppi has served as the National PBM program manager for clinical pharmacy practice policy and standards for VA Central Office since 2011. In this position, she focuses on the development and integration of policy, practice and programs that model the optimized role of clinical pharmacists as advanced practice providers.

For more than 22 years, Groppi has worked in a variety of clinical and leadership roles and has been recognized for her contributions to clinical pharmacy practice, including serving on the American Society of Health System Pharmacy (ASHP) Board of Directors, receiving the Under Secretary for Health (USH) PBM Innovation Award in 2015 and the South Florida Federal Employee of the Year in 2010.

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Our **VISION** is to enhance life by ensuring appropriate and personalized use of medication and gene therapies.

Our **MISSION** is to bring critical stakeholders together, bound by the urgent need to optimize outcomes and reduce costs by *getting the medications right.*

About the GTMRx Institute The GTMRx Institute is a catalyst for change that brings critical stakeholders together, bound by the urgent need to get the medications right. We are physicians, pharmacists, caregivers health IT innovators, drug and diagnostics companies, consumer groups, employers, payers and health systems—aligned to save lives and save money through comprehensive medication management, or CMM. By showcasing evidence and innovation, we motivate practice transformation and push payment and policy reform. Together, we ACT to champion appropriate, effective, safe and precise use of medication and gene therapies. Learn more at gtmr.org.