


Evaluating the Value of Clinical Pharmacy Services in Safety Net Organizations

An Introduction to the Clinical Pharmacy Services Business Planning Tool

- ## Objectives
- Compare/Contrast a “340B dispensing program” from a comprehensive approach to medication use management in FQHC
 - Define Clinical Pharmacy Services
 - Identify the direct and indirect fiscal opportunities to support clinical pharmacy services

Defining Comprehensive Pharmacy Services


The FOUR CORNERSTONES of Medication Management



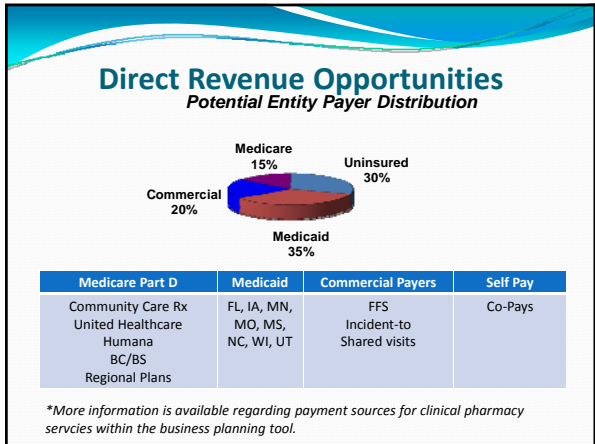
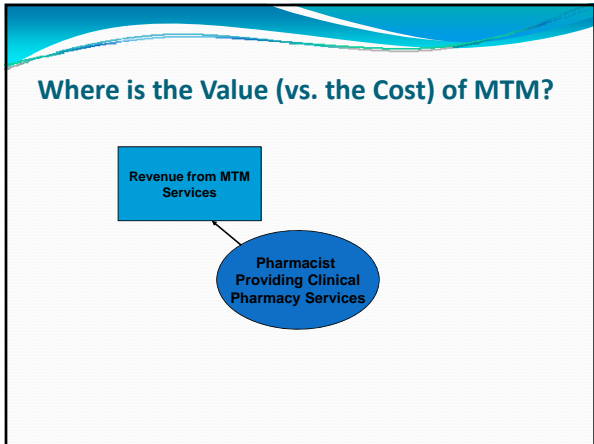
- Access** — 340B Program
- Outcomes** — Comprehensive Program Mgmt and clinical pharmacy services
- Efficiency** — Comprehensive Program Mgmt and clinical pharmacy services
- Quality** — Comprehensive Program Mgmt and clinical pharmacy services

Clinical Pharmacy Services are a key element of a comprehensive medication use program

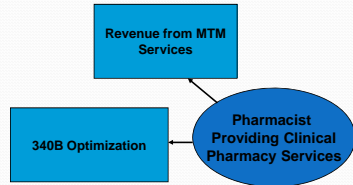
- Assure prescription drugs are appropriately used
- Optimize therapeutic outcomes through improved medication use
- Reduce the risk of adverse events, including adverse drug interactions.



**Another term often used when referring to clinical pharmacy services is “medication therapy management (MTM) services.”*



Where is the Value (vs. the Cost) of MTM?



Optimization of Medication Access Program (340B)

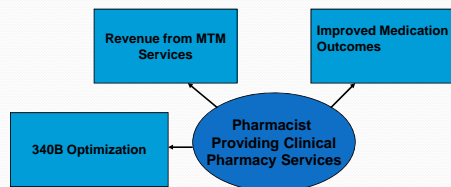
Revenues & Cost Avoidance

- Leverage 3rd party payer opportunities
- Leverage Patient Assistance Programs
- Provider Education
- Monitor “the slide”

Available Tools

- Formulary Management
- Active P&T Committee
- Therapeutic interchange program
- Pharmacy Dispensing Reports
- Sliding Fee Scale adjustment

Where is the Value of MTM?



Improved Medication Outcomes

- Many studies have shown that integration of clinical pharmacy services into primary care results in improved outcomes
 - Improvements in key indicators of chronic disease management
 - Significant reductions in overall cost of care (increased medication costs, significant decrease in medical costs)

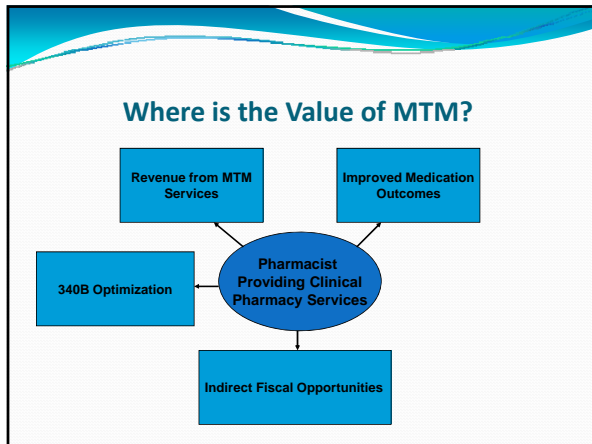
HRSA Clinical Pharmacy Demonstration Projects

- Decrease in Mean HgA1c
 - Baseline - 9.1; End – 7.7
 - Proportion of patients with HgA1c >9.5 decreased from 38% to 16%
- Decrease in Mean Systolic BP
 - Baseline - 132.2/78.9; End – 128.2/76.4
- Decreased in Mean LDL
 - Baseline – 117; End – 102
- In each case, reductions recognized at 6 month point and sustained over 24-month evaluation period

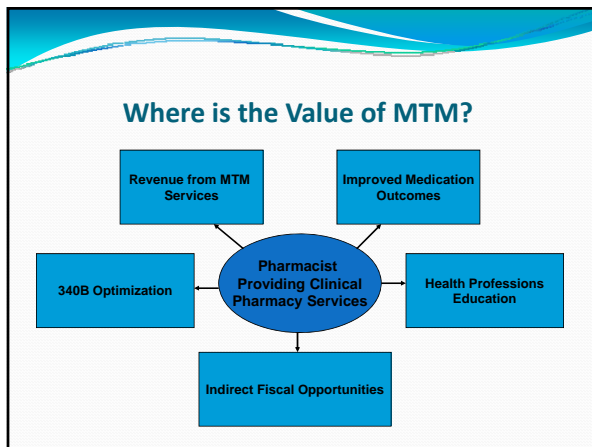
Mathematica Policy Research, Inc. Evaluation of HRSA's Clinical Pharmacy Demonstration Projects – Final Report...
October 15, 2004

Improved Medication-Related Outcomes

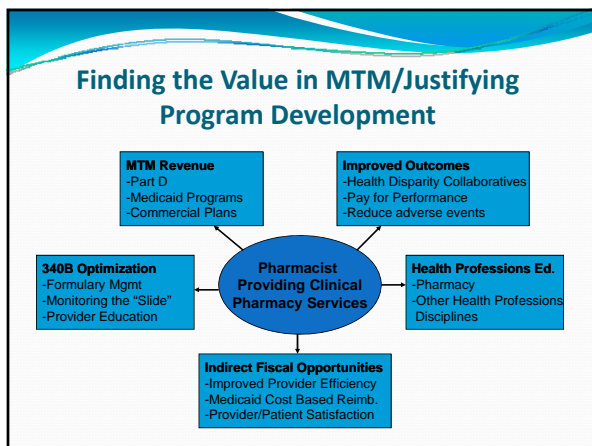
- Reducing Health Disparities
 - Participation in Health Disparity Collaboratives
- Reduction of adverse medication events
- Capturing additional payments from “pay for performance” programs
- Opportunity for externally funded grants




- ### Indirect Fiscal Opportunities
- #### Questions to Consider
- How can MTM services make other providers more efficient?
 - Delegation of non-billable activities/low intensity activities
 - Development of group patient education programs
 - Does assuming the “cost” of a pharmacist have implications for Medicaid cost-based reimbursement for our organization?
 - How will the presence of a clinical pharmacist affect satisfaction of our patients and medical providers?



- ### Preparing the Next Generation of Health Care Practitioners
- Does an opportunity exist for a partnership with a local College of Pharmacy?
 - Co-funding of faculty
 - Payments for hosting student pharmacists for 4th year education
 - Does the presence of a pharmacist create opportunities for expanded health professions education to other disciplines?



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- ### Take Home Messages...
- Commit to more than affordable access
 - Strive for high quality, comprehensive pharmacy services as the standard of care
 - **The most expensive medication is one that doesn't work**
 - 340B program can be leveraged to increase access to medications AND improve health in a community
 - Expertise and experience is critical to create a comprehensive program