Hi, I'm John Clymer, Executive Director of the National Forum for Heart Disease and Stroke Prevention. For those who are unfamiliar with the National Forum, we are an independent non-profit that provides cardiovascular organizations a forum and outlet to amplify their voices. Our members include over 80 of the most dynamic and diverse cardiovascular health organizations in the public, private and social sectors. The National Forum works in collaboration with the Association of State and Territorial Health Officials to reach the Million Hearts goal of preventing one million heart attacks and strokes by 2017. This podcast was developed to help state and local public health departments, chronic disease program staff and clinicians use successful strategies to improve diagnosis, treatment and control of high blood pressure.

At the end of this session you will have learned strategies for engaging pharmacists as key influencers with patients to maintain medication adherence including reviewing the impact that can be achieved by engaging pharmacists and blood pressure control and medication management, examining barriers to pharmacist collaboration such as payment, reimbursement and provider status, discussing strategies that state health commissioner and chronic disease prevention staff can use to have meaningful engagement with pharmacists at the state or local level in blood pressure control and medication management and identifying a list of resources at the state and national levels that can be accessed.

Today we're pleased to have a discussion with Benjamin M. Bluml who is senior vice president of research and innovation with the American Pharmacist Association Foundation. Ben's impressive credentials and background are posted on the website where you obtained this podcast. In addition to his 20 plus years as the principal architect for the Patient Care Models at the APHA Foundation and 12 years of pharmacy practice experience, his publications and software apps, what impresses me the most about Ben is his passion for improving people's lives by optimizing the way healthcare is delivered. Ben focuses system change efforts on empowering patients, increasing collaboration, enhancing patient safety, improving outcomes and reducing total cost per care. He's a stellar collaborator. Ben, thank you for joining us today.

Thanks John.

Ben, state and local public health departments are collaborating with healthcare providers to reduce high blood pressure in the population through policy, system and environmental changes. Working with key healthcare providers such as pharmacist and pharmacies is a really important strategy. There are two points we want to cover in today's podcast discussion. First, you've included in your slide presentation which is posted on the podcast website a number of examples and successful projects initiated by the APhA that have led to improved patient outcomes. What are the key lessons from the successful strategies implemented by pharmacists to achieve medication therapy management for the population who has uncontrolled high blood pressure?

Then second, you've noted in your presentation that the exact scope of what pharmacist patient care services can encompass depends on each state's practice acts. In other words,

initiating, modifying or discontinuing medication therapy may have to be pursuant to physician authorization or the use of collaborative practice agreements depending on state policy. So a question we have related to that is, "How can state and local health departments establish solid working relationships with pharmacists and pharmacies to translate and implement the strategies you're discussing today about a population based approach within their states and in particular by promoting the use of collaborative practice agreements?" I know those are a couple of big questions, Ben. Do you want to take it away?

Sure. Thanks so much for the opportunity to be here. Welcome everybody who's listening in. So I'm with the American Pharmacists Association Foundation as John let you know. APhA is the national professional society of pharmacists with 54,000 plus members strong focused primarily on information education and advocacy for the profession. The foundation's focus on improving health by inspiring philanthropy, research and innovation that advances pharmacist patient care services. The way that we get that done is through smart collaboration and through innovation and ultimately looking to transform the way that care is delivered.

I'm a big Covey fan so for me I'm always trying to begin with the end in mind. When I think about where we're going in a preferred future, I think that it's to a place where we have more empowered patients, we have an increased collaboration, enhanced safety, improved outcomes and at the end of the day a total reduction in the total cost per care. There's this quote that I like to cite from Alan Kay who talks about the best way to predict the future is to invent it. That's what we've been doing a lot in these initiatives over the last two decades that I've been with the foundation. In terms of best way to get there, one of our key mottos is to put patients first. We focus on optimizing medication use, increasing the seamless flow of information between and among the members of the healthcare team, ultimately increasing that collaboration that produces effective interdisciplinary care because we believe that's the best way to invent a preferred future for healthcare.

When you look at the national distribution of healthcare providers in our country, pharmacists are often a dramatically underutilized resource especially when compared to their access. When you look at primary care physician populations, pharmacist, nurse practitioners and physician assistants, primary care physician still across the total U.S. population have the best access to patients. Pharmacists run a very close second in that context. When you look at rural zip codes in the United States, pharmacists are actually slightly more accessible based on the data and when you look at healthcare provider shortage area zip codes in our country pharmacist are often more accessible than all of the other providers combined. So we think that it's really important for an integrated approach to have interprofessional processes of care where you include the pharmacist.

Now I'm going to go through a variety of the research and innovation efforts that we've been underway with the at the APhA foundation and try to give you some insight into pharmacist patient care services, what works and what you might want to actually think about. But one of the things that I wanted to start with is to say that state practice acts are

different, as John referred to, and each one of the states have some different opportunities as it relates to the way that pharmacists can engage with clinical services. Another challenge in the marketplace is the lack of reimbursement which oftentimes is connected back to the lack of recognition of pharmacists as providers in the Social Security Act, something that we're hoping legislative change can address in the not too distant future. The whole idea that enabling this full participation as an integrated member of the healthcare delivery team will ultimately result in what we've seen consistently in two decades of research now. That's when you get pharmacists engaged on the team typically what happens is quality goes up and costs go down.

So when you think about advanced service delivery paradigms and pharmacy practice I generally swap those into two different general categories. One of them is a health promotion disease prevention category and the other's a health management category. So in the health promotion disease prevention side of it you have programs like various risk assessments, wellness programs, immunizations and a variety of different prevention efforts. When you look at health management you may think more traditionally of disease management types of programs where you include conditions like cardiovascular disease, diabetes, depression, osteoporosis, asthma and the like. At any rate, we see a real opportunity for different types of services to be delivered in community pharmacy practices all across the country across both of those different boundaries.

In terms of our research and innovation continuum at the foundation, we have an arc that we work along from moving along with good ideas to convening groups of experts to developing models that produce pilots that ultimately get implemented and refined and moved on to skilled demonstration initiatives and through continuous quality improvement move on to national implementations. There's a variety of peer reviewed publications available at the APhAFoundation.org website. You can navigate there by going to APhAFoundation.org/our-work and you can get access to a variety of resources and tools and information about those initiatives.

Our efforts started back in our practice based research era back in 1996 with an initiative called Project Impact Hyperlipidemia where we focused on trying to reduce the challenges associated with patient adherence and to move the agenda forward and address that challenge in a meaningful way. Typically, less than half the patients who were started on a lipid lowering med are still taking that medication within 12 months in our healthcare delivery system. Our initiative when we got patients, pharmacists, physicians and other providers collaborating together two years on we had over 93.6 percent of patients still persisting with their therapy and two and a half to three times as many patients achieving their national cholesterol education program adult treatment panel goals.

We also have experience in the health promotion and disease prevention area through initiatives like our Project Impact Osteoporosis where 11 community pharmacies in the greater Richmond area were involved in screening identification and referral of patients who were at risk for future fracture. So we have, again, those two general categories of services. We have proven practice models that you can get in those peer review

publications I referred to on our website related to adherence; diabetes, depression, hyperlipidemia, hypertension, osteoporosis and Alzheimer's. We've consistently seen that not only does this interprofessional process of care produce improved clinical benefits but it also produces improved economic benefits as well.

So the total cost for care in a variety of initiatives are reduced by significant amounts. If you look at the data from the Asheville Project between $1,600.00 and $3,300.00 per patient per year were saved. The Patient Self-Management Program and the Diabetes Ten City Challenge and Project Impact Depression all saved about $1,000.00 per patient per year in net savings when you implement this interprofessional process that it actually includes the pharmacist.

There's a lot of compelling evidence out there in the marketplace whether you look at these single initiatives that I've been referring to or at the systematic reviews that are out there. Pharmacist engagement and interdisciplinary care with physicians and other providers consistently improves patient healthcare. We have great feedback from the surgeon general and we have incredible access to the U.S. population with more than 60,000 community based pharmacies – excuse me, let me stop and go back there. With more than 60,000 community based pharmacies employing more than 175,000 pharmacists across the United States to create a really compelling opportunity.

We have a progressive evidence base in diabetes where essentially we started in Asheville with one geographic area and two employers back in 1996 and '97. We moved on to the Patient Self-Management Program for Diabetes and then to the Diabetes Ten City Challenge and ultimately on to Project Impact Diabetes where we've consistently shown that regardless of whether you have primarily employed populations or populations who are disproportionately affected and medically underserved the model works and produces consistent improvements in clinical outcomes as well as economic outcomes over time.

One of the ways that we've consistently done this and that pharmacists and patients and physicians and other providers have achieved this level of success is through the use of our Patient Self-Management credential, a tool and a resource that helps to assess patients' knowledge, skills and performance and identify patients' strengths and weaknesses so that their healthcare provider team can actually target the appropriate level of self-management education and ultimately enhance their ability to be more efficient and more effective managers of their condition.

There's a variety of data out there whether you look at process measures like the HEDIS Indicators that show when these interprofessional processes of care are in place you have dramatic improvements even as compared to the commercially accredited health plans. When you look at total cost for care over time you can see that not only do you produce significant reductions in actual costs from year to year but you also produce a significant decrease in the projections that are what would have been spent if these types of programs would not have been implemented. In addition, we have significant clinical data out there to suggest significant patient satisfaction both with their overall care and

the team based care shifting the perceptions for a very significant population of the patients, over a third of the population into that higher tier. Then off the chart satisfaction with pharmacist-provided diabetes care services where either 98 percent of patients were either satisfied or very satisfied with those clinical services.

Project Impact Diabetes was an initiative that was implemented in 17 different states across the country, in 25 communities that involved patient-centered team based care that produced statistically significant clinical outcomes in A1Cs, LBL cholesterols and the like. In addition, it improved process measures with monitoring exams and vaccinations were observed and ultimately at the end of the day demonstrated that pharmacists providing customized care in collaboration with other providers empowered patients to improve their health in a variety of settings for a myriad of patients in all different stations in life.

One of the things that's a challenge in the marketplace is to address the issue of sustainability and that's one of the things that we found in Project Impact Diabetes was that even one year on after the end of our data collection period 96 percent of communities were still providing the diabetes care services and 100 percent of the community still had the pharmacists integrated into their healthcare teams. For true sustainability and scalability there needs to be widespread payment for pharmacist-patient care services. We need to have expansion of interdisciplinary care models and ultimately at the end of the day we need to have quality and data driven decision making that's occurring in our system.

Now pharmacists to be engaged on the team typically participate in collaborative practice agreements. Through some of our work with the Centers for Disease Control, the APhA Foundation has brought thought-leaders together and developed consensus on model principles and language that helped to produce some translational tools that are available to a variety of audiences. You can find this information in the publication entitled "Consortium Recommendations for Advancing Pharmacist Patient Care Services and Collaborative Practice Agreements," on the American Pharmacist Association website or reference from our APhA Foundation website.

What's important to know at a state level is that pharmacist patient care services include a broad array that can be provided depending on their scope of practice, local privileges and practice settings. At the end of the day, each one of these different collaborative practice agreements that are entered into are between pharmacists and local physicians. The paper that I referred to outlined seven key consensus recommendations and principles that can help to move this agenda forward. Based on the implementation of those consensus recommendations we know that pharmacists are in a strong position to deliver many different types of patient care services that sustain and include health. In this era of healthcare reform advancing the level and scope of practice for all, getting each of the members of the team practicing at the top of their license holds a lot of promise for improving care over time.

So in addition to all of the published evidence that's out there that supports the recommendations for these integrations, you can navigate to the Centers for Disease Control website and find these resources from the Division of Heart Disease and Stroke Prevention that will help pharmacists, physicians, nurses, PAs and other providers, government and private payers as well as key decision makers. You can also access information at the American Pharmacist Association Foundation website as well as the American Pharmacist Association website and the National Alliance of State Pharmacy Association's websites which are available in the slide decks that are posted along with this podcast.

So now let's talk about inventing that preferred future that we're all seeking. So if you remember back to the notion of these two different categories of services where you've got health promotion and health management activities that are occurring pharmacy practice settings one of the key areas of focus in today's healthcare delivery system are medications. In fact, medications are a primary treatment modality for most of the chronic diseases that we're managing today. There are services available out there for medication therapy management where pharmacists can engage on the team and have payment available. There are a variety of CPT codes that are approved for use and most of the Medicare Part D plans have programs in place for pharmacists to deliver medication therapy management services. These services include medication therapy reviews, the pharmacist providing a personal medication record to the patient along with the medication related action plan and then intervening and referring patients as appropriate.

In pharmacy practice settings you can also find medication synchronization services or the appointment based model which is gathering steam in terms of a new way that we're able to help patients to effectively be more adherent with the medications that are prescribed for them by their physicians. You can find a lot of information about this at www.alignmyrefills.com, a resource available also through the APhA Foundation website. Ask your local community pharmacist about the services that they're providing in their practice to help you get this done.

So in terms of how we actually get patients, pharmacist, physicians and other providers working together we think that there are key issues that need to be in place. First of all, making sure that we've got interoperability of pharmacy and health information technology, that we're focused properly on medication use, quality and safety and that we're getting patients access to the needed medications and pharmacy services. One of the great success stories that we've seen is that when pharmacists pick an area of focus like hypertension to focus on we see dramatic clinical improvements that ultimately spin off into other services in practice and ultimately other interprofessional types of processes of care.

Patient blood pressure measurements are readily accessible and attainable in practice. Pharmacist patient care services can sustain and improve cardiovascular health and there's a lot of evidence going all the way back to published literature in 1973 that supports this notion. Compensation for these services is possible through an MPM

integration and enhancing the existing revenue models and community pharmacy practices as well through appointment based model medication synchronization adherence improvements is another way to make sure that all of the incentives are truly aligned as we move forward.

In terms of ways that we would like to encourage people to either use resources at the local level or to latch onto some free resources that are out there we encourage everybody to participate in and be a part of the CMS and CVC Million Hearts Initiative. As such, for a resource that we've created and made available for pharmacists for free is available at https://millionhearts.aphafoundation.org. This resource is something that you can collaborate with pharmacists in your state and actually create that enhanced flow of data and create some data driven decision making for patients and consumers to actually move the agenda forward in each of your states related to improving patients' cardiovascular health.

At the end of the day, I'd like to leave you with these closing thoughts. First of all, healthcare delivery collaborations are always based on several key common goals. First, to improve patient care. Second, to increase communication between and among patients and providers, all the members of the healthcare team. Third, to increase the availability of objective measures and ultimately fourth, to reduce the total cost for care over time.

So I want to encourage you to reach out both at a national level and APhA and the Foundation can be a great advocate and supporters for you as well as reaching out to your state executives at the state level to find opportunities to collaborate. We'd like to encourage you to think about creative ways to integrate pharmacists as members of the healthcare delivery system. Ultimately, at the end of the day I believe that if you collaborate with your pharmacist you're going to be in a good position to invent a preferred future.

So John, hopefully that provides folks listening in to this podcast with some good background and information on the evidence that's out there and opportunities and ways that they could think about engaging and interacting with their community pharmacists to help invest that preferred future that we're all seeking.

Thank you very much Ben. A lot of really impressive and encouraging information that you've shared there. As I was listening to you I was picturing in my mind's eye different ways that public health agencies can work together with medical or clinical care providers and pharmacists in their areas of responsibility to bring about more collaboration and to achieve what you talked about, to improve medical adherence, to improve patient outcomes and do that all the while achieving lower costs. That is a really impressive trifecta and one that certainly would be a victory in the framework of Million Hearts where we're aiming with this podcast and other efforts to increase the numbers of people whose blood pressure is under control and thereby reduce their risk for heart attacks and strokes and reduce the cost of care that they will need. So really great alignment, Ben, with your presentation and that goal, the B in the ABCs of heart disease and stroke prevention.

Ben, I was really blown away by one statistic that you mentioned and that is that there's 60,000 community based pharmacies around the country. That is incredible coverage. I'm wondering if you know how many times a year, maybe how many times a month does the average person see a pharmacist?

Well one of the interesting statistics that we've tried to generate because that's a tough number to understand, John, but summer before last we had information that was published by several community pharmacy chains out there. We extrapolated those numbers out to those 65,000 plus community pharmacies that were in place and we calculated the number of visits that they had through the front doors of their community pharmacies. Through that extrapolation, believe it or not, there are a little over 301 million visits through the front doors of community pharmacies every 7 days in this country. So it's a huge point of access in our delivery system and we really want to encourage everybody to think creatively about how you can integrate that wonderful level of access with this trusted healthcare professional and this great resource that you've got available to you in communities all across the country.

Wow. So Ben, that would mean that on average, every adult in the country is visiting a pharmacy once a week.

Yeah, those members were counted as visits. So obviously there's some people who are visiting more than once but yeah, the total population of the United States being – what – about 330 million, that's pretty close.

Right. I'm thinking that that compares to roughly three visits a year that people make on average to a physician's office. So regardless of the exact number, it's crystal clear that there are a lot of opportunities, a ton of leverage that's available to educate patients, to support patients, to deliver the kinds of medication therapy management services and synchronization services and patient education that Ben described in his podcast, in his presentation. So that's just a huge opportunity I think for all of us who are endeavoring to improve population health to reach people and empower them as you said to be better managers of their own conditions.

Absolutely. We've got another tagline that we've been using since 1998, John, and this might helpful for folks listening in as well. It's pretty simple. It goes like this, "Align the incentives, improve the outcomes and control the costs." Those incentive alignments that are so important need to be in place first and foremost for patients, second for providers and third for payers. When you get those incentive alignments in place and you get patients activated, engaged and empowered to be effective self-managers of their chronic diseases we're all in a much better position to achieve the triple aim that we're seeking as it relates to really reforming our healthcare delivery system today.

So Ben, that was align the incentives, improve the outcomes and reduce the cost. Is that right?

Yes. That's what we've consistently seen particularly with these practice based research initiatives where we've implemented with typically self-insured employers who are at risk for the total cost for care. They're interested in making investments in the system that align those incentives for patients, for providers and for themselves as a payer. We think that the data and the evidence is out there with some of those early adopters. Now if we could move those over into the public system and fuse that into the great work that's going on within the context of the changes in our system today we think we would all be in a much better position.

It sounds like it. Ben, I loved your phrase, "Smart collaboration." It made me think that for those of us who work in population health we would be smart to collaborate with pharmacists.

Indeed.

Well I want to now turn attention to the listener and you can get more information about this topic at the ASTHO website, the National Forum website and as Ben said at the APhAFoundation.org website. Once again, that APhAFoundation.org. I urge you to check out the resources that are available because they are many and rich. I want to thank again Ben Bluml from the American Pharmacist Association Foundation for sharing not only his time but vast accumulation of experience, knowledge and know-how with us and for shining a light on paths that we can take to collaborate with resources right in our own communities and achieve greater outcomes for people by aligning and incentives and reducing costs at the same time and helping to reach the Million Hearts goal of preventing a million heart attacks and strokes by 2017. Ben, thank you again.

Thank you John.

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