WELCOME

We convene. We spark conversation. We accelerate collaboration.
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30</td>
<td>Welcome &amp; Introductions</td>
<td>John Clymer&lt;br&gt;Executive Director&lt;br&gt;The National Forum for Heart Disease &amp; Stroke Prevention</td>
</tr>
<tr>
<td>12:32</td>
<td>Insights on Mended Hearts’ Access to Care Summit and Advocacy Efforts</td>
<td>Andrea Baer, MS&lt;br&gt;Director of Patient Advocacy and Program Management&lt;br&gt;Mended Hearts and Mended Little Hearts</td>
</tr>
<tr>
<td>12:40</td>
<td>Access &amp; Prevention in At-Risk Populations</td>
<td>Benjamin M. Bluml, RPh&lt;br&gt;Senior Vice President, Research and Innovation&lt;br&gt;American Pharmacists Association Foundation</td>
</tr>
<tr>
<td>12:48</td>
<td>Q &amp; A</td>
<td></td>
</tr>
</tbody>
</table>
The fight for access from a patient perspective

- True Shared Decision Making
  - Educated patients with all options known
  - A part of the team, not an after thought
  - Taken into consideration the emotional stress the patient is under

- Medication and Treatment Access
  - PCSK9i
  - Step-Therapy
  - TAVR National Coverage Determination

The **Right Treatment** at the **Right Time** for a cost the patient can afford
What Mended Hearts is Doing

- Representing the Patient Voice
- Educating the Patients
- Advocating for Patients
- Grassroots advocacy
  - State level
  - Federal
• Mended Hearts is the largest cardiovascular peer-to-peer support organization
  ✓ Cardiovascular disease across the life-span
  ✓ Engaged volunteers who WANT to make a difference

Legislative visits, CMS, FDA, clinical trial panels, PRMRP review boards, and grassroots advocacy
✓ Advocacy Training
✓ Education on a variety of cardiovascular disease and treatments
✓ Training and updates on advocacy issues
✓ Education and support for engagement

An educated patient will make better health care decisions AND be better equipped to represent others

Mended Hearts

Educating the Patient
Recent Advocacy Efforts include:

- Meeting with the FDA about clinical trials in the pediatric population
- TAVR MEDCAC representation: President Donnette Smith represented the patient voice
- TAVR NCD engagement: Organizational and individual engagement from advocates
- PCSK9i Access: State level advocacy (AL, FL) partnership with others to advance the access and improve denial rates
- State engagement on Step-Therapy legislation
Grassroots Advocacy

- ACE Kids Act
- Congenital Heart Futures Re-Authorization Act
- PDUFA and MDUFA
- TAVR NCD
- PCSK9i
- Patient Protections/Medicaid Access
Hosted during the Mended Hearts Educational and Training Conference

Opportunity to engage different perspectives on the topic of access

Educational opportunity for patients completely unfamiliar with the topic

Access to Care Summit

- Two patients representing urban and rural communities
- One parent/caregiver
- Two industry representatives
- One advocacy leader

The audience was made up of 200 patients and caregivers
Topic Questions

1. Why is access so difficult? Is it due to costs only, or are there other factors?
2. How can patients work with health care professionals to have access to medications or innovative therapies that may be more difficult to get?
Insights from the summit

- Federal Level Policy
- State Level Policy
- Pharma/Device Companies
- Insurance/Regulations
- Local Community Outreach, Clinics, Hospitals, Nonprofits
Insights from the summit

- The ability to improve access must be accomplished by a unified effort across the system
  - Legislation to protect the patient: Step Therapy for example
  - Insurance reform
  - Patient Assistance Programs
  - Expanding services to rural communities
  - Health clinics and community programs

The patient voice is critical to the process
Project IMPACT: Immunizations

IMProving America’s Communities Together

NATIONAL FORUM • V&A WEBINAR • SEPTEMBER 12, 2018

BENJAMIN M. BLUML, RPH
SENIOR VICE PRESIDENT, RESEARCH AND INNOVATION
AMERICAN PHARMACISTS ASSOCIATION FOUNDATION
Improve health by inspiring philanthropy, research and innovation that advances pharmacists’ patient care services.

Innovative Practice Model Designs with Consistently Improved Outcomes

- Adherence
- Alzheimer’s
- Diabetes
- Depression
- Hyperlipidemia
- Hypertension
- Osteoporosis

Net Annual Savings in Chronic Disease

- The Asheville Project: $1,622 - $3,356
- Patient Self-Management Program: $918
- Diabetes Ten City Challenge: $1,079
- Project ImPACT: Depression: $983

Our Research and Innovation Axioms

Do the right things well.


Align the Incentives,
Improve the Outcomes,
Control the Costs.

“The best way to predict the future is to invent it.” – Alan Kay
Creating the Basis for a Preferred Future
Advancing Service Delivery in Pharmacy Practice

**Health Promotion**
- Health Risk Assessment
- Immunizations
- Oral Health
- Wellness Programs

**Health Management**
- Asthma
- Cardiovascular Disease (Dyslipidemia, Hypertension)
- Coagulation Disorders
- Congestive Heart Failure
- Depression
- Diabetes
- Osteoporosis

*Selection Criteria:*
- High prevalence
- High risk
- High cost
- Problem prone

...all with MTM
Interdisciplinary Practice Innovation Needed to Impact Vaccination Rates

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age Stratification</th>
<th>Coverage Rate*</th>
<th>HP 2020 Goal**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumococcal</td>
<td>≥65 years</td>
<td>61.3%</td>
<td>90%</td>
</tr>
<tr>
<td>Tdap</td>
<td>≥19 years</td>
<td>20.1%</td>
<td>Not Set</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>≥19 years</td>
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*MMWR Surveill Summ 2016;65(No. SS-1):1–36. DOI: [http://dx.doi.org/10.15585/mmwr.ss6501a1](http://dx.doi.org/10.15585/mmwr.ss6501a1)

**Healthy People 2020 Goals (presented where set by the United States Public Health Service)
If a pharmacist has access to a patient’s vaccination history at the point-of-care.

What if the pharmacist had access to a bi-directional IIS at the point-of-care to access a patient’s vaccination history?

If the pharmacist can identify the patient’s unmet vaccination needs.

What if the bi-directional IIS could generate a patient specific vaccination forecast based on ACIP recommendations for the pharmacist?

If the pharmacist educates the patient about his/her vaccination needs at the point of care.

What if the pharmacist makes recommendations at the point of care? Could this improve vaccination rates?
Project IMPACT: Immunizations

Innovative Care Model

Process of Care

Key Components of the Model:
✓ Access to patient vaccination history at the point-of-care
✓ Forecast of patient-specific unmet vaccination needs
✓ Pharmacist assessment of forecast from technology
✓ Ability to document directly in state IIS

1. Patient is a candidate to receive an influenza vaccination
2. Pharmacist accesses the patient’s vaccination history at the point-of-care using the bi-directional IIS
3. Bi-directional IIS generates a forecast of ACIP recommended vaccines based on the patient’s documented history
4. Pharmacist reviews the forecast and uses his/her clinical judgment to determine which vaccines to recommend to patient
5. Pharmacist educates the patient about his/her vaccine needs and makes appropriate recommendations
6. Patient accepts or declines vaccine recommendations
7. Pharmacist documents appropriate information in bi-directional IIS
Project IMPACT Immunizations Pilot

Results

Primary Objective
◦ To evaluate how implementing an innovative care model that provides the pharmacist access to a patient’s vaccine history at the point-of-care impacts the pharmacist’s ability to identify unmet vaccination needs and increase vaccination rates for routinely recommended adult vaccinations

Pharmacy Practice Sites
◦ 2 Chain, Food/Pharmacy Practices (Belfair, Edmonds)
◦ 4 Independent, Community Practices (Cheney, Eatonville, Lopez Island, Yakima)
◦ 2 Specialty, Community Practices (Seattle, Spokane)

Patient Enrollment
◦ 1,080 patients receiving influenza vaccines + forecast reviews + patient education
◦ Final results published online in Population Health Management June, 2017
Results Infographic

Project IMPACT Immunizations – Pilot

1,080 patient histories of vaccinations reviewed
1,566 vaccines forecasted as due based on IIS
1,334 unmet needs eligible for vaccination (36 contraindications, 196 potential duplications discovered)
41.4% administration increase in number of vaccines
447 unmet needs addressed and documented in IIS

Empowering pharmacists with actionable data at the point-of-care results in the identification and resolution of unmet vaccination needs!
## Eligible Unmet Vaccination Needs Identified and Met During Study

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th># of Unmet Needs Eligible for Vaccine</th>
<th># of Unmet Needs Resolved During 6-month Study Period</th>
<th># of Additional Vaccines Administered by Pharmacist at Point-of-Care (%)</th>
<th># of Additional Vaccines Administered at Follow-up Visit (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumococcal - PCV</td>
<td>409</td>
<td>266 (65.0)</td>
<td>256 (96.2)</td>
<td>10 (3.8)</td>
</tr>
<tr>
<td>Pneumococcal - PPSV</td>
<td>14</td>
<td>4 (28.5)</td>
<td>4 (100)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Tdap</td>
<td>483</td>
<td>104 (21.5)</td>
<td>98 (94.2)</td>
<td>6 (5.8)</td>
</tr>
<tr>
<td>Herpes Zoster</td>
<td>309</td>
<td>65 (21.0)</td>
<td>60 (92.3)</td>
<td>5 (7.7)</td>
</tr>
<tr>
<td>HPV</td>
<td>16</td>
<td>1 (6.25)</td>
<td>1 (100)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>63</td>
<td>4 (6.35)</td>
<td>4 (100)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>39</td>
<td>3 (7.69)</td>
<td>3 (100)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>MMR</td>
<td>1</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td><strong>Totals =</strong></td>
<td><strong>1,334</strong></td>
<td><strong>447 (33.5)</strong></td>
<td><strong>426 (95.3)</strong></td>
<td><strong>21 (4.7)</strong></td>
</tr>
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*Population Health Management* (available online; DOI: 10.1089/pop.2017.0049, June 2017)
Conclusion: Project IMPACT Immunizations – *Pilot*

The Project IMPACT Immunizations innovative practice model enabled pharmacists to conduct comprehensive vaccination history reviews at the point-of-care, which allowed them to:

- Identify a significant number of unmet vaccination needs
- Educate patients about their vaccination needs
- Increase the number of vaccines administered
- Improve vaccination rates for routinely recommended adult vaccinations

We need to continue exploring how to successfully integrate and sustain streamlined principle-centered processes of care that allow pharmacists and other health care providers to utilize actionable point-of-care data to effectively engage and educate patients to improve vaccination rates.
IMPACT Immunizations – Next Phase...
... Addressing Population Health for Preventable Diseases

Increasing Adult Vaccination Rates Using Actionable Point-of-Care Data from Immunization Information Systems (IIS)

Patient-centered, team-based care that includes seamless communication between patients, pharmacists, physicians, and other providers is essential to improving the quality of care and population health. Patient engagement, healthcare team collaboration, and incentive alignment between all stakeholders are considered within each step of our process. Convening, piloting, and scaling are outlined below and provide a pathway to help us all invent the preferred future we seek.

**Convene**
- Key Stakeholder Expert Advisory Group

**Pilot**
- 8 sites
- Leverage public/private partnerships
- Proof of concept for change %

**Scaled Demonstration**
- 30 sites
- Designed to influence key decision makers
- Test financially viable market-based model

**Continuous Quality Improvement**

**National Implementation:**
- All 50 States
- Scalable and sustainable growth in practices across the United States

IMPProving America’s Communities Together
IMPACT Immunizations – *Next Phase... by the Numbers*

- 280,000+ practicing pharmacists trained to immunize
- 397,000+ pharmacy technicians that provide support
- 301+ million visits to community pharmacies every 7 days in U.S.

**Healthy People 2020 Statistics:**

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<td>Influenza</td>
<td>&gt;65 years</td>
<td>66.7%</td>
<td>70%</td>
</tr>
<tr>
<td>Influenza</td>
<td>&gt;18 years</td>
<td>43.6%</td>
<td>70%</td>
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- What levels might be possible with an enhanced practice model at scale?
  - 10% increase, 15% increase, 20% increase, 25% increase

*Source: MMWR Surveill Summ 2016;65(No. SS-1):1–36. DOI: [http://dx.doi.org/10.15585/mmwr.ss6501a1](http://dx.doi.org/10.15585/mmwr.ss6501a1)

**Healthy People 2020 Goals (presented where set by the United States Public Health Service)**
Questions / Dialogue

BENJAMIN M. BLUML, RPH  BBLUML@APHANET.ORG
SENIOR VICE PRESIDENT, RESEARCH AND INNOVATION
Recordings Available

- Slides and audio from previous spotlights available at https://www.nationalforum.org/value-access-member-spotlight-webinars