The Value & Access Collaborative Presents

Community Pharmacy Roundtable

Thursday, September 14, 2023
2:30 – 3:30 p.m. ET

Join us for a discussion about the role of the pharmacists and their essential contributions to community health care.

Learn how to advocate for improved health care access for all people.

We Convene. We spark conversation. We accelerate collaboration.
Improving health by inspiring philanthropy, research and innovation that advances pharmacists’ patient care services

Cardiovascular Health Innovation

https://www.APhAFoundation.org/our-work

“The best way to predict the future is to invent it.” – Alan Kay

NATIONAL FORUM • COMMUNITY PHARMACY ROUNDTABLE
SEPTEMBER 14, 2023 • WEBINAR • WASHINGTON DC

BENJAMIN M. BLUML, RPH  BBLUML@APHANET.ORG
EXECUTIVE DIRECTOR AND SVP, RESEARCH AND INNOVATION
Coronary Artery Disease / Hyperlipidemia is a Major Risk Factor

CAD is the leading cause of death in both men and women in the U.S.
6 million Americans have symptomatic CAD
1.5 million heart attacks per year in the U.S.
Approximately 500,000 die annually from myocardial infarctions
CAD causes more deaths in women than all forms of cancer
CAD is the most common cause of death among the elderly

Hypercholesterolemia has been associated with increased risk of CAD in virtually all large-scale epidemiologic studies

Major dyslipidemias can be diagnosed in more than 80% of patients with established premature CAD
CAD is directly related to plasma levels of LDL cholesterol: elevated LDL levels = higher risk
CAD patients with elevated LDL cholesterol levels are 12 times more likely to die from heart disease than CAD patients with desirable levels
Detection and Treatment

<table>
<thead>
<tr>
<th>Category</th>
<th>Less than 2 risk factors</th>
<th>Two or more risk factors</th>
<th>CHD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosed</td>
<td>29%</td>
<td>34%</td>
<td>42%</td>
</tr>
<tr>
<td>Prescribed diet</td>
<td>26%</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>Prescribed drug (for patients who qualify for it)</td>
<td>5%</td>
<td>8%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Patients Discontinuing Therapy


Contemporary Context
Then ...and... Now

n = 610

Implementation / Primary Objectives

24.6 months, 12 states, 397 adult patients collaborating with pharmacists & physicians

Newly diagnosed with dyslipidemia or already on lipid-lowering medications but poorly controlled

Referred by primary care physician, or if self-referred, has agreement of physician to participate

- Improve patient Persistence And Compliance with lipid-lowering Therapy
- Increase communication and the flow of clinical information among patients, pharmacists, and physicians
- Improve the cholesterol levels of individual patients over time
- Increase the population of patients who reach and maintain their NCEP lipid goals

Team-Based Care Results:
397 patients · 26 sites · 12 states · 2 years

 Persistence: 93.6%
 Compliance: 90.1%
 Treatment to NCEP Goal: 62.5%

### Fasting Mean Lipid Levels:
397 patients · 26 sites · 12 states · 2 years

<table>
<thead>
<tr>
<th>Measure</th>
<th>Beginning mg/dL (SD)</th>
<th>Midpoint mg/dL (SD)</th>
<th>Ending mg/dL (SD)</th>
<th>Mean Change</th>
<th>P value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>TC</td>
<td>238.0 (46.7)</td>
<td>216.7 (44.3)</td>
<td>207.5 (41.1)</td>
<td>-30.5 (3.9)</td>
<td>&lt; .0001</td>
</tr>
<tr>
<td>TRG</td>
<td>216.6 (111.3)</td>
<td>199.1 (95.7)</td>
<td>195.0 (91.3)</td>
<td>-21.6 (14.1)</td>
<td>&lt; .0001</td>
</tr>
<tr>
<td>HDL-C</td>
<td>43.1 (14.1)</td>
<td>46.6 (15.6)</td>
<td>49.2 (16.5)</td>
<td>+ 6.1 (1.7)</td>
<td>&lt; .0001</td>
</tr>
<tr>
<td>LDL-C</td>
<td>153.7 (41.3)</td>
<td>130.4 (37.8)</td>
<td>119.8 (35.7)</td>
<td>-33.9 (4.0)</td>
<td>&lt; .0001</td>
</tr>
</tbody>
</table>

* Change calculated as ending measure less the beginning measure (mean duration of 24.6 months) and compared using a two-tailed Student t test for paired data.
NCEP LDL-C Goal Achievement: L-TAP vs. ImPACT: Hyperlipidemia

Project Results Summary: *Patient-Centered, Team-Based Care*

The 93.6% persistence and 90.1% compliance with lipid modifying therapy by patients receiving services from project pharmacists exceed all historical norms.

Improved persistence and compliance may have led to the lipid profile improvements and 62.5% achievement of NCEP goals in patients receiving pharmacist’s services.

The 22.1% LDL-C reduction and 14% HDL-C increase translates to a potential CAD event reduction of 30% to 40% in this population based on recent RCTs.

The pharmacists’ services were well received by patients and primary care physicians.
Patient-centered, Team-based Care is based on mutual goals to...

Improve Patient Care

Improve communication and feedback between
  ◦ patient and pharmacist
  ◦ pharmacist and physician
  ◦ physician and patient

Increase the availability of objective measures to demonstrate improved outcomes (surrogate markers like compliance, risk reduction, etc.)

Reduce total cost for care to the system over time (absolute endpoints)
Creating the Basis for a Preferred Future

Pharmacy Practice Activity Classification

Domain Task Activity Class

Immunizations

Diabetes

Hyperlipidemia

Osteoporosis

The Asheville Project®

APhA Foundation

Patient Self-Management Credential

Knowledge & Skills

Medication Therapy Management in Pharmacy Practice

Core Elements of an MTM Service Model

Version 2.0  March 2008

The Diabetes

TEN CITY CHALLENGE
Diabetes Toll in the United States

- Amputation
  - Hundreds of daily limb amputations
- Blindness
  - 24,000 new cases each year
- Cardiovascular
  - Accounts for 2/3 of mortality
- Death
  - 1 every 10 minutes; a leading cause
- Economic
  - $1 out of every $5 in health care spent on Diabetes ($200+ billion/yr)

Pharmacists can help...

- Foot Exams
- Eye Exam Referrals
- A1c, BP & Cholesterol
- Diet, exercise, lifestyle, patient self-management
- Typical $1,000+ pppy reductions vs. projected
Building the Diabetes Evidence Base

- **Asheville**
  - Started in 1997, 1 geographic area, 2 employers
  - $1,622 - $3,356 net per patient per year savings

- **Patient Self-Management Program** ($n=256$)
  - 2002 to 2005, 5 geographic areas, 9 employers
  - $918 net per patient per year savings

- **Diabetes Ten City Challenge** ($n=573$)
  - 2002 to 2005, 10 geographic areas, 29 employers
  - $1,079 net per patient per year savings

- **Project IMPACT: Diabetes** ($n=1,836$)
  - 2011 to 2013, 25 geographic areas, medically underserved
  - Disproportionately affected, under and uninsured populations
Project IMPACT: Diabetes Prevention

6-year project (CDC DP17-1705) and now:

- **CDC Umbrella Hub Status designation**
- **CMS Medicare DPP Supplier: Noridian MAC region approved, others underway**

- **NDPP STARS – Community Practices & Charitable Nonprofits**

- Pursuing State level CDC 2320 Category A collaborations to provide funding for rural and underserved populations-IMPACTDiabetes.org

- New sustaining partnerships in 2023 to engage hundreds of community pharmacy practice sites within our UHO enabling pharmacy teams to: **Receive Payment from CMS as Providers of Medicare Diabetes Prevention Program Services, no Legislative Changes Required!**
Project IMPACT: Vaccine Confidence

✓ Vaccine Perspectives Survey
  • 2,800+ patient responses from 21 practice sites participating

✓ First wave of demonstration project:
  • 12 practice sites
  • 1,200 comprehensive vaccination reviews
  • 2,500+ unmet needs

✓ Second wave of demonstration project:
  • 21 practice sites
  • Served > 3,000 patients

✓ Third wave of demonstration project:
  • 13 practice sites
  • Over 1,960 patients enrolled...

Patient-Controlled Digital Solution (active):
  • iPhone & Android: Authenticated Record + Calendar
  • Includes international standards transaction dataset
Project IMPACT: CGM Access

- Convened Roundtable in November 2021
  - Expert presentations; current landscape, CGM in community pharmacy, scope of practice
  - Practice Insights released in May

- 2-year CGM demonstration project to advance patient care and payment reform (2022 - 2024)
  - Goal is to improve access to continuous glucose monitors (CGM) for people with diabetes (PWD) through community pharmacies (e.g., chains, independents, mass merchants, and grocers) utilizing pharmacists’ patient care services.
  - Pharmacists are credentialed and paid for team-based care just like physician colleagues
  - Independent practice implementation underway
  - 20+ practices around the U.S.  News Release >
Solutions for Atrial Fib Edvocacy

✔ Conducted Q4 2021 – Q4 2022

The aim of this project was to create an additional access point in the community at local pharmacies for AFib screening, detection, and referral to primary care for follow-up and initiation of evidence-based therapy when appropriate.

- AliveCor KardiaMobile 6L technology combined with a patient-centered, team-based care model that includes pharmacist public health edvocacy
- Demonstrated that the SAFE process of care detected more than twice as many patients with Afib as compared to the expected population prevalence in U.S.
- Next Steps: IMPACT CV Health+ SDoH in process, pursuit of funding for scaling
Project IMPACT: CV Health$^+ (^+ = SDoH)$

2.5-year project (2023 - 2025)

• Sponsorship support from BMS Foundation

• Demonstration project to **advance patient care, create team-based care payment reform – in two Medicare Administrative Contractor (MAC) regions, 20-States, 40-Sites**

• Goal is to improve access to cardiovascular health services through community pharmacies while also assessing and addressing patient’s social determinants of health (SDOH)

• Pharmacists being credentialed & compensated just like their physician colleagues in this transformational, patient-centered, team-based care scaled demonstration of our successful **Solutions for Atrial Fibrillation Advocacy** initiative…
Our Research and Innovation At-a-Glance —> Active in 2023...

✓ = Core Initiative Funded
➢ = Activity In-Process

~$4.8M of planned mission-driven sponsorship in 2023

- Project IMPACT: Diabetes Prevention (CDC 1705, 2017-2023)
  ➢ Umbrella Hub Organization Designation with CDC, Medicare Supplier Status with CMS for DPP
  ➢ Participating in State level CDC 1815/1817 collaborations to fund IMPACTDiabetes/SDOH participants
  ➢ Stay tuned for new opportunities to IMPACT Diabetes in Medicare populations in Q4 2023

- SAFE - Solutions for Atrial Fib Edvocacy <APhA Enterprise> (Industry, 2020-2022)

- Project IMPACT: CV Health+ (SDoH) <APhA Enterprise> (Charitable Nonprofit, 2023-2025)
  ➢ Interprofessional Collaboration with AMA (Validated BP Advisory Board, IHO Division, Xcertia)
  ➢ Continuing Collaboration on CV Health with CDC DHDSP / Million Hearts / National Forum

- Project IMPACT: Vaccine Confidence continuing refinements <APhA Enterprise> (CDC, 2021-2025)

- Project IMPACT: TN Vaccine Confidence statewide implementation (Tennessee, 2022-2024)

- Project IMPACT: HPV Immunizations translational research for cancer prevention (Industry, 2022-2024)

- CGM Consensus Roundtable/Practice Insights <APhA Enterprise> (Charitable Nonprofit, 2021-2022)

- Project IMPACT: CGM Access team-based care with payment (Charitable Nonprofit, 2022-24)

- IMPACT Care Transformation Network expansion, adding practice sites and new solutions

- Academy Research Grants – Philanthropy + R&I endeavor – Gender Equity awarded, 2nd in-process...

- Remington Innovation Forum >> Shaping the Future collaborations
IMPACT Care Transformation Network

Pharmacist-delivered Patient Care Solutions

The IMPACT Care Transformation Network provides innovative opportunities in patient-centered, team-based care that includes pharmacists to produce improved individual and public health.

Innovative Practice Model Designs with Consistently Improved Outcomes

- Adherence
- Alzheimer's
- Diabetes
- Depression
- Hyperlipidemia
- Hypertension
- Immunizations
- Osteoporosis
- Diabetes Prevention
- Vaccine Confidence

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 & Innovation Axioms

Do the right things well.


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

Assess
Convene
Model Development
Pilot
Scaled Demonstration
Continuous Quality Improvement

IMProving America’s Communities Together

National Implementation

... “Incubating Care Innovation”

“The best way to predict the future is to invent it.” – Alan Kay

https://www.APhAFoundation.org/our-work
Doing the Right Things Well

Opportunity to change the landscape of how care is delivered in communities across the country

• Pharmacies provide omnichannel access point in local communities

Patient-centered, team-based care that includes practice settings that 90% of U.S. population is within 5 miles of

Care models that emphasizes meeting patients where they are

• Identify participant preferences and knowledge at the beginning

Models that supports patient success throughout the program

• Provide consistent accountabilities and flexibility throughout
Scaling Evidence-Based Models

Delivering Value to those We Serve

- What could we do together to try and take the evidence base and make that real across the U.S.?
- What could an interprofessional effort to improve access and adherence accomplish?
- How can our groups collectively get patients connected to a care team and get all the teams working together; and create accountability to help patients address issues at points in time?
- How can incentives be aligned for all stakeholders?
- What organizations have vested interests?
- What needs to be done?
Current state: Pharmacists’ patient care services

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Senior Vice President, Pharmacy Practice & Government Affairs
American Pharmacists Association

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Access to care

>90% of Americans live within 5 miles of a pharmacy

56% of pharmacies are in medically underserved or health professional shortage areas of the US


Pharmacist provider status: Geoprocessing analysis of pharmacy locations, medically underserved areas, populations, and health professional shortage areas, Journal of the American Pharmacists Association, https://doi.org/10.1016/j.japh.2021.08.021
THE ESSENTIAL ROLE OF PHARMACY IN RESPONSE TO COVID-19

Pharmacists and pharmacy team members contributed to America’s health and recovery throughout the COVID-19 pandemic.

Pharmacists administered 300+ million COVID-19 vaccinations—more than half of all COVID-19 vaccinations administered in the U.S.

From December 2020 - January 2023

Pharmacists provided 350+ million clinical interventions to 150+ million people

Located to serve the most vulnerable

70% of pharmacies are located within the most vulnerable communities in the U.S.

8.1 million COVID-19 vaccinations provided to LTC residents, leading to a 2/3 drop in COVID-19 related deaths

5.5+ million hospitalized patients received care from pharmacists

Pharmacists contributed to billions in savings

$900 BILLION

Health care cost savings by preventing 2.2 million deaths, 17 million hospitalizations, and 66 million infections through vaccinations performed between December 2020 and March 2022

$2.6 BILLION

Savings for Medicare beneficiaries by reducing hospitalizations through vaccinations performed between January and May 2021

For Every Pharmacist. For All of Pharmacy.

Threats to access to pharmacists’ care

• Economic pressures
• Pharmacy deserts
• Lack of scope
• Lack of reimbursement pathways
Pharmacy deserts

High-tech map promotes access to medicine and pharmacy services

A USC-developed interactive mapping tool shows the location of every pharmacy in the United States — and which neighborhoods are “pharmacy deserts.”

BY Leigh Hopper • NOVEMBER 3, 2022

Related stories

Pharmacy students learn about folk
Can pharmacists test and treat for acute ailments via prescriptive authority, protocol, or other means?

- Yes (3)
- Yes, but only COVID-19, strep, & influenza (5)
- Yes, but only strep & influenza (1)
- Yes, but only COVID-19 & influenza (1)
- Yes, but only COVID-19 (1)
- Yes, but with prescriber collaboration* (12)
- Not authorized / more restrictions (28)

*Limited to collaborative practice agreements or prescriber protocols that allow multiple patients and do not require past prescriber-patient relationship.
Can pharmacists furnish HIV PrEP/PEP via prescriptive authority, protocol, or other means?

- **Yes, PrEP & PEP (14)**
- **Yes, PEP (3)**
- **Not authorized / more restrictions (34)**

*Ability to furnish via provider specific collaborative practice agreement not included*
Can pharmacists furnish medications for opioid use disorder (MOUD) via prescriptive authority, statewide protocol, or collaborative arrangement?

- **Yes (7)**: Arkansas, California, Michigan, Ohio, Tennessee, New Mexico, Washington
- **Yes, but with additional restrictions (4)**: Florida, Kansas, Missouri, Montana, West Virginia
- **Not authorized / more restrictions (40)**: The majority of states
Payment for Pharmacists’ Services in the States*

*Examples of states where pharmacists are receiving reimbursement for a broad or narrow scope of their patient care services. Not intended to be a comprehensive representation.

†Pharmacist reimbursement for a broad scope of services is largely tied to the requirement of being an advanced practice pharmacist.
Equitable Community Access to Pharmacist Services Act (ECAPS)

**EMPOWERING PHARMACISTS TO PROTECT SENIORS FROM PUBLIC HEALTH THREATS**

H.R. 1770/S. 2477 establishes Medicare Part B reimbursement for essential pharmacist services:

- **TESTING**
  - COVID-19
  - Flu
  - Respiratory Syncytial Virus (RSV)
  - Strep Throat

- **TREATMENT**
  - COVID-19
  - Flu
  - Strep Throat
  - Respiratory Syncytial Virus (RSV)

- **VACCINATION**
  - COVID-19
  - Flu
  - Pneumococcal
  - Hepatitis B

[PharmacyCare.org](https://pharmacycare.org/)  
[@FPCCoalition](https://twitter.com/FPCCoalition)  
[Future of Pharmacy Care Coalition](https://pharmacycare.org/)
MORE THAN 190 GROUPS APPLAUD FEDERAL LEGISLATION TO ENSURE SENIOR ACCESS TO ESSENTIAL PHARMACIST SERVICES

Bipartisan legislation (H.R. 1770/S. 2477) would provide payment for essential pharmacist services under Medicare Part B and ensure pharmacists can continue to protect vulnerable senior communities.

LEARN MORE
Will pharmacy personnel’s authority to order or administer vaccines be impacted after the end of the PREP Act declarations*?

Pharmacist, pharmacy intern, and pharmacy technicians’ expanded authority under the Public Readiness and Emergency Preparedness (PREP) Act declarations are scheduled to expire on May 11, 2023, and December, 2024 or sooner, after which authority will defer to state scope of practice.
Can pharmacists test and treat for COVID–19, influenza, respiratory syncytial virus, or streptococcal pharyngitis via prescriptive authority, statewide protocol, or other means?*

*Limited to collaborative practice agreements or prescriber protocols that allow multiple patients and do not require past prescriber-patient relationship.
Can pharmacists test and treat for COVID–19, influenza, respiratory syncytial virus, or streptococcal pharyngitis via prescriptive authority, statewide protocol, or other means?*

![Map of the United States showing the states that allow pharmacists to test and treat for various conditions.](https://example.com/map)

*Limited to collaborative practice agreements or prescriber protocols that allow multiple patients and do not require past prescriber-patient relationship
How you can help.....