

HRSA's Patient Safety and Clinical Pharmacy Services Collaborative: A Transformation in the Deliver of Primary Care

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Patient Safety & Clinical Pharmacy Services Collaborative (PSPC) Aim

“Committed to saving or enhancing thousands of lives a year by achieving optimal health outcomes and eliminating adverse drug events through increased clinical pharmacy services for the patients we serve.”



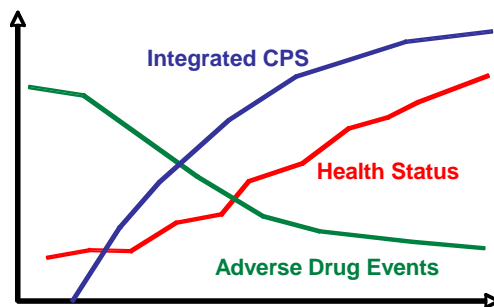
Questions to Run On

- *What is the Patient Safety and Clinical Pharmacy Services Collaborative?*
- *Why is this work important?*
- *What are the results for the patients being served by our teams?*
- *How can you or your organization benefit from this work?*

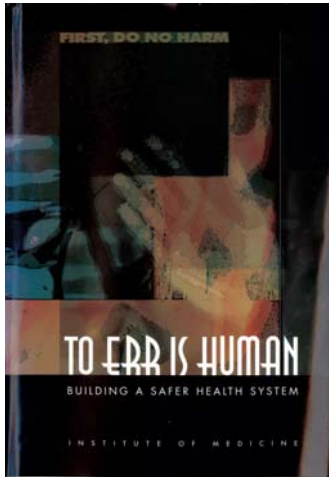


PSPC Vision & Promise

Managing the delivery of *CPS integrated with primary health care* creates a new service with a new kind of performance. We can now generate both safety and health improvement to panels of the high risk patients whose needs are beyond the reach of the current, traditional delivery system.



Institute of Medicine Findings on Patient Safety and Errors (1999)



- Medication Errors are Most Common
- Injure 1.5 Million People Annually
- Cost Billions Annually
- HRSA 340B Program provides \$5 Billion in medications annually to the Safety Net

“...for every dollar spent on ambulatory medications, another dollar is spent to treat new health problems caused by the medication.”



Context: Drug Use, Drug Costs

- 2 out of 3 patients who see a doctor leave with at least one prescription¹
- 82% of people take 1 drug²
- 18% adults >64 take 10 or more³
- \$3.5 Billion for costs of ADEs annually⁴
- 40% costs of ambulatory ADEs preventable⁴

1. Institute for Safe Medication Practices, White Paper on Med Safety and Role of Community Pharmacists, 2007.

2. Budnitz, Pharmacoepidemiology and Drug Safety, 2007.

3. Slone Epidemiology Center at Boston University

4. Institute of Medicine. Preventing Medication Errors. 2007



The Challenge in a Nutshell

- Complex, high-cost patients with chronic conditions are getting powerful medications (lots of them) from an array of unconnected sources.
- This often does not result in health improvement, and in many cases, creates unsafe and sometimes deadly situations.



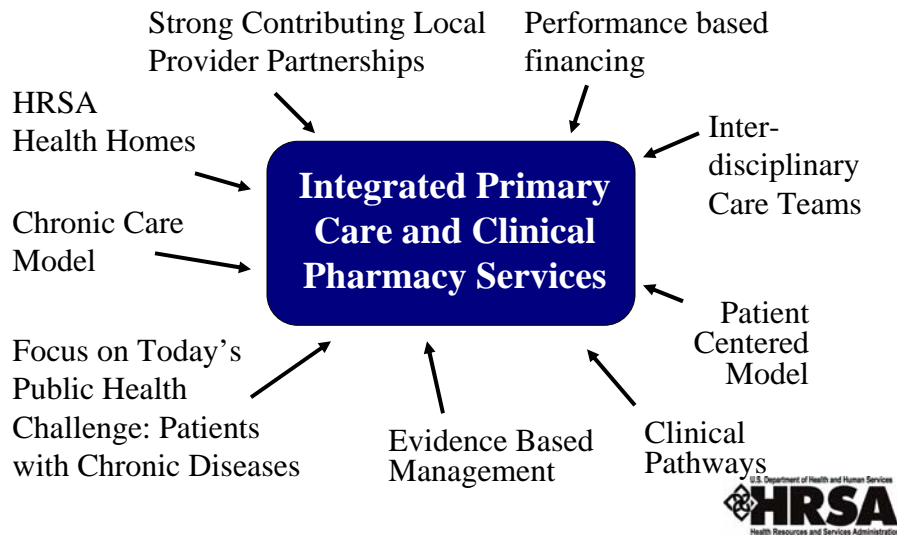
The Solution in a Nutshell

- Providing the additional modest level of clinical pharmacy services necessary to properly manage these complex, high-risk patients and their medication processes...

...is key to improving their health and providing better, safer, patient-centered care.
- This is what collaborative teams have proven they can do...rapidly, successfully and in financially sustainable ways.



PSPC is strategically sticky - it calls for, applies, & amplifies many innovations & aims



What Is a Collaborative?

An intensive, full-court-press to rapidly achieve breakthrough results in organizations...

...by rapidly and systematically testing and adapting strategies

...already proven to work in other organizations.

In this case, cross-organization teams from 110 communities throughout the nation



Who Are the PSPC 2.0 Teams?

- 110 multi-disciplinary teams in action – from 41 States (including District of Columbia and PR)
- Over 350 organizations
 - 21 Community Pharmacies
 - 80 Community Health Centers
 - 43 Hospitals (Community, DSH, and Critical Access)
 - 3 Schools of Medicine
 - 53 Schools of Pharmacy
 - 7 Ryan White Grantees / HIV Organizations
 - 4 Poison Control Centers
 - 15 Primary Care Associations
 - 8 State Government / Health Departments
 - 6 Rural Health Clinic
 - Others (Mental Health Clinics, Nursing Homes, Quality Assurance Orgs, Physician Groups, Nursing Programs, Hemophilia Treatment Centers, Home Health Agencies, etc.)



Population of Focus

Initial Area of Focus	Number of Teams
Diabetes	62
Hypertension	18
Anticoagulation	19
HIV/AIDS(HAART, pregnancy and treatment)	11
Lipid profile	8
Asthma	5
MTM/medication reconciliation	3



Our Approach to Managing This Initiative



We Use What We Have to Get the Job Done



Collaborative Events & What's Next

- PSPC 1.0: August 2008 – Sept. 2009 with 68 community based teams
- PSPC 2.0: Sept. 2009 – Fall 2010 with 110 community based teams

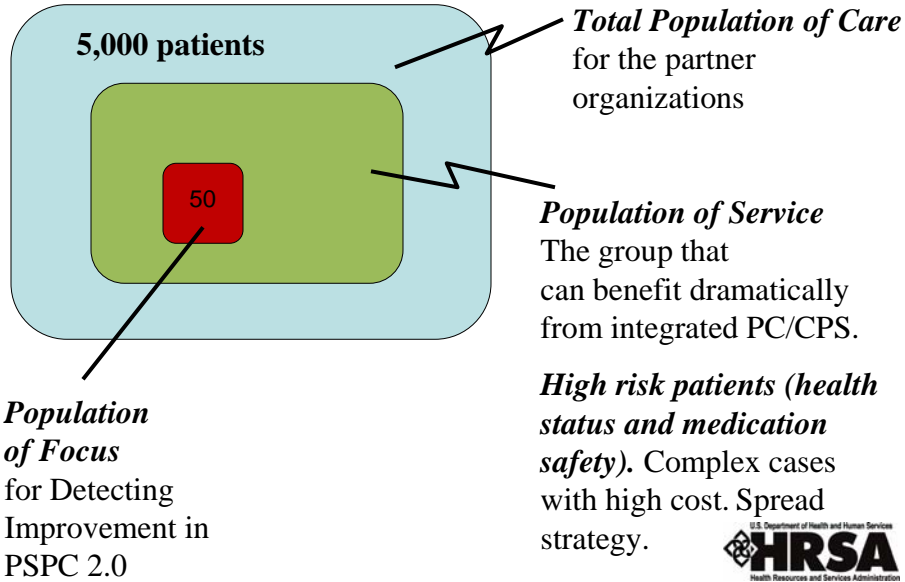
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- Learning Session 4-1...September 16 & 17, 2009
 - Leadership Coordinating Council...October 1, 2009
 - Action Period 1 & Collaborative Conference Calls
 - Learning Session 2 in January in National Capitol Area
 - Action Period 2 & More Collaborative Conference Calls
 - LS3 in May, 2010
 - LS4 in Fall, 2010



**PSPC is a smart Investment toward
managing high risk, high cost,
complex patients with multiple
chronic conditions**



PSPC Populations of Focus are the Most Challenging, Highest Risk Patients



PSPC Populations of Focus

- High number of chronic conditions
- High number of medications
- Very high risk medications
- Multiple, uncoordinated providers
- High preventable use of ED and hospital in-patient care

This Is What It Looks Like for PSPC Patients

JJ is a 54 y/o, Spanish speaking illiterate male with history of HIV, NIDDM, renal failure (currently dialysis three times weekly), dyslipidemia, HTN, COPD, Anemia, CHF and PVD

MTM Visit #1 05/29/09

Vascular MD
Nephrologist
Primary Care
ID Provider



Lantus
03/19/08

Humalog
10/15/07

Used
Needles

Test Strips
exp 09/07

Illustrative Example of a PSPC Patient

- 50 year old diabetic male with hypertension
- Other complicating factors: schizophrenia, cocaine abuse, sarcoidosis with variable dosing of prednisone
- Currently on 4 antihypertensive medications, 3 medications for diabetes ... a total of 27 medications.
- Health status not under control: Struggles with compliance to proper medication use,
- Inconsistent access to medications.

- **Post CPS Intervention: With medications, his hypertension has recently been controlled at 9/12 visits ranging from 92-140/60-82. His A1c is at 8.7%.**

Summary of Overarching PSPC Results

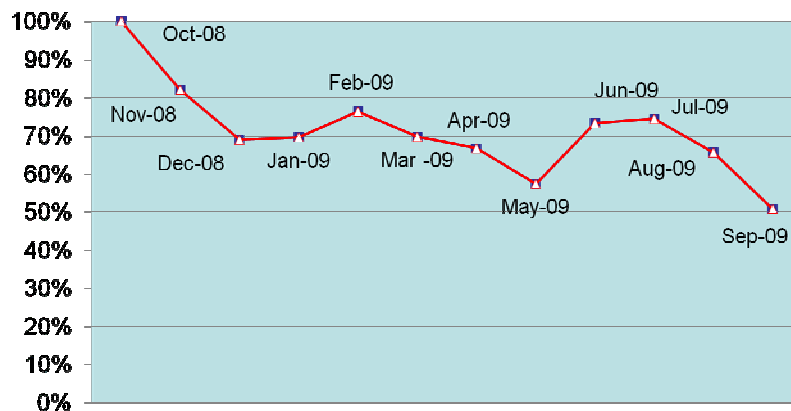
- Teams have shown they can rapidly replicate the proven clinical pharmacy practices that generate safety and health improvement.
- They are doing this with populations of their highest risk, most complex patients -- *whose needs are beyond the reach of the current, traditional delivery system.*
- Teams are demonstrating, with data, breakthrough improvement in health status and safety
- Teams are figuring out how to pay for and sustain these services.

This is beyond a theory or a wish or a hope – it is reality right now.



Holyoke Health Center

50% decrease in the number of patients with an A1c > 9%

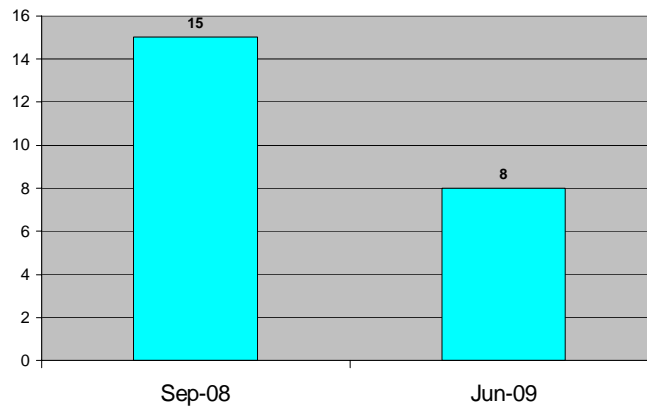


- 180 patients with an A1c > 9% were tracked for 12 months.
- Patients receiving clinical pharmacy services from their health care team experienced improved diabetes control.

Zufall Health Center

Improvement in HbA1c levels in Highest Risk Patients (HbA1c > 9%)

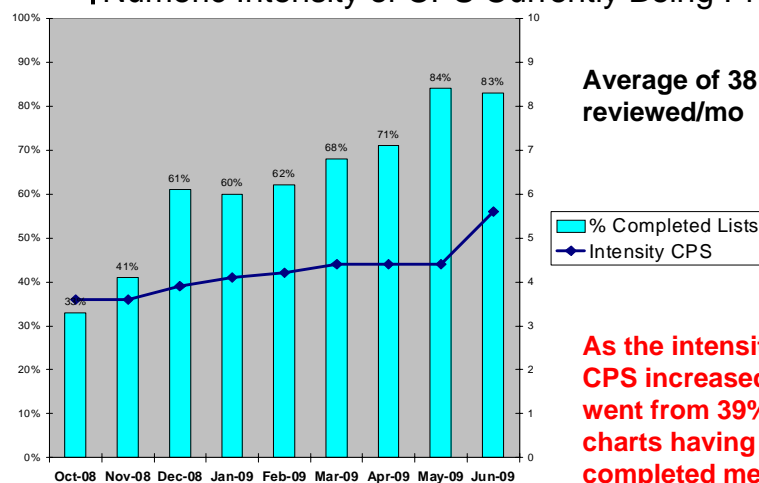
Patients With HbA1c > 9%



Of 15 highest risk patients, 8 or 53% dropped their HbA1c to < 9 in 10 months due to CPS

Zufall Health Center

Percent of Charts with Completed Medication Lists Numeric Intensity of CPS Currently Being Provided

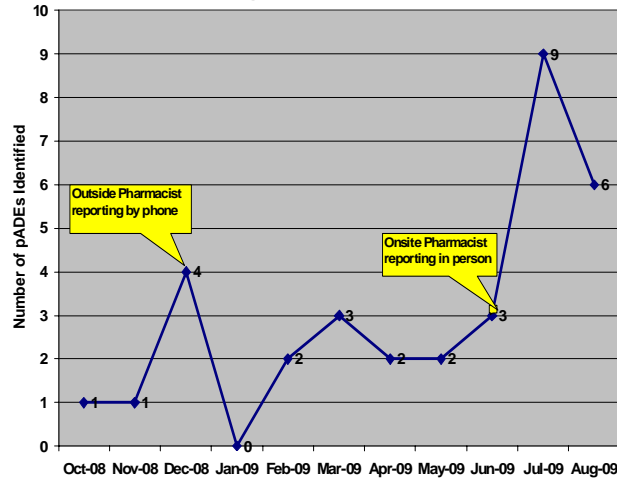


Average of 38 charts reviewed/mo

As the intensity of CPS increased, we went from 39% of our charts having completed med lists to 83%.

Zufall Health Center

Number of pADEs Detected Per Month (Average Number of Patients = 38/month)

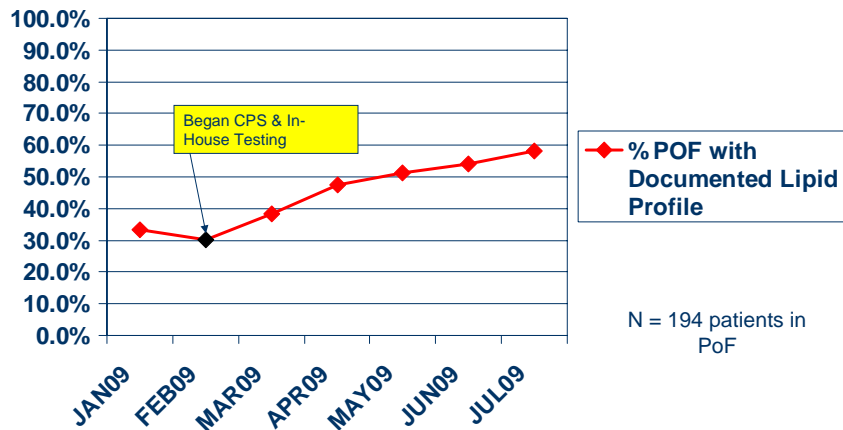


We improved our ability to detect pADEs; from 1 per month to 9 per month due to collaboration between pharmacy and health center.

Allen County Health Partners & University of Findlay

Percentage of patients with IVD ≥ 18 years old or with DM age 18-75 who have Lipid Profile Documented in Medical Record

33% to 58%

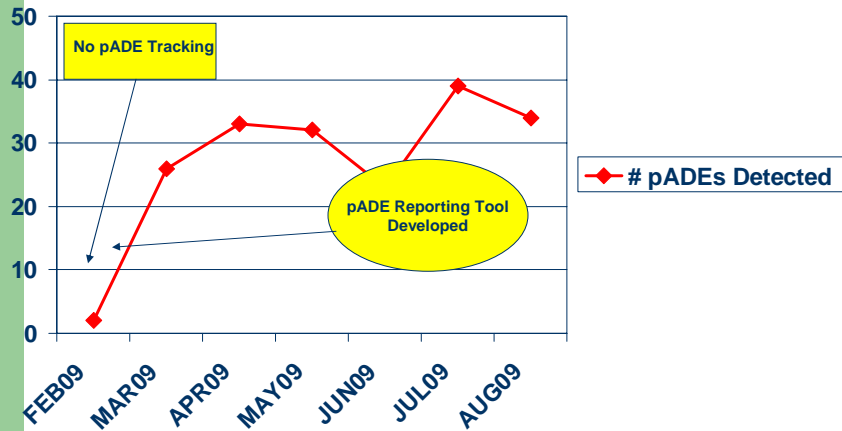


N = 194 patients in PoF

Allen County Health Partners & University of Findlay

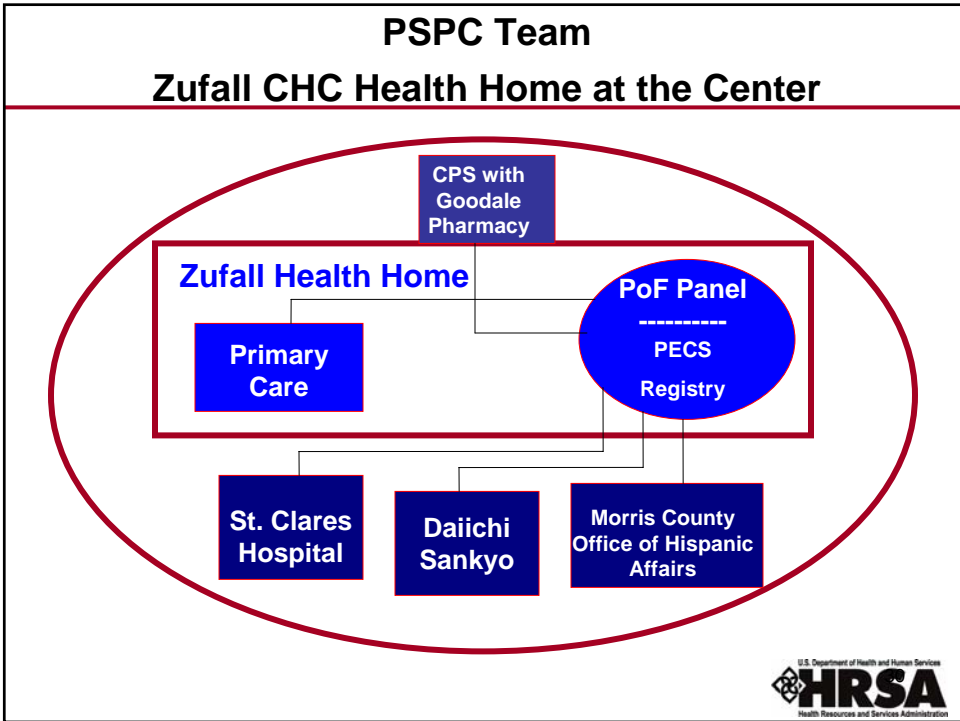
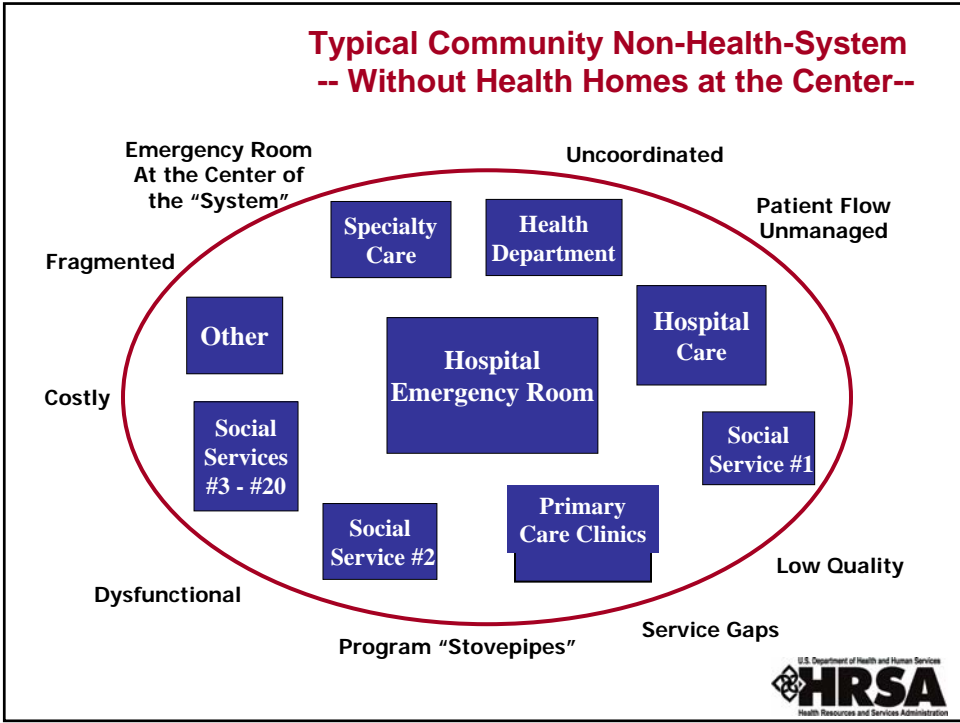
Number of pADEs Detected in POF that Received CPS During Reporting Month

189 pADEs Detected Since February 2009!



Teams & PSPC are Positioned for Rapid Spread and Sustainability

- **Building Community-Based Systems of Care**
-- akin to the Community Access Program
- **Achieving the Patient-Centered Benefits of Health Homes**
- **Sustaining New, Better Services Financially**



5 Ways Teams Are Paying For and Sustaining Clinical Pharmacy Services

1. Revenues and Profits from Pharmacy Operations – ROI
2. Increased Productivity by Nurses and Physicians
3. Additional Grants, Contracts and Support from Funders -- Due to Improved Outcomes
4. Optimization of the Savings that Result from the 340B Program
5. Appropriate Billing for Qualifying Services



Strategic Implications of Team Results

1. Integrated teams have used Clinical Pharmacy Services to achieve rapid improvements in health and safety for patients...improvements that are not realized under “business as usual”.
2. These improvements are being realized by a diverse array of organizations, treating challenging safety net patients with a wide variety of chronic diseases.
3. Teams and the current cohort are now positioned for rapid spread and sustainability.
4. Faculty estimate that 30 to 70 percent of their patient populations will benefit from this approach.



National Partners are Positioned for Rapid Spread and Sustainability

- HRSA Leadership, Bureaus and Offices
- National Faculty and HRSA Team
- State-Based Organizations
- Leadership Coordinating Council of National Partner Organizations



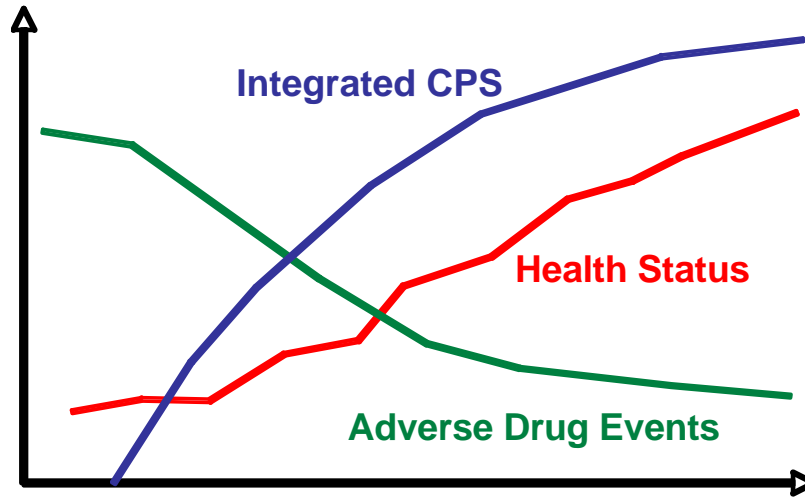
PSPC Leadership Coordinating Council (LCC)

- American Association of Colleges of Pharmacy
- American College of Obstetricians and Gynecologists
- American Health Quality Association
- American Nurses Association
- American Pharmacists Association
- American Society of Health System Pharmacists
- Apexus/340B Prime Vendor Program
- AoA, AHRQ, CDC, CMS, FDA, IHS and NIH
- Heinz Foundation
- National Association of Community Health Centers (NACHC)
- Hemophilia Alliance
- HRSA Bureaus and Offices
- Institute for Safe Medication Practices
- National Association of Chain Drug Stores
- National Assoc. of People with AIDS
- Pharmacy Quality Alliance
- National Rural Health Association
- Safety Net Hospitals for Pharmaceutical Access
- The Joint Commission
- And many more!

How about ADA?!!



PSPC Aim



Questions for Discussion, Action and Results

- *What are your insights about this work?
What do you like?*
- *What can you or your organization do to extend, build on, or benefit from this work?*

We Do What It Takes for the Patients We Serve



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