

10th Annual 340B Coalition Winter Conference

340B Savings Equals Improved Patient Care

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Statement of Conflicts of Interest

Carol Millage does not have any conflicts of interest in relation to this presentation

Learning Objectives

- * Describe why Medication Reconciliation is an important component of assessing compliance.
- * Recognize how 340B savings are used in your setting to improve clinical outcomes.

CE Question Slide

- * True or False

The most complete Medication Reconciliation preformed is based off of the Medical Record and patient recall.

Bristol-Myers Squibb Foundation

Together  Diabetes

Communities Uniting to Meet America's Diabetes Challenge

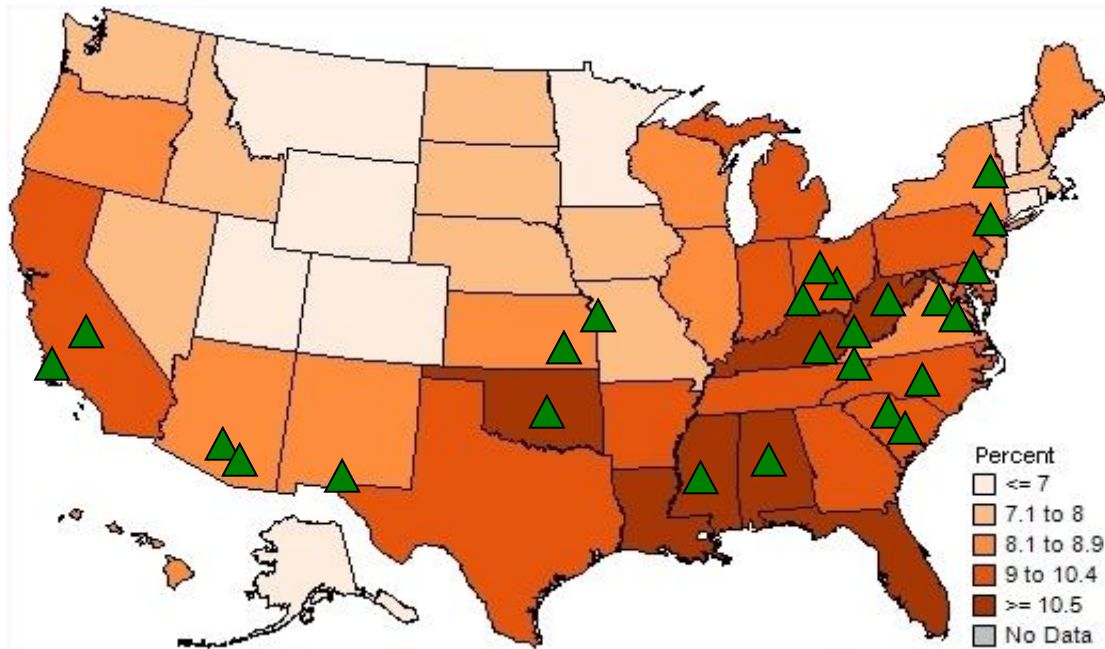
- **County of Santa Barbara Public Health is a proud participant in the APhA Foundation's Project IMPACT: Diabetes.**
- **Project IMPACT: Diabetes is made possible through the generous support of the BMS Foundation within their *Together on Diabetes* initiative.**

Objectives of Project IMPACT: Diabetes

- **Project Impact: Diabetes** was scaled after the successful efforts of the Asheville Project and Diabetes Ten City Challenge. However, APHA placed pharmacists on diabetes care teams in 25 communities across the United States
- APHA Foundation's structure and process model established a nationwide program in an effort to reach communities that are the most affected by diabetes
- **Project IMPACT: Diabetes Principles** included the following:
 - The selection of disproportionate share populations
 - Use of collaborative care with pharmacists
 - Continuous quality improvement
 - Patient self-management credentialing
 - Minimum dataset reporting

Participating Communities

* Communities:




Community Resources

- **Through APhA Foundation, We had the use of knowledge base resources (online database)**
 - Rich, role-based source of sample forms and tools
 - Patient education resources
- **We used a Patient Self-Management Credential to assess patients knowledge level of diabetes**
 - Hard-copy forms available through knowledge base resources
 - Adobe Flash Application documentation (input for patient)
- **IMPACT Care Database to input laboratory values, assessments, and preventive care**
 - Microsoft® Access Database → SQL Server Database
 - Collects/reports minimum and maximum IMPACT datasets
- **IMPACT Technical Advisory Services were made available to the communities**
 - Community Coordinator providing mentorship
 - 800 number and e-mail address with 24/7 access

How I Became Involved

- * I had approached our Medical Director 2 years prior to Project Impact and asked about having a pharmacists' involved clinics. He was interested, but being brand new to his position, he wasn't ready to implement. Finally, after 2 years, he approached me and asked me if I was ready to participate in a diabetic clinic. Of course, I agreed immediately. When I went back to my office I came across APhA's application to participate in a 25,000 dollar agreement, due in 2 days. I contacted the Medical Director and my supervisor and we were able to put together the grant in time. We were surprised when our grant was one of the 25 communities selected out of around 300 applications.


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- * Now that I was a part of the collaborative, the clinics didn't know where to put me. I have very little Spanish bilingual abilities and would need a translator. There was the issue of physical space. One of the dieticians volunteered to work with me in the same room and translate for me. This alleviated a lot of the concerns of where to put me and ended up to be a great solution.

The Pharmacist's Role in Project Impact

- **A model of “a team within the team” was formed as the with the dietician and a pharmacist.**
- Since the “team within a team” saw the patient after the primary care provider, reinforcing the provider’s instructions was consistent .
 - The information provided to the patient by the pharmacist and dietician complemented one another and reinforced key information.
 - For example, I would demonstrate how to use a blood glucose meter, and the dietician would go over how the monitor should be used to check the blood sugar after eating certain foods. This gave the patient the first tool of control and being able to see how what they ate affected their blood sugar.

The Pharmacist's Role in Project Impact (cont)

- I spent a lot of time reviewing compliance issues and medication reconciliation by comparing pharmacy records with EMR and Rx bottles.
- I also created a template to use for short acting insulin dosing using formulas to account for carbohydrate consumption and current blood sugar (BS) for patients on insulin.
- I was able to resolved compliance issues by recommending therapeutic changes and using Patient Assistance programs to make medications more affordable.

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- * Just last week, we were evaluating a patient who had not improved her A1C. After reviewing her EMR medication list, pharmacy medication list, and her bottles, we discovered she had never picked up her Lantus at the pharmacy and was not taking her other medications consistently. She was supposed to be on 6 medications for DM, cholesterol, and BP. She was a self pay patient that we discovered could not afford her medications, but didn't want to admit, until pressed. I told her I could discuss some therapies to her provider and get her down to 4 medications and all 4 would be free through the patient assistance programs. The provider agreed with the recommendation. We are looking forward to an improvement at her next visit. Those types of situation of helping patients can be very rewarding.

The Pharmacist's Role in Project Impact (cont)

- The dietician/pharmacistTeam reinforced standards of care
 - Consultation performed regarding foot care, hypoglycemia, glucose monitoring.
 - Recommended labs or flu shots as needed.
- In most instances, it took repeat follow up visits to help the patient transition to self care, as the information was overwhelming to many patients.

Project IMPACT: Diabetes National Interim Results

	N =	Baseline	Most Recent	Change to Date	P Value	Days Experience
A1C	1580	9.0	8.3	-0.7	0.000	206.5
BMI	1699	35.1	34.9	-0.2	0.000	186.8
Systolic BP	1702	131.8	129.9	-1.9	0.000	187.8
Diastolic BP	1702	78.7	78.0	-0.7	0.004	187.8
LDL-C	966	99.5	92.2	-7.3	0.000	199.4
HDL-C	1026	43.5	44.3	+0.7	0.012	199.4
Triglycerides	1029	215.2	187.3	-27.9	0.000	199.4
Total Cholesterol	1026	181.3	171.9	-9.3	0.000	199.4

County of Santa Barbara Public Health Department Final Results

	N =	Baseline	Most Recent	Change to Date	P Value	Days Experienced
A1C*	59	8.9	7.8	-1.1	0.000	310.5
BMI*	55	33.5	33.0	-0.5	0.042	336.1
Systolic BP	55	127.0	129.2	2.2	0.205	330.1
Diastolic BP	55	73.8	76.1	2.3	0.072	330.1
LDL-C*	44	103.5	91.3	-12.3	0.016	310.7
HDL-C	43	44.1	44.3	0.3	0.426	308.8
Triglycerides	44	174.0	166.8	-7.3	0.336	310.7
Total Cholesterol	44	173.2	166.3	-6.3	0.151	310.7

*Areas where PHD had greater improvements than national average

Impact and Sustainability

■ Impact of Project IMPACT: Diabetes

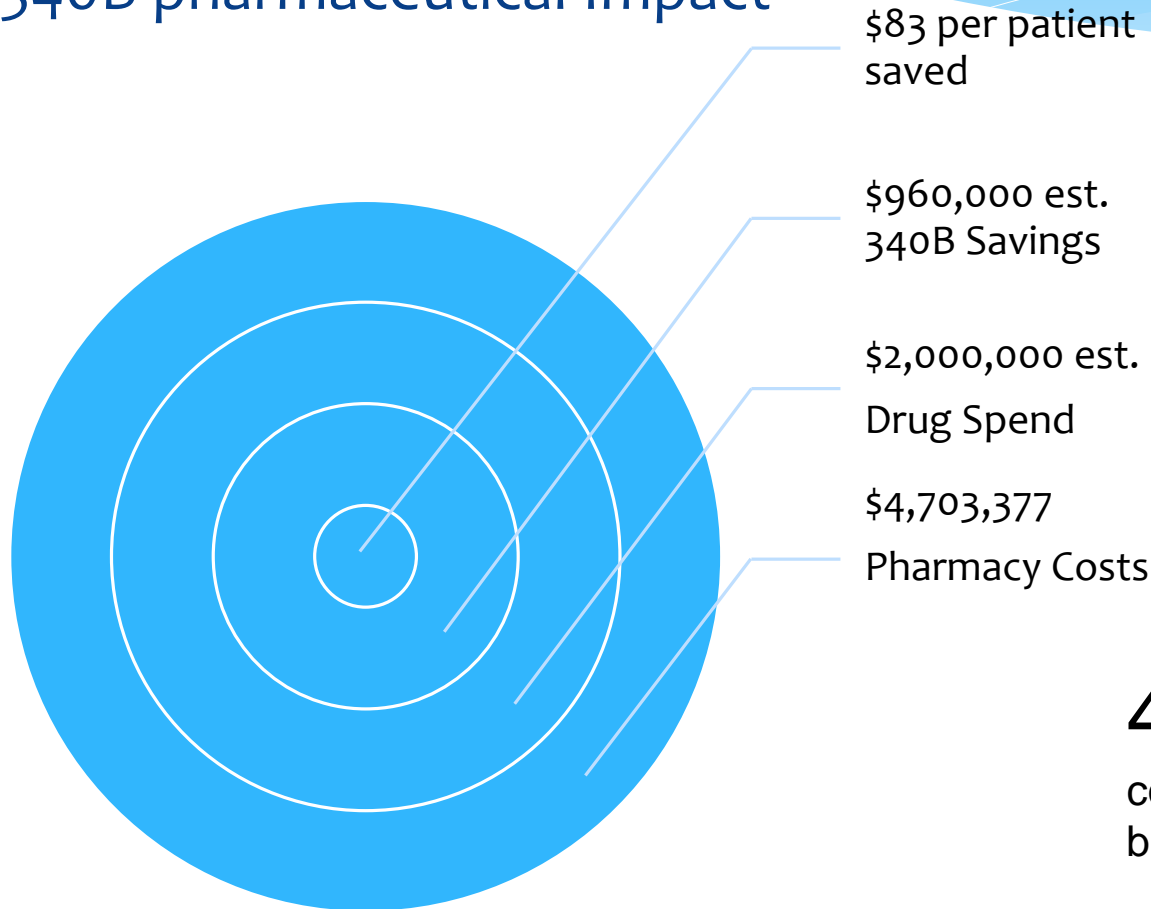
- The impact to the patients has been positive. As patients gain independence in understanding how to care for themselves, the rewards are great. However, the best responses to their improvement is in the pride in their faces when they can see in their lab results and feel tangible improvements in their health.
- The other great impact is how the data supports that even the poorest in the community can improve with the right support systems in place.
- The County of Santa Barbara did not initially have the tools in place to capture the information to demonstrate the positive outcomes that APhA Foundation's support has afforded us.
- APhA Foundation provided a \$25,000 grant which was used for training, implementation, and salary for the pharmacist the 2 years of the Project IMPACT: Diabetes

Impact and Sustainability

- * Sustainability of the Care Model
 - The 340B program helps support the \$4,703,337 pharmacy budget's direct and indirect costs for 3 in-house pharmacies. Because of the 340B program, the costs of the in-house pharmacy programs are cost neutral to the County of Santa Barbara Public Health Department.
 - There are 12 full time employees and 9 extra help employees in the three In-house Public Health pharmacies.
 - Reviewing the most current data (November 2012-November 2013), we processed prescriptions for 11,500 unique patients and approximately 198,000 prescriptions.

Impact and Sustainability

* 340B pharmaceutical Impact



48% average
cost reduction
because of 340B!

Impact and Sustainability (cont)

Patient Impact because of 340B

The funds from participating in the 340B program also helped to support the purchase of homeless medications for the Homeless Program for the uninsured and indigent patients. The pharmaceutical costs in the amount of \$161,768 were above the costs of what is available in 330 homeless grant funds.

- Now that the APhA grant period has ended, the funds from the 340B program are now being used to support my participation as the pharmacist in the diabetic collaborative 8 hours a week for the diabetic clinics.
- **If pharmacists gain provider status and can be reimbursed for these services, our chances of maintaining our current model and hopefully expanding to other clinics would be greatly improved.**

Success Stories

- * A 47 year old homeless male patient had an initial **A1C of 10.7** in 1/25/2011. His **LDL was 143** on 8-2-11 Through the 340B Homeless program we were able to provide all of his medications at no cost to him. His A1C dropped down to **7.2** and his LDL cholesterol dropped to **90**.
- * A 64 year old female self-pay patient presented with an **A1C of 10.7** and **LDL of 135**. Through medication reconciliation, compliance with medication was a factor for this patient, because of cost. Because we are a 340B Community Health Center, we are able to participate in a few bulk shipment programs. In addition, her other medications were provided to her with a sliding scale discount to help her afford her medications. On 6-4-13, her **A1C was 6.9** and her **LDL was 110**.
- * A 55 year old homeless female patient on 5-26-2011 presented with an A1C **of 15.6** and an **LDL of 176**. Through the adult Medically Indigent Program, we were able to provide her with 340B medications free of charge for an ace inhibitor , metformin, aspirin, glipizide, simvastatin, and glucose monitoring supplies. Her A1C dropped down to **7.3** and her LDL had dropped to **104** in less than 3 months. Her most recent A1C on 11-12-13 was **6.2**.

CE Question Slide

- * True or False

The most complete Medication Reconciliation performed is based off of the Medical Record and patient recall.

CE Question & Answer

- * True or False

The most complete Medication Reconciliation performed is based off of the Medical Record and patient recall.

- * Answer: **False**

Review of compliance issues and medication reconciliation involves comparing **pharmacy records** with **EMR** and **Rx bottles**.

Additional Questions?

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Video Montages for APHA Project Impact: Diabetes

***County of Santa Barbara Public Health Department -
Before Project IMPACT: Diabetes – YouTube**

*** County of Santa Barbara Public Health Department -
After Project IMPACT: Diabetes - YouTube**