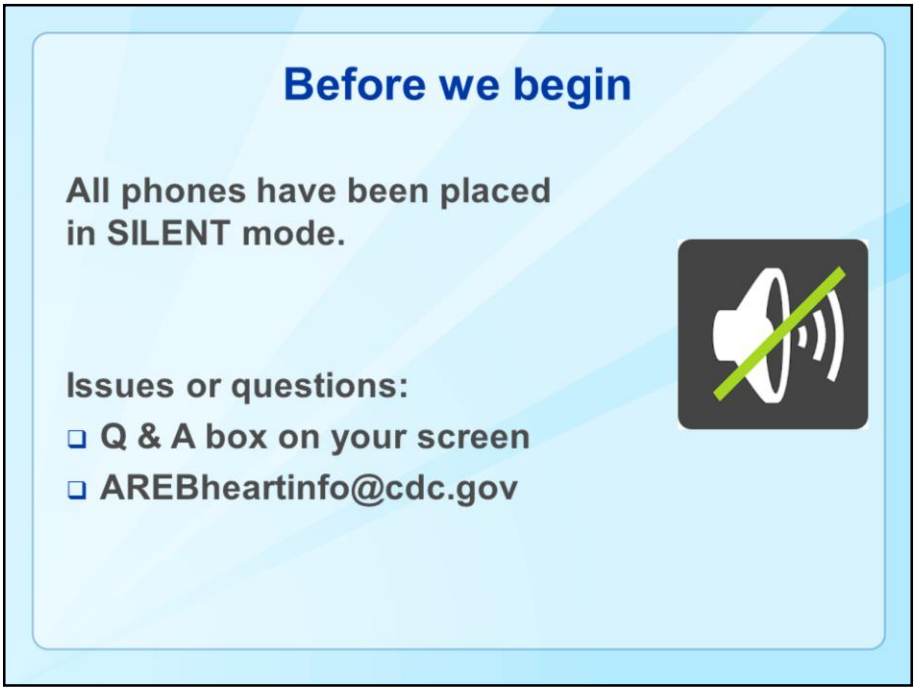
MODERATOR:
Welcome to today's Coffee Break presented by the Applied Research and Evaluation Branch in the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention.

We are fortunate to have Jeff Durthaler as today's presenter, he is a Population Health Consultant Pharmacist on the Applied Research and Translation Team within Division of Heart Disease and Stroke Prevention – Applied Research and Evaluation Branch.

My name is Ashley Marshall and I am today's moderator. I am a Research Fellow on the Evaluation Team within the Applied Research and Evaluation Branch.



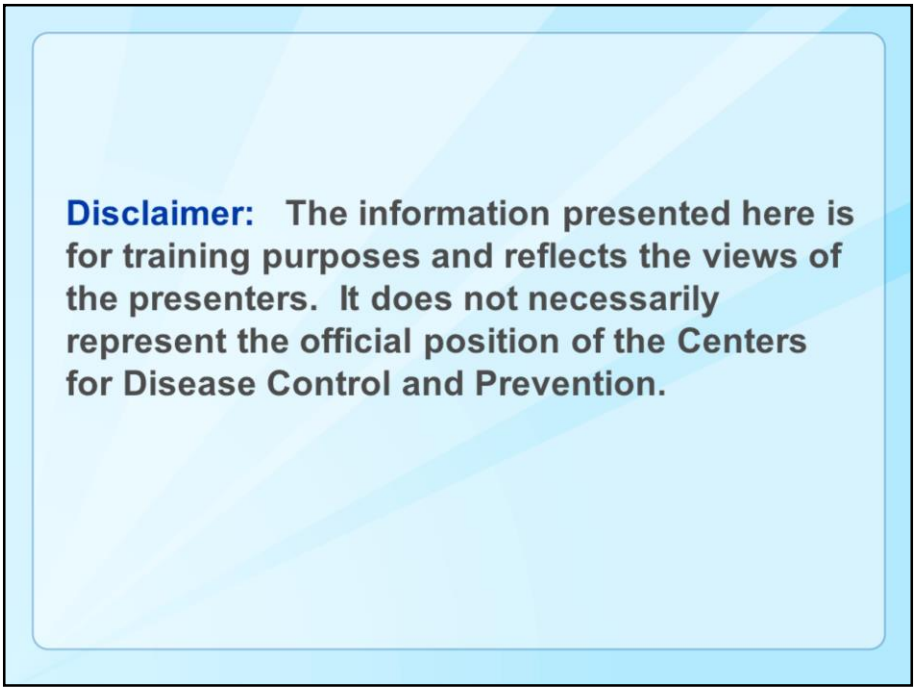
MODERATOR:
Before we begin we have a few housekeeping items.

All participants have been muted. However, to improve audio quality please mute your phones and microphones.

If you are having issues with audio or seeing the presentation, please message us using the chat box or send us an email at AREBheartinfo@cdc.gov

If you have questions during the presentation, please enter it on the chat box on your screen. We will address your questions at the end of the session.

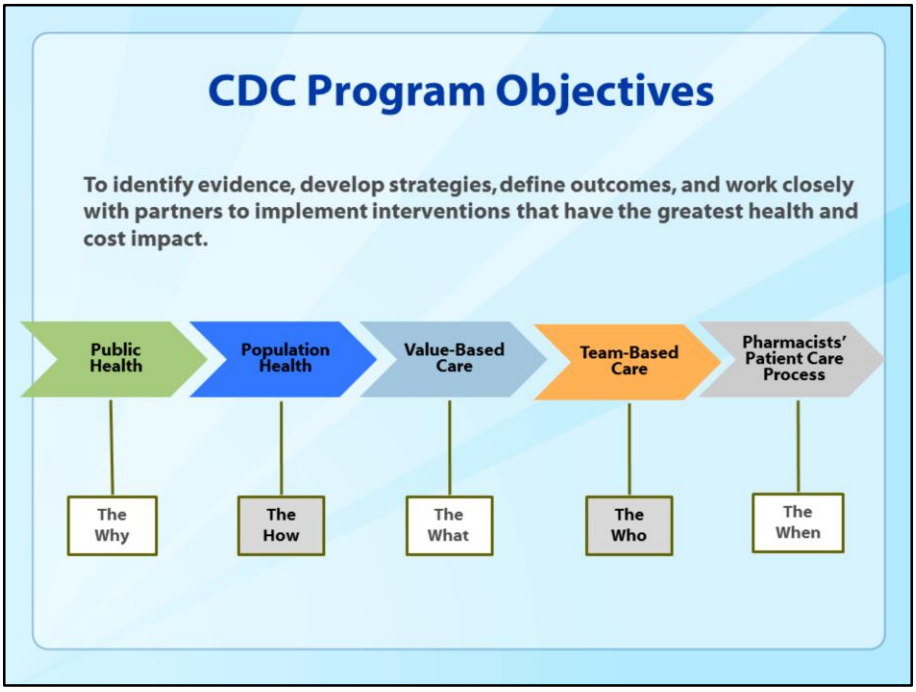
Since this is a training series on applied research and evaluation, we do hope you will complete the poll and provide us with your feedback.



MODERATOR:

The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

So, without further delay. Let's get started. Jeff the floor is yours.



The primary objective of most of our initiatives at the CDC is *to identify evidence, develop strategies, define outcomes, and work closely with partners to implement interventions that have the greatest health and cost impact.*

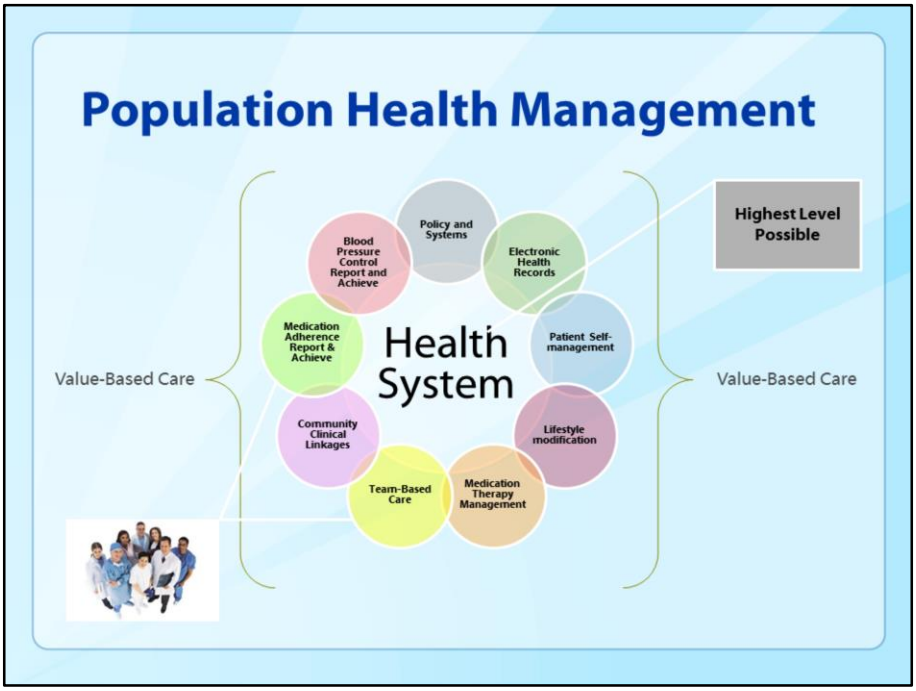
To that end, the process begins with a pubic health perspective. Improving the health of our nation is the reason **why** we exist. By answering this question first, we are able to align our efforts with the needs of our nation. The impact of chronic disease is well known, and the clinical and financial impact is significant. As you know, our nation spends over 75% of every healthcare dollar on the treatment of preventable chronic diseases.

Population health continues to emerge as the approach to **how** we can address the health needs of a diverse nation. The affordable care act calls for public health practitioners to focus on population health management by engaging the health care delivery system in collaborative efforts to improve health outcomes at the population and ultimately at the patient level.

Value-based health care continues to evolve as the health care reimbursement model of the future. Health care that brings value to our nations health is **what** will be reimbursed. We play a significant role in helping determine what health care interventions have the potential to bring the most value.

Team-based care is one of those interventions that we believe brings value to our health care delivery system and ultimately to the health of our population. Evidence has shown that it is the efforts of the team **who** brings the most value. For this reason, team-based care has received high priority at the CDC. Unfortunately, in most places the community pharmacist is loosely connected-at best to the patient's primary care team. Our goal is to accelerate the advancement of team-based care by including pharmacists on the team by working with pharmacy organizations to define and elevate the role of the pharmacists in pubic health in 6 primary health areas of concern – which Dr. Briss will discuss momentarily. To that end, we think the use of collaborative practice agreements, and perhaps state-wide protocols can assist in achieving this goal.

We believe that you have already defined the framework for achieving your vision for pharmaceutical care. Your model for executing that vision via the pharmacists' patient care process shows great promise, and we believe that **when** that process becomes the standard of care among all pharmacist in all settings, the team will be complete and the role of the pharmacist will be clearly defined, allowing for a consistent process of care leading to improved health outcomes. Please know that we understand the need to create sustainable payment models for clinical pharmacy services, and we support you in your efforts to pursue reimbursement from all payers that are aligned with the needs of the public, are team and evidence based, and support a seamless integrated health care delivery system.

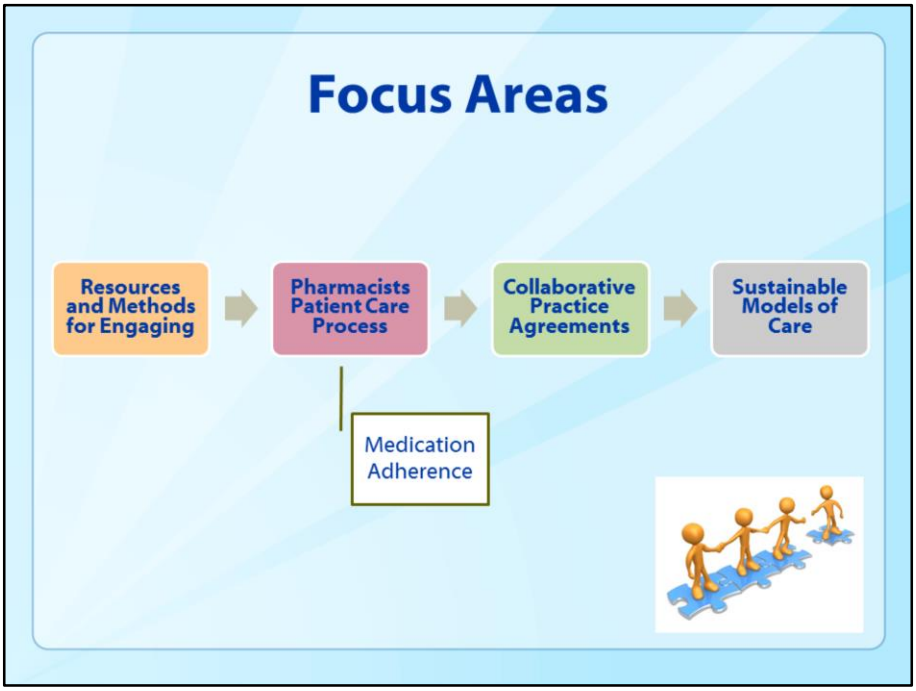


In short, the grants seek to identify patient populations at the highest level possible, for example, within a health-system, or collection of community pharmacies, or perhaps by payer type, for the purpose of promoting blood pressure control through the use of …….

- policies and systems
- Electronic health records
- Patient self-management
- Lifestyle modification
- Medication therapy management
- Team-based care
- Community clinical linkages
- Medication adherence, and
- Blood pressure control

We have a number of resources available for many health care professionals, including several that are specific to pharmacists,

The areas that we have focused on over the past 18 months are illustrated on the next slide.



Over the past 18 months, our efforts have been focused on the areas illustrated on this slide.

First, we have developed and released a guide for use by public health practitioners that contains resources and methods for engaging the pharmacy community within their jurisdiction.

Second, we have developed and released a guide for use by pharmacists that illustrates how the pharmacists' patient care process can be used to manage high blood pressure.

Third, we are working in collaboration with the National Alliance for State Pharmacy Associations to develop a resource guide for use by pharmacists to develop and execute collaborative practice agreements with prescribers.

Finally, we are seeking examples of value-based pharmacy practice models that demonstrate sustainability. Our intent to identify and disseminate best practices for sustainability.

The following slides provide additional information related to each of these four initiatives.

This resource guide is currently available. It contains resources and a framework for how public health practitioners can engage pharmacists within their jurisdiction. There are 7 methods.

Method 1 provide an approach to identifying pharmacy partners and methods for convening stakeholder.

Method 2 provides an approach to assessing the pharmacy environment as a way to guide actions toward meaningful engagements.

Method 3 provides an approach to promoting team-based care.

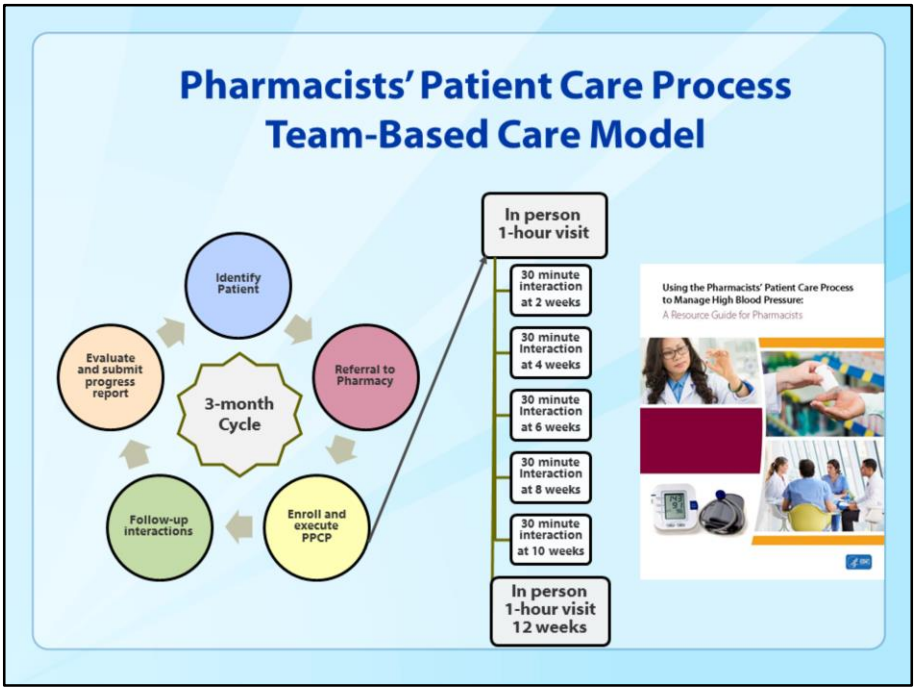
Method 4 provides an approach to offering pharmacy training and education in support for public health needs.

Method 5 provides an approach to identifying opportunities to establish. Enhance, and expand pharmacy services as they relate to public health priorities.

Method 6 provides an approach to developing data-sharing agreements, and finally,

Method 7 provides an overview of reimbursement opportunities.

This resource guide will be downloadable from the CDC web-site I a few weeks, until then, PDF version are available from CDC evaluators.



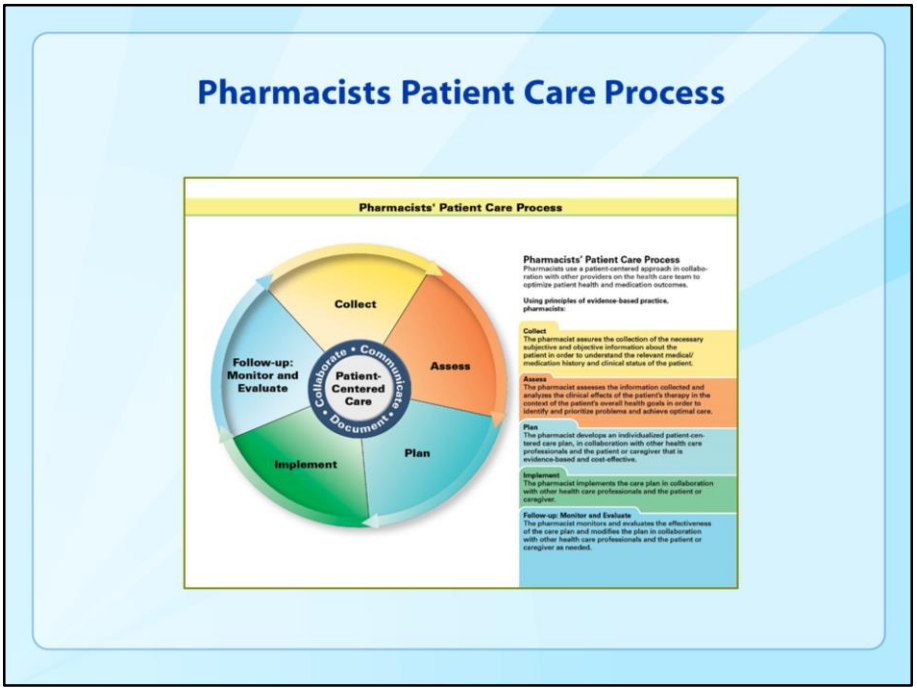
Using the pharmacists patient care process to manage high blood pressure is the second resource that is currently available.

This slide illustrates an example of how this process can be operationalized in a community pharmacy.

The resource guide provides the details for how to manage high blood pressure using the PPCP.

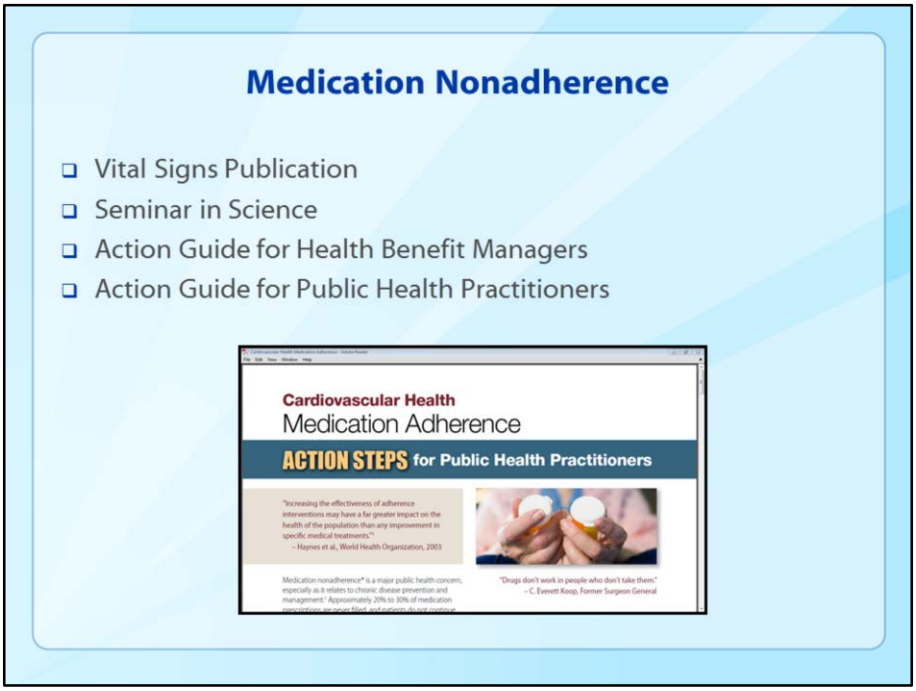
The picture on the far right of the slide is of the front cover of the resource guide. Contained within the guide is a systematic approach to executing the PPCP for managing high blood pressure. This is perhaps the only comprehensive guide available today that unpacks the PPCP and illustrates the approach to applying it to a chronic disease state. This is a very valuable resource for pharmacists. Your assistance in creating awareness of its availability and support for implementation is much appreciated.

Consideration should be given to approaching, not only pharmacists, but also payers and providers to seek ways to make this process a standard of care and sustainable.



This slide is being shared simply to illustrate – at a very high level – the 5 step pharmacists'' patient care process. In short, the process begins with the pharmacist collecting necessary patient information, and proceeds with a steps of assessment, plan development, implementation of that patient specific plan, and appropriate follow-up and monitoring activities. At first look, the process is not much different than what other providers follow for patient care services, but when applied to pharmacy it offers perhaps the highest level and comprehensive medication therapy management, and it includes engaging the patient in self-monitoring and lifestyle modifications. Furthermore, it establishes clinical linkages with other health care professional as a way to support team-based care and seamless transitions of care.

A detailed presentation on the contents of this resource guide is available upon request.



A considerable amount of time has been invested in addressing medication nonadherence. This slide summarizes these efforts.

In September of this year, the CDC released a Vital Signs publication that exposed the nonadherence rate of antihypertensive medications in the elderly population.

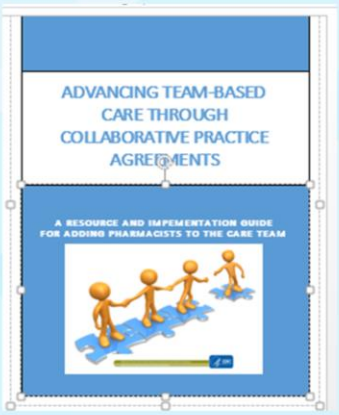
In October, we held an internal seminar in science dedicated to understanding current methods for and barriers to estimating nonadherence in large and small populations, as well as identifying current and emerging approaches to identifying, assessing, and acting on nonadherence. Finally, the seminar also focused on identifying unmet research needs related to nonadherence.

This resource is currently available on the MH website.

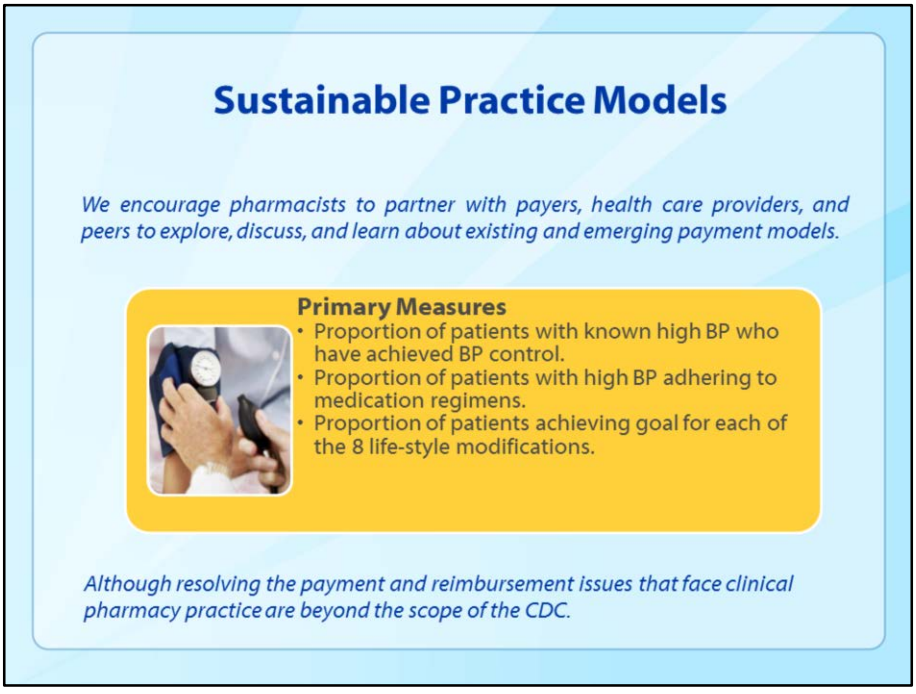
Collaborative Practice Agreements

Terms and Conditions

a. Purpose Statement
b. Participating Parties and Participants
c. Eligible Patient Population
d. Scope of Service
e. Training Requirements
f. Documentation Requirements
g. Communication expectations
h. Quality Reports and Evaluation
i. Program review/continuation
j. Program Modifications or Discontinuation
k. Record Retention
l. Billing and reimbursement procedures



As previously mentioned, we are in the process of developing a resource guide for use by pharmacists it develop and execute CPAs. This slide illustrates the contents of the resource guide. It is currently in clearance and is expected to be available in early February, 2017. CPAs are one approach to formalizing team-based care between pharmacists and providers. The success in expanding the use of CPAs will be largely dependent on creating awareness and supporting implementation. It is recommended that state pharmacy organizations host workshops for pharmacists and prescribers to learn together on how to develpp a CPA. This resource guide may serve as the foundation for such workshops. We encourage you to consider creating awareness about this resource.



We recognized that many barriers exist that prevent pharmacists from realizing their full value, and we understand that short-term and long-term success depends on payment models that sustain pharmacy services. We also support and encourage value-based approaches to sustaining such practice models. Listed here are three primary measures that support value-based care for the pharmacists patient care process. Secondary and tertiary measures are listed in the notes field of this slide deck.

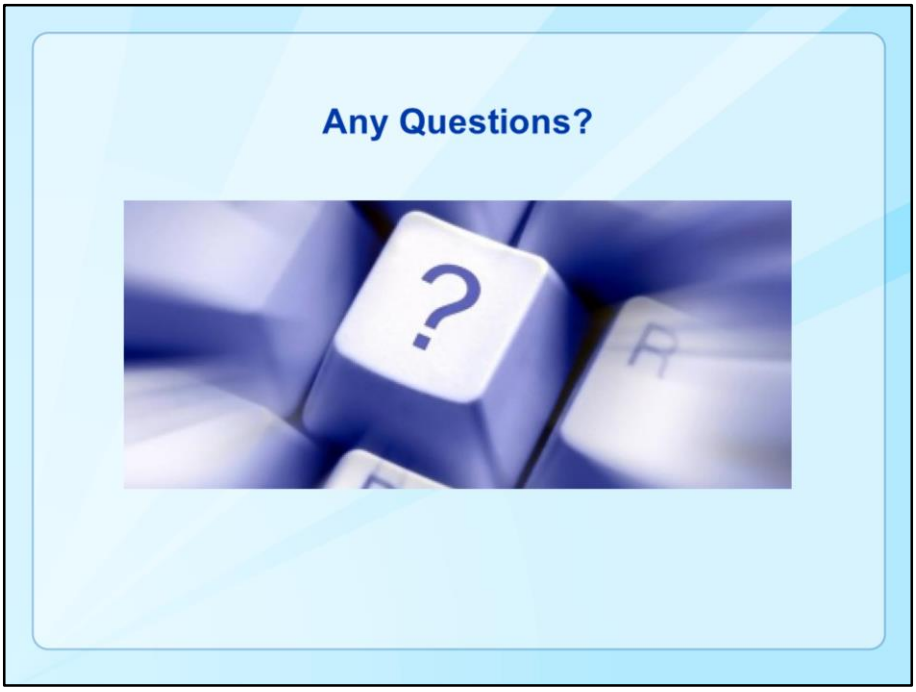
Secondary Measures

Proportion of patients with high BP that have a self-monitoring plan.
Proportion of patients with high BP with a life-style modification plan.
Proportion of patients with an annual comprehensive medication review.
Proportion of patients with high BP with a patient-centered care plan.
Proportion of patients with reconciled medication list at point of care transition.
Proportion of patients with a personal medication list.
Proportion of patients enrolled in medication synchronization program.

Tertiary Measures

Proportion of patients aware that they have high BP.

Proportion of patient profiles with EHRs appropriate for treating high BP.
Proportion of patients that are part of a formal approach to team-based care.
Proportion of patients enrolled in the pharmacy appointment-based model.



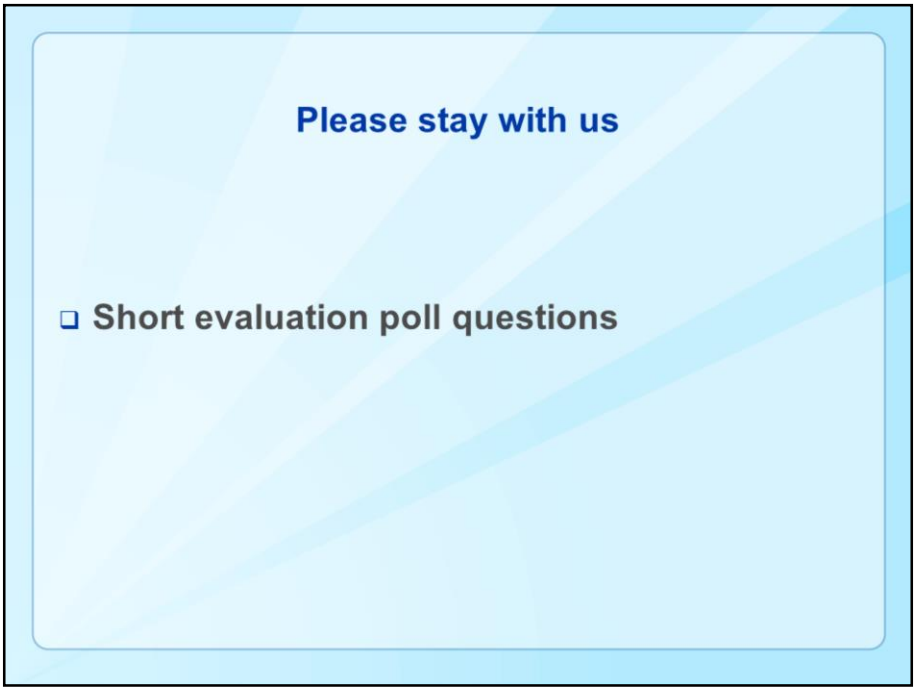
At this time, we'll take an questions but first we'll check to see if any questions have come in through the Q&A tab.

1. Can you describe in more detail the content of the resource guide that uses the pharmacists patient care process to manage high blood pressure?
    1. Contact your CDC evaluator for a copy of the guide. The guide will also be available on the CDC website in the near future.

2. Can you describe the contents of the Medication Adherence Action Guide for Pubic Health Professionals?
    1. Copies of the action guide are available on the CDC web-site.

3. What actions can we take to assist in disseminating and implementing these resources?

    2. Engage your state pharmacy association.



Please stay with us a few poll questions.'

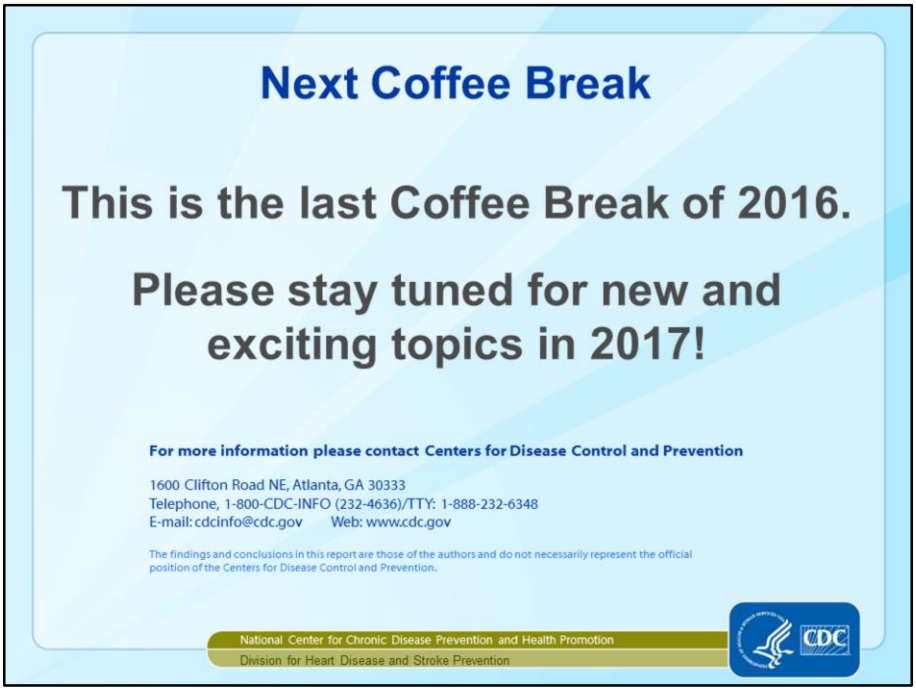
Considering that this was a brief presentation, overall it was
Excellent
Good
Fair
Poor

The level of information was
Too basic
About right
Beyond my needs

I plan to access the resources mentioned in this Coffee Break.
Yes
Maybe
No

All sessions are archived and the slides and script can be accessed at our Division website. Today's slides will be available in 2-3 weeks.

If you have any ideas for future topics or questions, please contact us at the listed email address on this slide.



This concludes the Coffee Break series for 2016. We will resume the Coffee Break series in February with some exciting new topics. Please look for an email from AREB HeartInfo with links to all of our presentations from 2016 and information about our first presentation in 2017.

Thank you again for joining us and have a great day. This concludes today's call.