Right Care Initiative

Community Pharmacy-Based Patient Care Services

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Scope of Pharmacy-Based Patient Care Services

- **Preventive Care**
  - Immunizations (aligned with ACIP and Healthy People 2020 Target)
  - Smoking cessation services

- **Patient Education and Monitoring**
  - Chronic medical conditions (diabetes, hypertension, dyslipidemia)
  - Self-care triage and consultation

- **Medication Therapy Management (MTM)**
  - Comprehensive Medication Review (CMR)
  - Targeted Intervention Program
Cardiovascular Diseases and Smoking

- Tobacco smokers: 18% of U.S. population (12.5% in California)
  
  Source: Centers for Disease Control and Prevention; American Lung Association

- Cardiovascular disease claims more lives of smokers 35 years of age and older every year compared with lung cancer

- Exposure to secondhand smoke causes significantly more deaths due to cardiovascular disease than due to lung cancer

- Exposure to secondhand smoke is a cause of stroke (increased risk by an estimated 20–30%)

Safeway - UCSF Smoking Cessation Study

- **Study Design**
  - Randomized, controlled trial, n=20
  - Duration: 12-weeks
  - Ask-Advise-Refer care model implemented
  - Service provided by pharmacists and pharmacy clerks

- **Patient Care Service Results**
  - 15,000 patients were asked about tobacco use
  - 1,300 tobacco smokers were identified
  - 1,200 patients received smoking cessation counseling
  - Hundreds of patients were referred to the CSH
Safeway Smoking Cessation Service

- First community pharmacy chain to incorporate an organization-wide initiative to include brief smoking cessation interventions as a routine component of patient care
- All Safeway pharmacists and pharmacy technicians engage in the Ask-Advise-Refer model to identify and assist individuals who want to stop smoking on their journey to becoming tobacco-free; pharmacists engage in 5A’s model when appropriate
Preventive Care: Smoking Cessation

Ask-Advise-Refer Model
[Pharmacists, Pharmacy Technicians/Clerks]

• **Ask** about tobacco use
  • Document tobacco status in prescription database to screen for drug-tobacco smoke interactions

• **Advise** to quit
  • Technicians encourage patients to think about quitting and to get assistance
  • Pharmacists provide a clear, strong and personalized message

• **Refer** to other resources
  • Assess readiness to quit and refer to other resources for behavioral modification counseling and support, e.g. state tobacco quitlines

[Pharmacists engage in 5A’s model with tobacco smokers interested in quitting: Ask-Advise-Assess-Assist-Arrange]
Preventive Care: Smoking Cessation

Medication Counseling and Follow-Up

• **Assist in selection of medication therapy** based on past quit attempts and current tobacco use
  – Recommend appropriate over-the-counter nicotine replacement therapy (or)
  – Contact primary care provider for prescription smoking cessation medication

• **Conduct benefits investigation** for insurance coverage

• **Provide medication counseling** on proper use and precautions

• **Conduct follow-up** call with patient
  – Assess medication efficacy, side effects, ongoing insurance coverage
  – Answer patient questions
  – Verify patient enrollment with tobacco quitline
Ending the devastation of tobacco-related illness and death is not in the jurisdiction of any one entity. We must all share in this most worthwhile effort to end the tobacco epidemic.

-Kathleen Sebelius
Former Secretary of Health and Human Services
Safeway Medication Therapy Management
Driving Results and Improved Clinical Outcomes
Medication Adherence

“Drugs don’t work in patients who don’t take them.” C. Everett Koop
Medication Adherence

- Medication prescriptions never filled: 20% to 30%

- Rates of medication adherence drop after first six months

- Only 51% of Americans treated for hypertension are adherent to their long-term therapy

- About 25% to 50% of patients discontinue statins within one year of treatment initiation


CVS Caremark Report: Medication Non-Adherence in U.S. Costs Up to $290 Billion Annually

www.healthcare-informatics.com/.../cvs-caremark-report-medication-non-adherence
Non-adherence: Mortality, Hospitalizations, ED Visits

- Non-adherence causes ~30% to 50% of treatment failures and 125,000 deaths annually

- Non-adherence to statins increased relative risk for mortality (~12% to 25%)

- Non-adherence to cardioprotective medications increased risk of cardiovascular hospitalizations (10% to 40%) and mortality (50% to 80%)

- Poor adherence to heart failure medications increased number of cardiovascular-related emergency department (ED) visits

Sources: Ho 2009, Circulation; Edmondson 2013, Br J of Health Psychology; George & Shalansky 2006, Br J Clin Phar
Medication Adherence ROI

November 2012

1% Increase in Rx fills

= $$$

One-fifth of 1% decrease in medical service spending

= $$$$
Effective Strategies for Improving Medication Adherence

- Interprofessional; team-based care

- Patient-centered focus to address barriers (behavior, clinical, health literacy, cultural, cost, etc.)

- Effective exchange of health information between all members of the healthcare team

- Medication Therapy Management
  - Comprehensive Medication Review
  - Targeted Intervention Program
Safeway MTM Clinical Team

CMR Opportunities
Targeted Medication Intervention (TIP)

Clinical MTM Lead RPh

Telephonic CMR appointment and TIP

Medical Provider

Adherence, Medication discrepancies, DDIs, HRM

Face-To-Face appointment at the pharmacy

Clinical Pharmacist

Face-To-Face appointment at the pharmacy

Clinical Pharmacist

Face-To-Face appointment at the pharmacy

Clinical Pharmacist

Face-To-Face appointment at the pharmacy
Imagine Possibilities in Hypertension

- What if pharmacists collaborated with community providers to offer and transmit blood pressure readings with each prescription refill?
- What if HIE allowed for true collaboration among community providers?
- What would this care model look like?
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