

Pharmacy Access Office Hours

May 20, 2021

Focus Topic: Part I - Clinical Pharmacy or
Advanced Practice Services in a Community
Health Center

THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



WEBINAR LOGISTICS

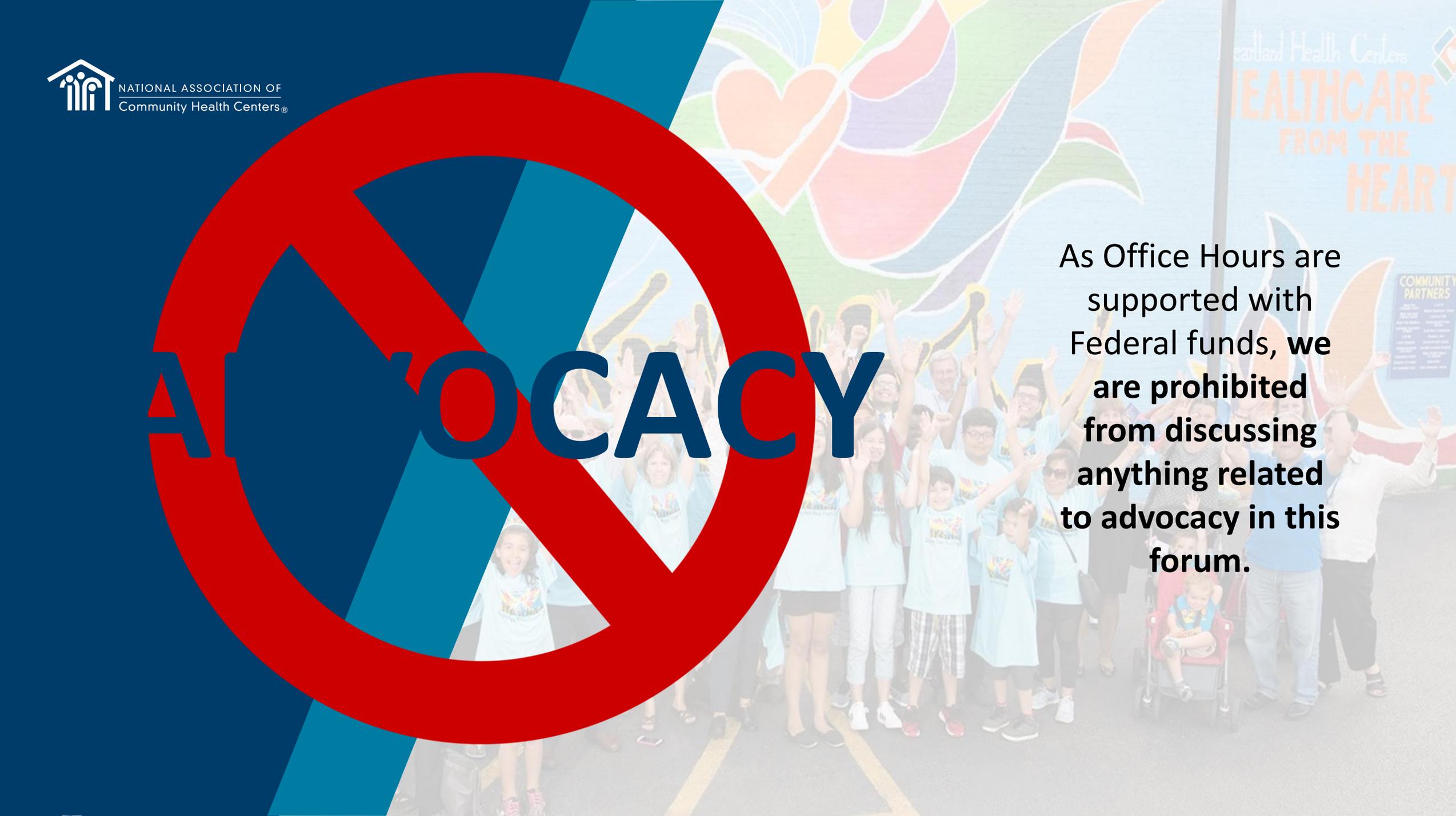
To ask/ answer a question, or share a comment, please use the Chat Box on the right-hand side of the screen.

Looking for the slides?

- They are on Noddlepod (both the Rx Access or 340B Advocacy sites)
- Slides and recordings will be published to NACHC's 340B archives webpage



ADVOCACY



As Office Hours are supported with Federal funds, **we are prohibited from discussing anything related to advocacy in this forum.**

AGENDA

1. Recent 340B Developments
2. Program Alert – New TA Document coming in June 2021:
*“Pharmacy Operations Troubleshooting Guide Topic:
Mitigating Manufacturer Actions Impacting 340B Financial Savings to Health Centers”*
3. Focus Topic Presentation: Part I - Clinical Pharmacy or
Advanced Practice Services in a Community Health Center
4. Q&A

340B Operational Developments/Updates

340B Policy Team

Jeremy Crandall – Director, State Affairs

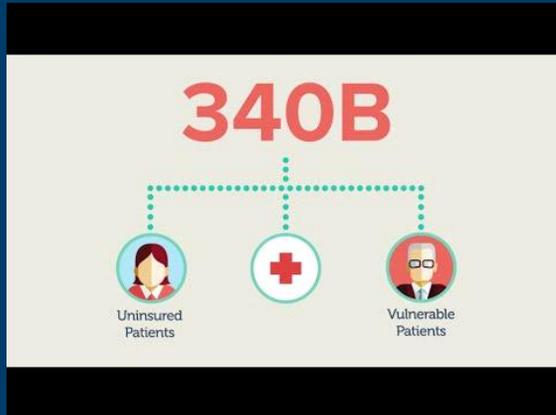
Vacheria Tutson – Director, Regulatory Affairs

Matt Hunter – Deputy Director, Regulatory Affairs

Federal 340B Updates

- [On May 10, 2021](#), HRSA submitted a propose rule to the White House Office of Management and Budget requesting to rescind the “Implementation of Executive Order on Access to Affordable Life Saving Medications”.
 - Also known as the EpiPen/Insulin Executive Order released under the previous Administration
- [On May 17, 2021](#), HRSA's Acting Administrator sent letters to six [pharmaceutical manufacturers](#) acknowledging that after reviewing their policies and complaints filed by covered entities, the manufacturers' actions have resulted in overcharges and are a direct violation of the 340B statute.

340B in the States



- **State Rx Landscape...**

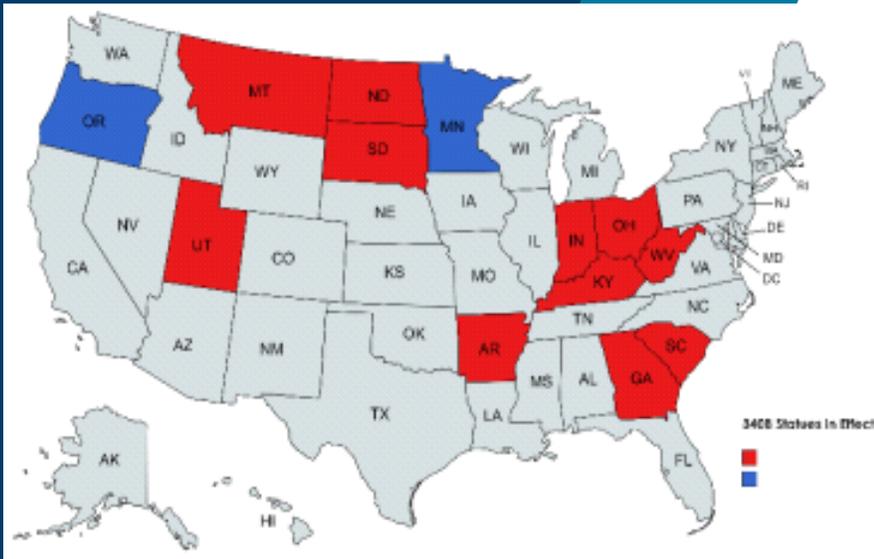
- PBM Reforms, transparency, cost review, coupons/cost sharing
- NASHP, NCSL, NCOIL, NAIC, NGA, ALEC, etc

- **Current 340B Action**

- Anti-Pickpocketing (see left)

- **Here to help...**

- Technical/policy assistance
- NACHC Letters of Support
- National engagement



Program Alert

Program Alert – New TA Document coming
in June 2021:

***“Pharmacy Operations Troubleshooting Guide Topic:
Mitigating Manufacturer Actions Impacting
340B Financial Savings to Health Centers”***

Focus Topic:

Session I - Clinical Pharmacy or Advanced Practice Services in a Community Health Center

Presenter:

Marisa Rowen, PharmD, CDE
Associate Pharmacy Director - APS
El Rio Health

Training Opportunity: Elevating Health Center Operations Training (Virtual)

2021 Elevating Health Center Operations (EHCO)

June 15–16 | All-Virtual

12:00 pm – 5:00 pm EDT

Early bird registration deadline: June 1, 2021

REGISTER NOW



EL RIO
HEALTH

Building healthy communities
HOLYOKE HEALTH

Clinical Pharmacy or Advance Practice Services in a Community Health Center

SESSION I

Marisa Rowen, PharmD; Associate Pharmacy Director-APS
El Rio Health

Alyssa Puia, PharmD; Clinical Pharmacist &
Alexis Dellogono, PharmD; Clinical Pharmacist
Holyoke Health Center

Session Overview

May 2021

What do I have?
What is possible?

- Staffing considerations
- Practice Models

June 2021

Early implementation &
operational considerations

- Role of data
- Clinical/advanced practice services
- Service considerations

July 2021

How do we maintain this
momentum?

- Payment & Funding
- Growth & sustainability
- Layered learning



Our Health Centers At A Glance

EL RIO
HEALTH

Building healthy communities
HOLYOKE HEALTH

Patient population	114,000+	30,000+
Clinic sites	12	2
In-house pharmacy	Yes (7)	Yes (2)
Annual RX count	605,000+ (2019)	320,000+ (2019)
Pharmacy staff	99	40

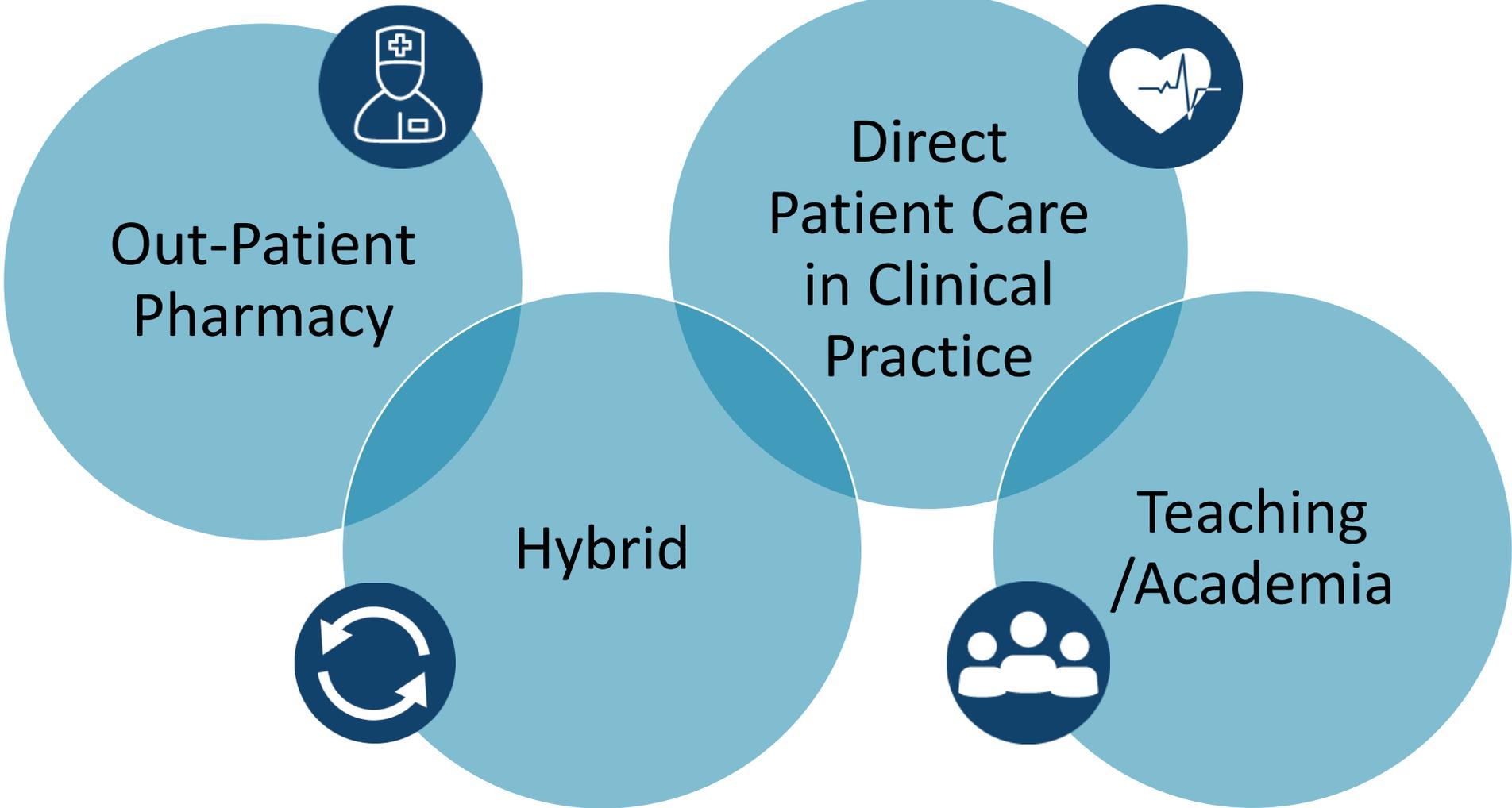
What are “Clinical” Pharmacy “Advance Practice” Services?

“Ambulatory care pharmacy practice is the provision of integrated, accessible health care services by pharmacists... This is accomplished through **direct patient care** and **medication management** for ambulatory patients, long-term relationships, **coordination of care**, patient advocacy, wellness and health promotion, **triage and referral**, and **patient education and self-management**. The ambulatory care pharmacists may work in both an institutional and community-based clinic involved in direct care of a diverse patient population.”

– American Pharmacist Association (APhA)



Practice Models





Outpatient Pharmacy

CONTRACT PHARMACY

(Walgreens, CVS, RiteAid, etc.)

- Revenue from 340B Savings (Minus fees)



IN-HOUSE PHARMACY

- **More** revenue from 340B Savings
- OUTCOMES
 - CMR (\$60+), TIPs (\$5-10)
 - Medicare Star Ratings / DIR Fees
- Medication Adherence Packaging
 - Increased prescription volume
 - Improved adherence/health outcomes
- Vaccines (standing order)





Direct Patient Care in Clinical Practice

Annual Wellness Visits (AWV)

The Annual Wellness Visit (AWV) is a yearly appointment with your primary care provider (PCP) to create or update a personalized prevention plan.

Chronic Care Management (CCM)

Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: • Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient • Chronic conditions place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline • Comprehensive care plan established, implemented, revised, or monitored

Immunizations

Providing vaccines according to the CDC Adult Immunization Schedule. Pharmacists are able to write prescriptions for these vaccinations via standing order and then immunize the patient in clinic.

Transitions of Care (TOC)

Pharmacists contact patients who are discharged from a hospital/facility to review medications and provide patient education. Pharmacists identify medication related problems (MRP) and make recommendations to providers by documenting their encounter in the electronic health record (EHR).

Collaborative Drug Therapy Management (CDTM) or Collaborative Practice Agreement (CPA)

A CPA allows qualified pharmacists working within the context of a defined protocol to assume professional responsibility for the management of that disease state. The pharmacist may perform patient assessments, order laboratory tests, and initiate/adjust drug regimens.

Medication Therapy Management (MTM)

Pharmacists perform a comprehensive medication review with the patient and provide them with a personal medication record, and medication related action plan. The pharmacist then documents the encounter and provides recommendations to the patient's provider.

Services provided by: **El Rio**, **Holyoke Health Center**, or **Both Sites**

www.nachc.org



Hybrid

“having two different types of components performing essentially the same function”

Merriam-Webster Dictionary



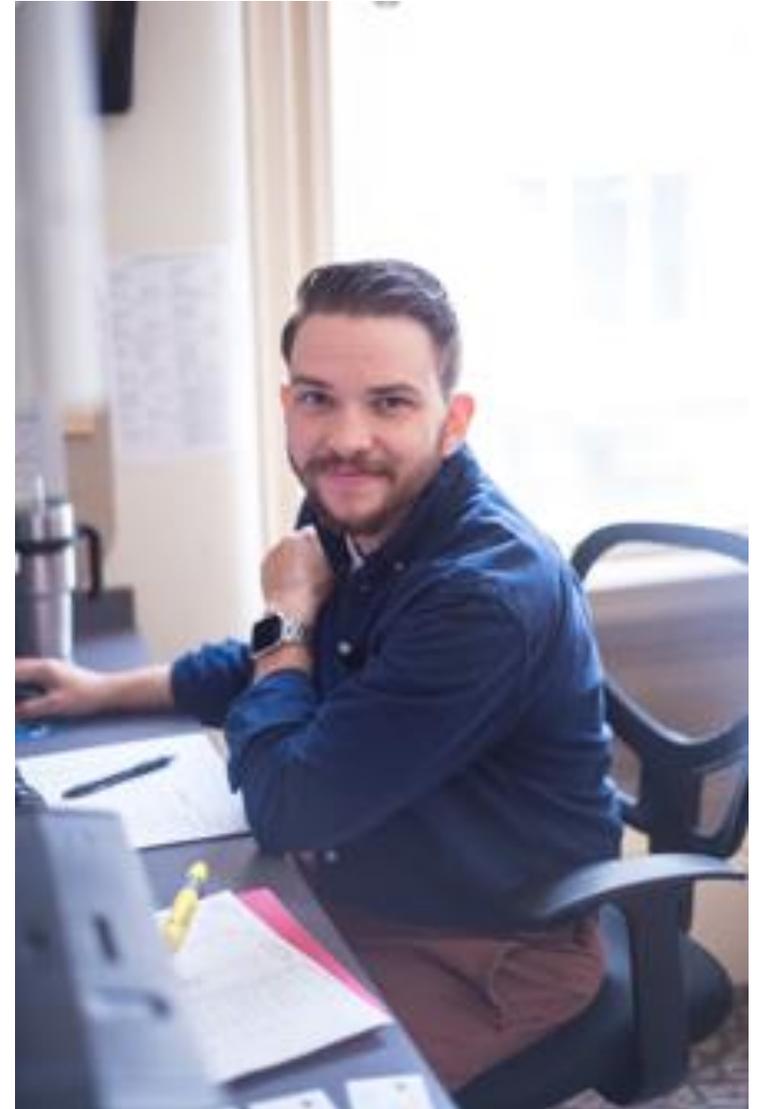
Pharmacist who provides direct patient care in two distinct practice settings, while working at the top of their license. Limitations may exist for billing/reimbursement purposes. The over-arching goal is to increase interventions that will elevate the level of service, improve overall care of the patient, improve health outcomes, improve staff and patient satisfaction and decrease direct/indirect cost.

Who Are Your Staff?

- Honoring long timers
- Different roles to play

Thinking about hiring

- Residency Training (PGY1, PGY2)
- Certificate Training (MTM, etc.)
- Board Certification (BCACP, BCPS)





Teaching / Academia

- Pharmacist Professor from a local University/College of Pharmacy
- Research Opportunities
- Student Involvement



How We Got Started



- Started as contract pharmacy (2001)
- Became in-house pharmacy
 - Holyoke Health Center (2007)
 - Chicopee Health Center (2009)
- Started doing OUTCOMES
- Started residency program (2012)
- 1st resident became a professor, continued to use HHC as their practice site (2013)
- Expanded clinical services through residency, able to hire residents to continue services
 - Immunizations (2018)
 - CDTM (2019)



- Opened first in-house pharmacy (1971)
- Began advanced practice services (2000)
 - HRSA demonstration project
 - OPA opportunity for pharmacist in primary care
- Board approved CPA with Rx authority (2000)
- Expanded to 2nd position 2003 (Pascua Yaqui Tribe)
- Expanded to 3rd position 2008 (B of A grant)
- First combined practice position with U of A (2010)
- First resident (2010)
- Internal residency experience (2016)

Contact Us:

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Questions?

ARE YOU LOOKING FOR RESOURCES?

Please visit our website www.healthcenterinfo.org



**HEALTH CENTER
RESOURCE
CLEARINGHOUSE**

Q&A

Submit focus topic ideas to
bljones@nachc.org or
tmallett@340Basics.com