



Monday, July 12, 2010

Joint Session: Continuing Professional Education
and Social and Administrative Sciences Sections:
Meeting the Needs of Underserved Patients
through Scholarship, Teaching and Continuing
Professional Development

Activity Code:
TKU8L1

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**Meeting the Needs of Underserved
Patients through Scholarship, Teaching
and Continuing Professional Development**

Devra Dang, PharmD, BCPS, CDE
Lisa Scholz, PharmD, MBA
Steven Chen, PharmD, FASHP, FCHSP

Joint Session of the Continuing Professional Education
and Social & Administrative Sciences Sections
July 12, 2010
AACP Annual Conference

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Program Objectives

1. Describe programs that currently exist to promote education and development for underserved patients
2. Identify opportunities for scholarship and resources to support these programs
3. Outline how continuing professional development can be used to fine tune skills to address the needs of underserved patients.

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The Urban Service Track

Devra K. Dang, PharmD, BCPS, CDE
Associate Clinical Professor
University of Connecticut School of Pharmacy

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Urban Service Track

- Goal: to develop a cadre of well-qualified health care professionals committed to serving Connecticut's urban underserved populations & who are knowledgeable about the importance of interprofessional teamwork

Urban · Underserved · Interprofessional



Community Partners

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Urban Service Track (UST)

- A collaboration between the University of Connecticut's Schools of Medicine, Pharmacy, Dental Medicine, and Nursing



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UST Structure

- Urban Health Scholars and faculty & community mentors
- Programmatic directions are guided by the Steering and Advisory Committees
- Steering Committee:
 - Faculty representatives from the 4 health professions schools
- Advisory Committee:
 - Medical, executive, and clinical directors from Connecticut's federally-qualified community health centers
 - Community Health Center Association of Connecticut's staff representatives
 - Community agencies' representatives
 - City of Hartford Health Department's representatives

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Community & University Partners

- Connecticut AHEC
- UConn Center for Public Health & Health Policy
- Community Health Center Association of Connecticut
- National Association of Community Health Centers (NACHC)
- Hartford Health Department
- Connecticut Department of Public Health Office of Oral Health
- Institute for Community Research (ICR)
- National Kidney Foundation (NKF)
- ProHealth Physicians
- Burgdorf Primary Care Clinic

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UST Curriculum

- “Add on” to existing curriculum
 - Complements existing curriculum in the 4 schools
- Based on 11 competencies identified by clinicians at Connecticut community health centers
- Delivered over 2 years
- All learning experiences are interprofessional in nature

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UST Competencies

<ul style="list-style-type: none"> • Multiple constituencies • Population health • Cultural & linguistic differences • Health policy • Advocacy • Health care financing & management 	<ul style="list-style-type: none"> • Interprofessional teamwork & leadership • Quality improvement • Resource constraints • Community resources • Professional & ethical conduct
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UST Curriculum

- Learning retreats – 4/yr x 2 yrs
 - Each focuses on 2-3 competencies
 - Pre-retreat reading assignment & learning objectives clearly stated
 - Integrate clients/patients – gives vulnerable populations a voice and face
 - University and community clinicians are facilitators → reinforces the relationship between academic training & “real world” application
 - Interactive
 - Case-based problem-solving
 - Clinical skills
 - Discussion with community members
 - Fun activities

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UST Curriculum
Community Outreach – Clinical

- Reinforces learning retreat curriculum
 - K.E.E.P. (Kidney Early Evaluation Program) screenings
 - National Primary Care Week community service
 - Mission of Mercy free dental clinic
 - Community health fairs

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UST Curriculum

- Clinical training
 - Community outreach programs
 - Homeless shelters & migrant farm worker clinics

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UST Curriculum

- Clinical training
 - Advanced clinical training takes place in federally-qualified health centers & other primary care facilities in Connecticut's urban areas

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UST Curriculum
Community Outreach – Education

- HeartStrong faith-based heart disease and stroke prevention program
- Community gardens
- Oral health program
 - For seniors
 - For children
- Poison Prevention Program for children
- Etc.!

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UST Curriculum
Community Outreach – Recruitment

- Louis Stokes Alliance for Minority Participation Symposium
- Clinical Skills Day for high school students
- Covenant Prep School in Hartford
- Etc.!

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UST Curriculum
Advocacy

- National Association of Community Health Centers' Annual Policy Forum, Washington, DC
- Task Force Oral Health Older Adults, Education-Advocacy-Treatment Program

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Opportunities & Challenges for the Pharmacy Curriculum

- Opportunities
 - UST curriculum & activities can be clearly mapped to the 2004 CAPE Educational Outcomes
 - Collaboration among the 4 professional schools has enabled an expansion of the number of IPPE sites & activities for all students in the pharmacy program

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Opportunities & Challenges for the Pharmacy Curriculum

- Challenges:
 - Seamless incorporation of UST curriculum into existing curriculum without overwhelming Scholars
 - Differences in structure of the 4 health profession programs in terms of curriculum, student characteristics, scheduling, & campus distance
 - Human and physical resources
 - Fiscal resources

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Ongoing and Future Plans

- Assessment
 - Students
 - Program
 - Outcomes
- Activities for 3rd & 4th-year medical and dental Scholars
- Expansion of partnerships
- Admit residents from medical, pharmacy, and dental medicine

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Lessons Learned

- Pilot year
- Buy-in from all 4 schools
 - Designated faculty
 - Time and financial support
- Student leadership cabinet
- Strong mentorship component
- Separate pharmacy application
- Complementary UST pharmacy curriculum

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devra.dang@uconn.edu

(O) 860-714-3626

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Reaching the Underserved through Colleges of Pharmacy: Opportunities for Funding

Lisa Scholz, PharmD, MBA
Senior Director, HRSA Pharmacy Services
Support
American Pharmacists Association

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Learning Objectives

1 Program Updates	2 Core Business Elements and Statistics	3 Information Analysis and Management
4 Policy Analysis	5 Relationships and Networking	6 Present Partnerships
7 Future Endeavors	8 Interactive Time	9 Contacts

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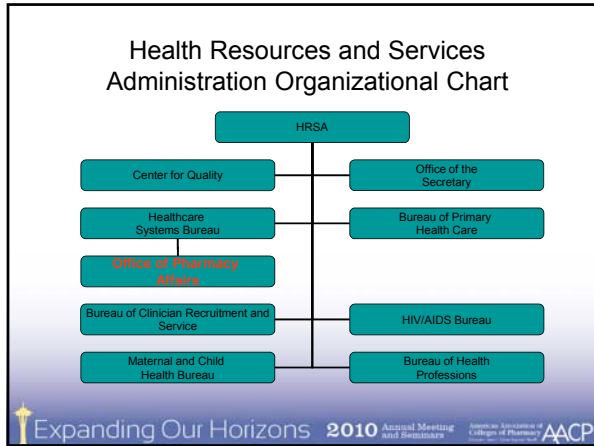
Questions to run on...

- What is HRSA and what does it mean to you?
- Who is PSSC and what relation do they have to HRSA and APhA?
- What is HRSA currently doing with faculty and students?
- How can students become involved in the underserved population that is served by the Health Resources and Services Administration?
- What other innovative strategies could be applied to have a greater impact on colleges of pharmacy and the safety net communities? ...local...state...federal??

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HHS: Organizational Chart

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Integrity Resource:

Office of Pharmacy Affairs (OPA)



Administers 340B program

Develops innovative pharmacy service models and supports technical assistance

Serves as Federal resource for pharmacy practice

Integrity

Importance of Comprehensive Pharmacy Services

- Access to affordable drugs
- Efficient pharmacy management
- Application of "best practices"
- Systems to improve patient outcome

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340B Program Resources



Integrity



Access



Value

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The Three Legs of the Stool . . .

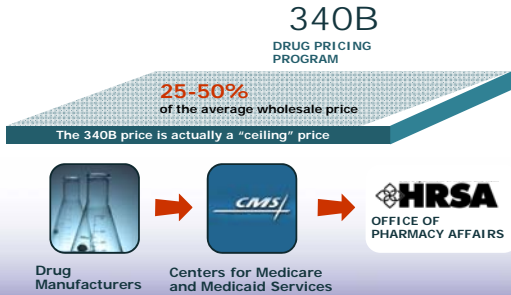


Lisa(PSSC) Jimmy(OPA) Chris(PVP)

Intent of the 340B Program



What is the 340B Price?



Who is eligible?

<ul style="list-style-type: none"> Comprehensive hemophilia diagnostic treatment centers Native Hawaiian health centers Urban Indian organizations Certified tuberculosis clinics Certain disproportionate share hospitals (>11.75%) Certified sexually transmitted disease clinics Children's Hospitals 	<ul style="list-style-type: none"> Consolidated Health Centers Federally Qualified Health Center, or FQHC look-alikes Family planning (Title X) Ryan White Care Act (Parts A, B, C, D) grantees Black lung clinics Healthcare reform <u>additions</u>: <ul style="list-style-type: none"> Sole community and critical access hospitals, rural referral centers, and free standing cancer centers
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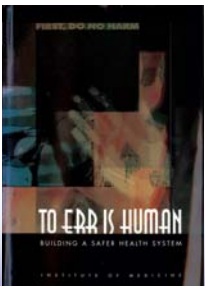
HRSA Pharmacy Programs

- **Pharmacy services in HRSA programs & safety-net partners are growing rapidly**

\$5,000,000,000

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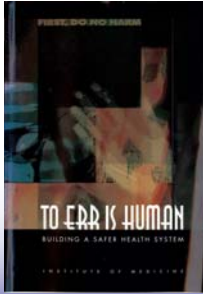
Call To Action: Institute of Medicine on Patient Safety



- **Medication Errors are Most Common**
- **Injure 1.5 Million People Annually**
- **Cost Billions Annually**

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Call To Action: Institute of Medicine on Patient Safety



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

PSSC: Interface

First established through a contract between American Pharmacists Association (APhA) and HRSA, signed September 27, 2002. Contract renewed in 2007.



Our Mission is OPA's Mission

Optimize the **value** of the 340B Program

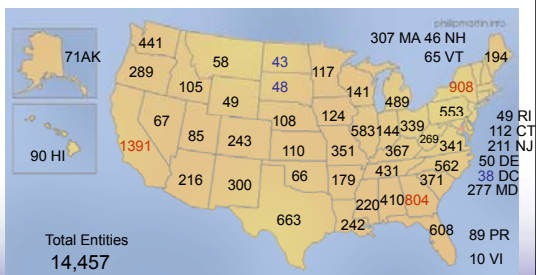
and provide **clinically and cost effective pharmacy services**

that **improve medication use and advance patient care.**

PSSC Core Business Elements

- Information analysis and management
 - Policy analysis
 - Networking and Relationships

340B Entity Locations by State



Information Analysis and Management

PSSC Website → <http://pssc.aphanet.org/>



Information Management and Analysis

PSSC Call Center
 1-800-628-6297 or → PSSC@aphanet.org



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Advanced Technical Assistance

- Clinical pharmacy services
 - Formulary Management
 - Medication Therapy Management
- Pharmacy model selection
 - In house staffing
 - Contract pharmacy
 - Telepharmacy
- Technology
 - Split billing
 - Automation
- Compliance review
 - Policy and procedures
- 340B decision analysis
 - Meet with stakeholders

2009 Savings to entities:
\$4,213,927.00

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Policy Analysis

- ✓ OPA Federal Register Notice of Final Guidelines for Children's Hospitals to Participate in the 340B Drug Pricing Program
- ✓ Congressional legislation to change the 340B Program
 - ✓ HR 444
 - ✓ S 1239
- ✓ Congressional efforts regarding Healthcare Reform
 - ✓ House Tri-Committee
 - ✓ Senate Finance Committee
 - ✓ Senate HELP Committee
- ✓ HHS FY 2010 Budget OPA Funding
- ✓ New PSSC Policy Products/Items

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Relationships and Networking

- ASHP – Annual and Midyear programming in coordination with Apexus/Prime Vendor Program
- APhA- 10 hrs of CE; 340B/Safety Net focus
- NRHA- Medication Use Conference
- Webinars- Ohio, Michigan
- Focus groups- Alaska



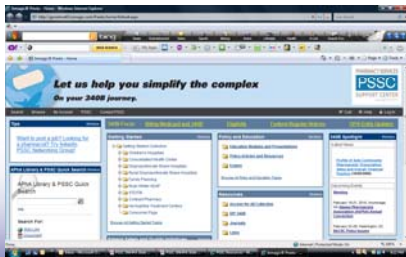
- Dialogue and collaboration with many other safety net stakeholder organizations
 - AACP, NCPA, NRHA, SNHPA

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Program Development

Education and Tools for covered entities

pssc.aphanet.org/resources



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Project Chance

- Awards through the Pharmacy Services Support Center and Academy of Student Pharmacists at APhA
 - \$2000.00
 - Encourages pharmacy students to work with 340B entities to develop innovative programs in the safety net community
 - Deadline: January 5th
 - Requirement: Poster presentation and Annual Project Report

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Patient Safety & Clinical Pharmacy Services Collaborative 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.”



Who Are the PSPC 2.0 Teams?

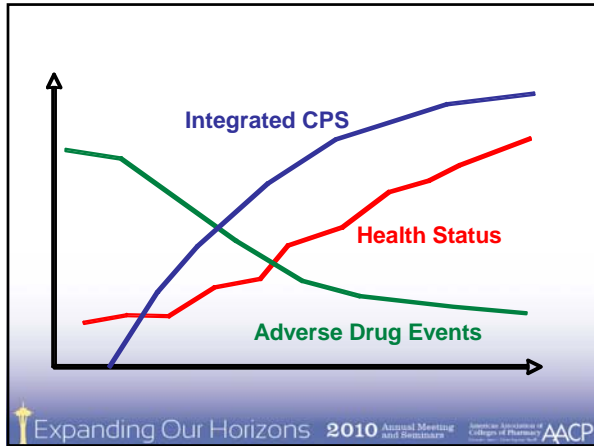
- 110 multi-disciplinary teams in action – from 41 States (including District of Columbia and PR)
- Over 350 organizations
 - 20 Community Pharmacies
 - 79 Community Health Centers
 - 43 Hospitals (Community, DSH, and Critical Access)
 - 3 Schools of Medicine
 - **53 Schools of Pharmacy**
 - 7 Ryan White Grantees / HIV Organizations
 - 4 Poison Control Centers
 - 15 Primary Care Associations
 - 8 State Government / Health Departments
 - 6 Rural Health Clinics



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
- Action Period & Collaborative Conference Calls
- Learning Session 2
 - Interactive learning event
 - Broadcast nationwide
 - May 13, 2010
- Action Period & More Collaborative Conference Calls
- LS3 – late summer 2010
- LS4 in Fall 2010





340B and the PSPC

- 340B provides access to medications
- Access to drugs combined with clinical pharmacy services and patient safety create an optimal care environment
- 340B can create cost savings to support the implementation of clinical pharmacy services
- Clinical services to improve outcomes and decrease overall costs to an already burdened system through an overall reduction in costs/patient.

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Potential Future Seeds . . . That Can Blossom

- Residency training partnerships
- Internships
- Rotation site locator
- Job descriptions
- Tools and Resources

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Interactive Time!

Based on your knowledge of the safety net and the opportunities to partner...what do you see as opportunities for additional partnerships?

Would you be willing to partner with HRSA/PSSC?...what would that partnership look like?

How can we utilize meetings like AACP to engage stakeholders in the future?



Contacts:



➔ www.hrsa.gov/opa
www.hrsa.gov/patientsafety

Pharmacy Services Support Center

1-800-628-6297
pssc@aphanet.org
➔ pssc.aphanet.org

Prime Vendor Program

1-888-340-2787
340B_primevendor@340bpvp.com
➔ www.340bpvp.com



Academic Pharmacy Partnerships with Safety Net Clinics: Patient Care, Teaching, and Scholarship Opportunities

Steven Chen, Pharm.D., FASHP
Associate Professor
University of Southern California School of Pharmacy
Co-Chair, HRSA Patient Safety & Clinical Pharmacy Collaborative 2.0



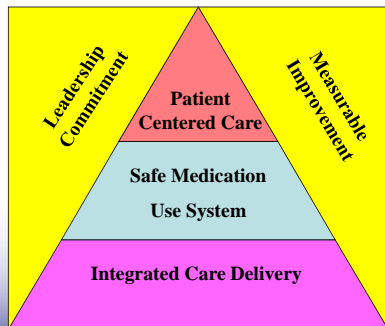
Outline

- Clinical pharmacy program development and sustenance
- Teaching / service opportunities
- Scholarship and Public Relations

Clinical Pharmacy Program Development

- Form a team
- Define specific aims / population of focus
- Staff the program
- Start small
- Expand

The HRSA Patient Safety & Clinical Pharmacy Change Package



Clinical Pharmacy Program Development
Form a Team

- Potential clinic partners
 - High interest in School of Pharmacy Collaboration
 - Key leaders (not necessarily by title)
- Faculty
 - Safety net laws / regulations- Mel Baron
 - Director of USC Pharmacies / Pharmacy Owner- Mike Rudolph
 - Community pharmacy programs- Jeff Goad
 - Grants / research, public health expertise- Kathy Johnson
 - Primary care, data collection / management- Steve Chen

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Safety Net Clinics - 2.7 million uninsured in Los Angeles

Demographic Characteristics	T.H.E. Clinic ^a	Weingart Medical Clinic ^b	South Central Family Health Center ^c	QueensCare Clinics ^d	LA County ^e
Ethnicity: (%)					
Black	59	49	5	4	9
Hispanic	21	40	90	25	45
White	1	9	2	62	47
Asian / Pacific Islander	16	2	3	13	13
Education and Income:					
<12 years education (%)	56	70	25	23	25
Median Family income	\$21,038	\$2,500	\$23,554	\$34,267	\$51,315
Unemployment rate (%)	12	96	7	5	5
<100% of Federal poverty level (%)	75	100	92	29	24
Receiving Public assistance (%)	25	100	18	na	7

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Clinical Pharmacy Program Development
Define Specific Aim / Population of Focus

- Refine formulary (PAP, 340B)
- Organize dispensaries to improve medication safety
- Provide disease state / medication therapy management (DSM, MTM) to high-risk patients
- Increase the number of student pharmacists and residents exposed to and trained to provide care for diverse safety net clinic patients

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Clinical Pharmacy Program Development
 Define Specific Aim / **Population of Focus**

- What are perceived to be the most significant disease / medication-related problems?
- Take opportunity you're given (e.g., refills, reconcile meds, anticoagulation)
- Review available reports (Utilization Review, P&T, registries)

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Caution!

You say...	Most medical directors hear...
"clinical pharmacy"	"pharmacist who thinks clinically"
"medication therapy management"	"help patients keep their medicines in order"
"pharmacist intervention"	"can read physician handwriting"

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Clinical Pharmacy Program Development
Staff the Program

- Faculty
- Volunteers
- Residents
- Grants

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Clinical Pharmacy Program Development **Start Small**

- Pilot program, even with a single physician
- Attributes of key initial physician partners
 1. Highly respected in the organization
 2. Will endorse / advocate / support your service
 3. Willing to give you honest, constructive feedback
- Medical director isn't always the best choice!

Clinical Pharmacy Program Development **Expand**

- Volunteers
- More grants
- Clinic budgets for pharmacist(s)
- Residents and students

USC School of Pharmacy Affiliated Safety Net Clinics (11 sites)



Outline

- Clinical pharmacy program development and sustenance
- Teaching / service opportunities


Teaching / Service Opportunities
Student / Resident / Pharmacist Training

- Learn about medically underserved populations
- Learn how to provide culturally competent care to diverse patients
- Learn how health literacy can impact health care outcomes
- Learn about disease state management under collaborative practice agreements

Teaching / Service Opportunities
Student Training

- Introductory Practice Experience Program (IPPE) (dispensary, counseling)
- Advanced Practice Experience Programs (APPE) (clinical services/DSM)
- Elective Course (Health Care for Special Populations)
- Elective Clerkships (administration)
- Alternative to "traditional" internship experiences

Teaching / Service Opportunities
SHARE Program
(Students Helping and Receiving Education)



- \$29,000 grant (2004)
- Student pharmacist volunteer program to assist in the delivery of patient consultation and clinical pharmacy services in Safety Net Clinics
- Goal: Improve medication use, safety, and health outcomes for the underserved with an emphasis on health literacy and cultural competency

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Teaching / Service Opportunities
SHARE Community Education / Service






Diabetes Screening

Patient Education Classes

Counseling

Translation

Data Collection

Immunizations

Health Fairs

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Teaching / Service Opportunities
Impact of Volunteer Service on Career Choices

- Value of program (very valuable to professional development- 64%)
 - Clinic operations (75%)
 - Free med programs (81%)
 - Multicultural patient populations (91%)
 - Working with a language barrier (81%)
 - Counseling opportunities (82%)
 - Rounds with pharmacist/clerkship students (76%)
- Changed Perception of Profession of Pharmacy (82%)
- Impacted Plans after Graduation (62%)
- Interest in Job in Safety Net Clinic (63%)

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Teaching / Service Opportunities
Resident / Fellow / Pharmacist Training

- Post-Graduate Residency Training
 - Great site for providing balance between training and patient care service
 - Has increased interest in program
- Fellowship Training
- Certificate Programs for Practitioners

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Outline

- Clinical pharmacy program development and sustenance
- Teaching / service opportunities
- Scholarship and Public Relations

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Scholarship and Public Relations

- Grantsmanship
- Practice-based research
- Media and legislature

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Scholarship and Public Relations
Grants to Initiate or Expand Programs
<http://www.foundationcenter.org/findfunders/>

- HRSA: \$140,000 grant (2003)
- Community Pharmacy Foundation: \$50,000 (2004)
- QueensCare Foundation:
 - \$300,000 for 3 years (2004)
 - \$1,100,000 for 3 years (2006)
- UniHealth:
 - \$405,000 for 3 years (2004)
 - \$405,000 for 3 years (2005)
 - \$350,000 (2010)

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Scholarship and Public Relations
Practice-Based Research: Return on Investment

- **Medication cost savings** (1 FTE pharmacist serving 3 clinics)
 - ↑ PAP utilization + 340B purchasing
 - > \$700,000 in annual medication costs saved
 - Access to critical medications previously thought to be unattainable
- **Extension of pharmacy services with the help of students**
 - Student assistance in dispensary → 10-20 additional hours of disease state management time

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Scholarship and Public Relations
Practice-Based Research: Access to Health Care

- Physician time saved by having the pharmacist:
 - Provide medication counseling & dispense medications
 - Provide MTM for the most difficult-to-treat patients
- Increases physician access for new patients
- Increases physician availability for existing patients needing frequent follow-up

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Scholarship and Public Relations
Practice-Based Research-
Disease Management / Medication Therapy Management
Patient Visits, 10/04-9/08

	Total
Patient Referrals	2,779
Unique Patients Seen	2,235
Patient Visits	15,904
Diabetes	13,267
Hypertension	9,452
Dyslipidemia	8,720
Asthma	975
Other	1,403

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Blood Pressure Management (n=242)
Majority of patients with DM (BP goal < 130/80)

Category	Baseline	Post-enrollment	Change
SBP (mmHg)	152	126	-26 mmHg
DBP (mmHg)	83	71	-12 mmHg

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A1C (n=225)

Category	Baseline	Post-enrollment	Change
A1c (%)	11.3	7.6	-3.7%

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Overall Impact of Pharmacist Intervention on Individuals with Diabetes (N=484)

Variables	Change in A1C Adj.R ² = 0.4093		Likelihood of Achieving A1C < 7		Likelihood of Achieving A1C < 8	
	Estimated Effect (% A1C)	p-Value	Estimate Effect (Odds Ratio)	p-Value	Estimate Effect (Odds Ratio)	p-Value
Intercept	7.760	<0.0001				
Intervention group	-1.38	<0.0001	4.037	<0.0001	5.129	<0.0001
Gender (male)	0.292	0.0770	0.586	0.1167	0.819	0.3931
Age (in years)	-0.025	0.0018	0.986	0.3655	1.021	0.0687
Insured (1=MediCal + other)	0.358	0.2719	-	-	-	-
Hispanic (1 = Black + other)	0.403	0.0717	0.819	0.6486	0.978	0.9437
Smoker (1=yes)	0.080	0.8783	1.622	0.2348	0.832	0.5584
Baseline A1C level	-0.721	<0.0001	0.874	0.2069	0.824	0.0123
Days between first/last A1C test	-0.0002	0.5708	1.000	0.9004	1.001	0.0724

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Blood Pressure Control, Usual Care vs. Pharmacist Managed Diabetic Patients

Follow-up Period	Usual Care (N=85)	Pharmacist-Managed (N=64)	P-Value
Percent of patients attaining BP control (BP < 130/80 mmHg)			
3 months	22%	42%	0.009
6 months	36%	47%	0.201

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LDL-C Management, Usual Care vs. Pharmacist Managed Diabetic Patients

Follow-up Period	Usual Care (N=108)	Pharmacist-Managed (N=88)	P-Value
Follow-up LDL-C values for patients NOT at LDL-C goal (≥ 100 mg/dL)-mg/dL			
Baseline	138	134	NS
2 nd visit	115	109	NS
3 rd visit	116	95	<0.0001

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Drug-Related Problems

Legal / dispensing, Clinical, Care Quality, Cost

- 1- Wrong dose / dose interval
- 2- Wrong tx duration / quantity
- 3- Improper directions
- 4- Treatment or dosage form is not optimal or inappropriate
- 5- Polypharmacy / duplication
- 6- Drug interaction, Contraindication, Allergy
- 7- Rx with no indication
- 8- Untreated medical problem
- 9- Medication overuse, underuse / poor adherence, misuse
- 10- Dose discrepancy between pt use & prescribing
- 11- Sub- / Super- therapeutic Cp
- 12- Needs lab / diagnostic test
- 13- Abnormal lab result
- 14- Inadequate patient self-management
- 15- Nonformulary / not cost effective drug choice
- 16- Pt dissatisfied with tx

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Interventions Provided by Pharmacists (N=222)

Interventions (#)

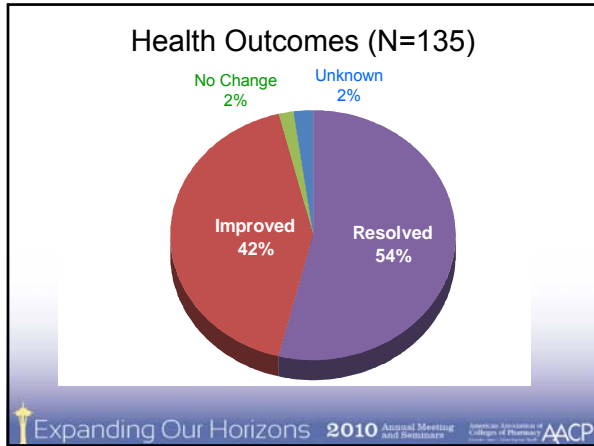
Intervention	Count
Change Dose/Drug Interval	154
Add Medication	132
Substitute Medication	104
Discontinue Medication	45
Educate Patient	29
Provide Adherence Aid	22
Order lab/Diagnostic test	10
Refer to Other Service	15
Other	1

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Problems Identified by Pharmacists (N = 222)

Problem Category	Percentage
Quality of Care	67%
Medication Safety	28%
Legal /dispensing	<1%
Cost	5%

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Physician Satisfaction / Feedback

JWCH Institute, Weingart Clinic

"The USC Pharmacists provide our patients and clinic a comprehensive package of health education, drug information, disease management and dispensing assistance."

"We are able to provide a wider range of services to a greater number of patients due to the PAP software and assistance that the USC School of Pharmacy has provided."

"Our disease management indicators have improved dramatically as a result of the assistance we have received from the USC Pharmacy clinicians."

"Patient satisfaction has never been better thanks to the USC School of Pharmacy."

"Our patients have consistently provided positive feedback about how the pharmacy services have increased the quality of care at the clinic and made their healthcare experience more satisfying."

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American Association of Colleges of Pharmacy **AACP**
Advancing • Inspiring • Connecting Pharmacy Practice

2009
AACP Transformative Community Service Award
 Recognizing a College or School of Pharmacy

Los Angeles Times ARTICLE COLLECTIONS
Clinical pharmacists can fill in healthcare gaps
With the time often not available for physicians, pharmacists provide a critical link in the chain of care for patients with chronic conditions. Build their expertise, offer management and social support. Build their reputation.

2007 APHA PINNACLE AWARDS

2008 ASHP BEST PRACTICES AWARD
 In Health-System Pharmacy

REUTERS

PHOT: Clear the website
Los Angeles clinic shows flaws in diabetes care

Over 100,000 people in the U.S. have type 2 diabetes. In Los Angeles, the 22-year-old diabetes clinic is one of the most advanced in the country.

By Lisa Bernstein

Clinical Pharmacy in the United States

LOS ANGELES (Reuters) — It's time to discover the way reached epidemic proportion.

Program gives pharmacists more clout in patient care

USC HEALTH

PHARMACISTS

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Scholarship and Public Relations **Legislative/Policy Agenda**



Sacramento
State Legislature
Recognition

Visits to Congressional Offices
In Washington DC to discuss problem
of lack of payment for pharmacist
clinical services in safety net clinics

Representative Roybal-Allard was
very interested in our work and our
award



Outline

- Clinical pharmacy program development and sustenance- **Symbiotic relationship with school of pharmacy**
- Teaching / service opportunities- **Offers optimal outpatient training for students**
- Scholarship and Public Relations- **High demand for grants for the underserved, high media and legislative interest**

Question

What will you do, beginning next week, to develop or expand a partnership with a safety net clinic?

Monday, July 12, 2010

Joint Session: Continuing Professional Education and Social and Administrative Sciences Sections: Meeting the Needs of Underserved Patients through Scholarship, Teaching and Continuing Professional Development

**Activity Code:
TKU8L1**

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