

Leading the
REVOLUTION

2009 AACP Annual Meeting and Seminars
July 18–22 • Boston
Westin Boston Waterfront Hotel

American Association of
Colleges of Pharmacy
Advancing • Educating • Inspiring • Transforming **AACP**

Health Disparities: A Role for Pharmacy

Lisa Lundquist, PharmD, BCPS
Mercer University

Ruth E. Nemire, PharmD, EdD
Touro University

Julie Kissack, PharmD, BCPP
Harding University

Leigh Ann Ross, PharmD, BCPS, CDE
The University of Mississippi

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Objectives

- Provide an overview of health disparities and access to care
- Discuss methods of integrating health disparities concepts into pharmacy curriculum
- Evaluate opportunities to utilize students to improve health disparities
- Describe efforts of health disparities improvement into practice

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Health Disparities: Definition

Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups

- Ethnicity or race
- Gender
- Socioeconomic status
- Geographic location

National Institute of Health, nih.gov

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Evidence of Health Disparities

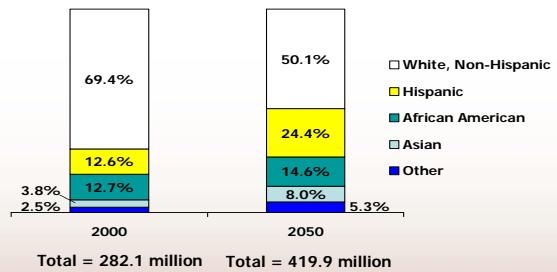
- Consistently found across a wide range of disease areas and clinical services
- Present even when clinical factors, such as stage of disease presentation, co-morbidities, age, and severity of disease are taken into account
- Found across a range of clinical settings, including public and private hospitals, teaching and non-teaching hospitals, etc.
- Disparities in care are associated with higher mortality among minorities

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Distribution of U.S. Population by Race/Ethnicity, 2000 and 2050



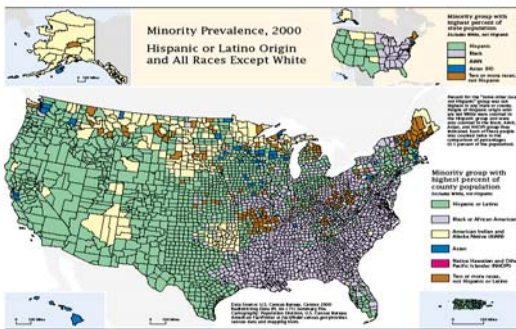
NOTES: Data do not include residents of Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands. "Other" category includes American Indian/Alaska Native, Native Hawaiian or Other Pacific Islander, and individuals reporting "Two or more races." African-American, Asian, and Other categories jointly double-count 1% (2000) and 2% (2050) of the population that is of these races and Hispanic; thus, totals may not add to 100%. U.S. Census Bureau, 2004, US Interim Projectors by Age, Sex, Race, and Hispanic Origin.

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Minority Prevalence in US



US Census Bureau, 2000 Census

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Health Disparities

Group Compared with Whites	Measure	Relative Rate
African Americans	New AIDS cases / 100,000	9.4
	Diabetes amputations	2.3
	Women not receiving prenatal care	1.6
Asians	Elderly not receiving pneumovax	1.6
	Poor communication with provider	1.6
American Indians / Alaska Natives	Women not receiving prenatal care	2.1
	Women >40 without mammograms	1.8
Hispanics	New AIDS cases / 100,000	3.3
	Women not receiving prenatal care	2.0
	Poor communication with provider	2.0

National Healthcare Disparities Report. AHRQ Publication No. 08-0041, 2008.

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Impact on Health Disparities

- Patient Related Factors
 - Patient preferences
 - Treatment refusal
 - Care seeking behaviors and attitudes
 - Clinical appropriateness of care
- Health Care Systems Related Factors
 - Lack of interpretation and translation services
 - Time pressures on physicians
 - Geographic availability of health care institutions
 - Changes in the financing and delivery of health care services
- Provider Related Factors
 - Bias
 - Clinical uncertainty
 - Beliefs/stereotypes about the behavior or health of minority patients

Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare. Institute of Medicine, 2002.

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Diversity Among U.S. Health Care Professions, 2000-2006

	Non-Hispanic White (%)	Non-Hispanic Black (%)	Hispanic (%)	Asian/Pacific Islander (%)	American Indian/Alaska Native (%)	Other/Multiracial (%)
U.S. Population Over Age 18 (2000)	69.1	12.1	12.5	3.7	0.7	1.8
Pharmacists (2000)	75.9	6.2	3.4	14.2	0.3	--
Physician Assistants (2006)	86.4	3.5	3.7	3.5	0.8	--
Registered Nurses (2004)	81.8	4.2	1.7	3.3	0.4	1.5
Dentists (2003)	88.5	1.9	3.3	7.1	0.2	2.4

Grumbach K and Mendoza R. Disparities in human resources: addressing the lack of diversity in the health professions. *Health Affairs* 2008; 27(2): 413-422.

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Addressing Health Disparities: National Recognition

- Healthy People 2010
 - 450 objectives related to health disparities based on:
 - Race/ethnicity
 - Gender
 - Education
 - Disability status
 - Income
 - Geographical location
 - Sexual orientation
- U.S. Department of Health and Human Services
 - Six major areas of racial disparity identified are:
 - Infant mortality
 - Diabetes
 - Cardiovascular disease
 - HIV/AIDS
 - Immunizations
 - Cancer

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Addressing Health Disparities: National Recognition

- Agency of Healthcare Research and Quality (AHRQ)
 - National Healthcare Disparities Report
- Office of Secretary – Office of Minority Health
- Institute of Medicine
 - Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare
- Center for Disease Control
 - Office of Minority Health and Health Disparities

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Addressing Health Disparities: Pharmacy Recognition

- Center for the Advancement of Pharmaceutical Education (CAPE)
 - “demonstrate an awareness of health disparities and means of addressing the problem”
- Accreditation Council for Pharmacy Education (ACPE)
 - “graduates are able to develop, implement, and assess pharmacy care plans that address issues pertaining to culturally diversity and health literacy commonly associated with underserved populations”

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Addressing Health Disparities: Pharmacy Recognition

- American Association of Colleges of Pharmacy and Pharmaceutical Services Support Center (AAP-PPSSC) Task Force
 - Recommends that curriculum committees be charged to:
 - Study models that incorporate care for the underserved into the existing professional curriculum
 - Explore mechanisms to horizontally and vertically integrate this content

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Addressing Health Disparities: The Challenges

- Increase health care providers' awareness of disparities
- Promote the consistency and equity of care through the use of evidence-based guidelines
- Support the use of interpretation services in which community need exists
- Patient education programs should be implemented to increase patients' knowledge of how to best access care and participate in treatment decisions
- Increase the proportion of underrepresented US racial and ethnic minorities among health professionals
- Integrate cross-cultural education into the training of all current and future health professionals

Unequal treatment: confronting racial and ethnic disparities in healthcare. Institute of Medicine, 2002

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Health Disparities Concepts Reminder

Differences in health conditions that exist

- Ethnicity or race
- Gender
- Socioeconomic status
 - Working poor, unemployed, homeless, children
- Geographic location
 - Environment

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Mission and Location of Program



Contribute to the building of a better society for all through improved health status of individuals and the community.



PUBLIC HEALTH

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Exercise-Stretch Your LEFT Brain

- What is your school location?
 - Urban
 - Rural
 - Both
- What population ?
 - Gender
 - Race
- What is your school mission?
- WRITE IT DOWN-SHOW YOUR NEIGHBOR

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What do you want students to learn?

- Harlem's Hazards
A 'toxic tour' gave me an up-close look at environmental racism
- McDonald's USA Nutrition Facts for Popular Menu Items
- Your guide to New York City's Greenmarkets: Locations, hours and specialties

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Exercise- Stretch your RIGHT brain

- Why are there disparities where you are?
 - Environment
 - Only can afford fast food
 - Attitudes
 - Men don't get colonoscopies, its NOT manly
 - My daddy died in a hospital
- How do you start- Pick One thing, Pick One Partner
- WRITE IT DOWN-SHOW IT TO YOUR NEIGHBOR

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Where in the Curriculum?

- Exercise 1- Stand up-**Clear** all natural tendencies to resist change that may exist in your brain!
- Exercise 2-Sit down-**Write** down the first place in the curriculum that comes to mind
- Show it to your neighbor! **NO CHEATING**

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Integrated into Courses

- Therapeutics courses-special populations
- Electives
- Practice experience courses
- Pharmacy Administration
- Pharmaceutical sciences

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Stand Alone Course

- Public Health III- Touro College
- Required
- Goal of Course: students to promote access to health care in general to minority, vulnerable and underserved populations and to improve outcomes.
- Touro College Outcomes:2,3,8,12

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- Promoting health, wellness, and prevention of disease
- Knowledgeable of the US/Global Health Care systems to serve as advocates for patient and the profession
- Aware of cultural diversity and ethical practices
- Recognizing barriers to healthcare access in underserved populations

Course Objectives and Activities

- Examine Concepts
- Outline Causes
- Analyze reported differences in quality and outcomes
- Strategize for minimizing health disparities
- Demonstrate advocacy
- Harlem Toxic Tour
- Interview community partners

Public Health Practice Courses

- | | |
|--|---|
| <ul style="list-style-type: none"> • Introductory Practice <ul style="list-style-type: none"> – Required – M-Th – Year 1-2 • Advocacy • Health Disparities • Prevention and Wellness | <ul style="list-style-type: none"> • APE Public Health I <ul style="list-style-type: none"> – Required – Full time Practice – Year 3 • APE Public Health II <ul style="list-style-type: none"> – Required – Full time Practice – Year 4 |
|--|---|

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Harding University College of Pharmacy



- Harding University mission:
- Harding University College of Pharmacy mission:
 - Located in Searcy Arkansas at the foothills of the Ozarks
 - August 25, 2009 – inaugural class begins



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Student Demographics

	P1 class	P2 class
Average Age	25	25
Gender	F:27/M:37	F:31/M:30
African-American	7	6
Asian	14	17
Caucasian	43	36
Native American		2

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Curriculum Map

OUTCOMES ASSESSMENT	Year 1	Year 2	Year 3	Year 4
1. Demonstrate knowledge of pharmaceutical sciences	•	•	•	•
2. Demonstrate knowledge of clinical pharmacy	•	•	•	•
3. Demonstrate knowledge of public health	•	•	•	•
4. Demonstrate knowledge of research	•	•	•	•
5. Demonstrate knowledge of leadership	•	•	•	•
6. Demonstrate knowledge of ethics	•	•	•	•
7. Demonstrate knowledge of communication	•	•	•	•
8. Demonstrate knowledge of professional development	•	•	•	•
9. Demonstrate knowledge of global health	•	•	•	•
10. Demonstrate knowledge of health care delivery	•	•	•	•
11. Demonstrate knowledge of health care reform	•	•	•	•
12. Demonstrate knowledge of health care financing	•	•	•	•
13. Demonstrate knowledge of health care regulation	•	•	•	•
14. Demonstrate knowledge of health care quality	•	•	•	•
15. Demonstrate knowledge of health care safety	•	•	•	•
16. Demonstrate knowledge of health care equity	•	•	•	•
17. Demonstrate knowledge of health care access	•	•	•	•
18. Demonstrate knowledge of health care workforce	•	•	•	•
19. Demonstrate knowledge of health care innovation	•	•	•	•
20. Demonstrate knowledge of health care sustainability	•	•	•	•

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	P1 Year	P2 Year
Assure the availability of effective, quality health & disease prevention services.	○ ○ ○ ○ ○	● ○ ○
Develop public health policy.	○ ○	○ ○ ○



	P3 Year	P4 Year
Assure the availability of effective, quality health & disease prevention services.	○ ○ ○ ○ ○	● ● ● ● ●
Develop public health policy.	○ ○ ○ ○ ○	● ● ● ● ●

Curriculum Map

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Student Engagement to Improve Health Disparities

IPPE

Patient Caring

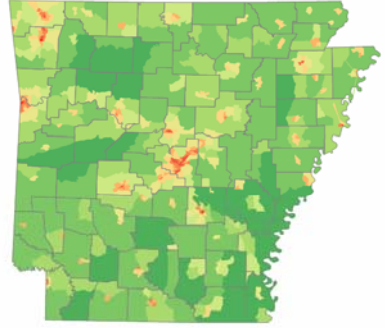
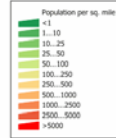
Pharmacy Service Learning

Community Institutional Ambulatory care

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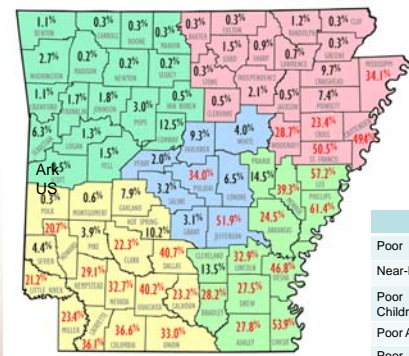
Source: U. S. Census Bureau Census 2000 Summary File 1 population by census tract.

Gender
 F = 51%
 M = 49%
 Age Distribution
 -- 7% < 5yo
 -- 14% > 65 yo
 Median income in 2007: \$38,239
 37% live in non-metropolitan areas

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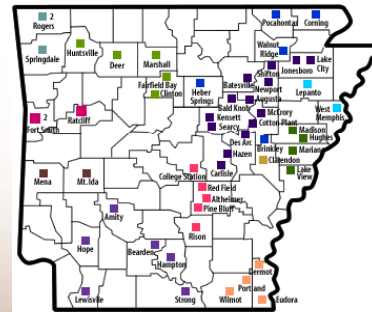
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COMMUNITY HEALTH CENTERS OF ARKANSAS

Expanding Access to Affordable Quality Healthcare



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Collaborations

- Community outreach with medication reconciliation cards
- Charitable clinics
- Health Resources and Services Administration (HRSA) Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) Rural community health centers
- County coalition
- Mission trips
- Health fairs

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Charitable Clinics

- Christian Health Ministries
- River City Ministry
- Future Opportunities

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Health Resources and Services Administration (HRSA) Patient Safety and Clinical Pharmacy Services Collaborative (PSPC)

- White River Rural Health Center
- 20 facilities in 10 counties surrounding Searcy
- Care for uninsured/underinsured
- 3 faculty at sites providing care: anticoagulation service, diabetes management, HIV management



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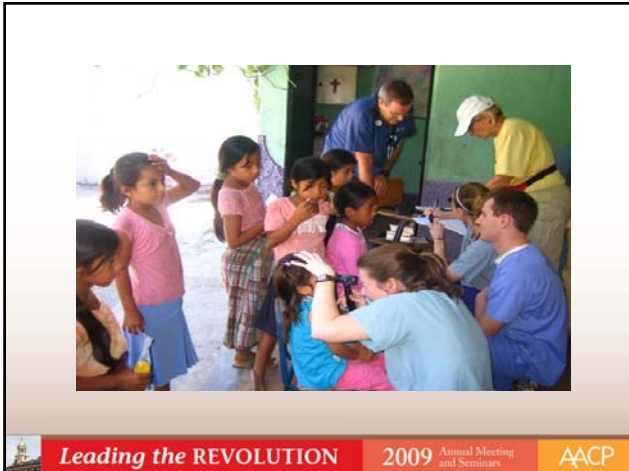
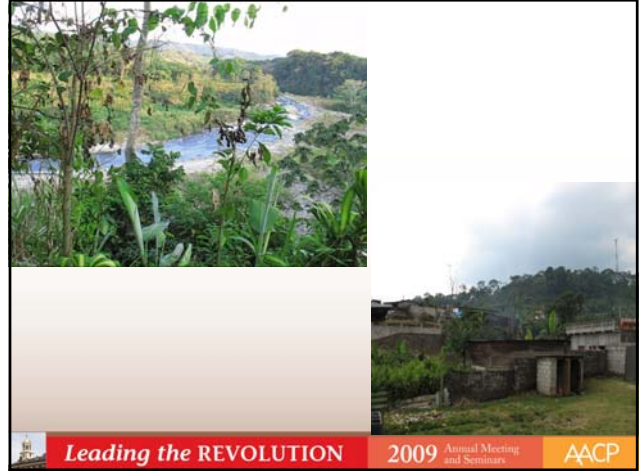
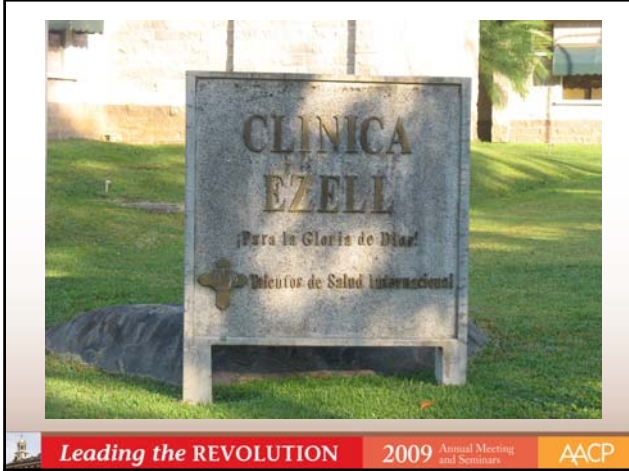
White County Coalition

- Hometown Health Improvement (HHI) Coalition
 - Mission statement
 - Cereal drive
 - Body walk
 - Team walks

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Health Fairs

- Campus
- City
- County
- State



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REACH

University of Utah School
on Alcoholism and Other
Drug Dependencies

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Pharmacist Role



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Health Disparities and Pharmacy Practice:

Delta Pharmacy Patient Care Management Project



Health Resources and Services Administration



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Mississippi Delta Statistics

- Mississippi:
 - 4th most rural state in the nation
 - Over 1/2 of population lives in rural areas
- Mississippi Delta has the highest percentage of African Americans in the nation
 - National: 12% AA of total population
 - Mississippi: 36% AA of total population
 - Mississippi Delta: 60% AA of total population

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Mississippi Statistics

■ % obese adults	1 st
■ % diabetes	1 st
■ Number of adults who smoke cigarettes	42 nd
■ Asthma-related disease among school age students	50 th
■ Teen pregnancy	Highest
■ Infant mortality	49 th

If the Delta were removed from Mississippi, most MS health statistics would become normative

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Mission and Vision

**** Access/Quality Care ** **** Health Education ******
**** Research ****

Founding Partners: <ul style="list-style-type: none"> • Delta State University • MS State University • MS Valley State University • University of MS Medical Center • Delta Council 	Associate Partners: <ul style="list-style-type: none"> • MS Primary Health Care Association (CHC) • MS Hospital Association • MS State Medical Association • Area Health and Education Centers (AHEC)
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Delta Health Initiative

Funding

- Health Resources and Services Administration (HRSA)
- Delta Health Alliance (DHA)
- School of Pharmacy
 - Department of Pharmacy Practice
 - Department of Pharmacy Administration
 - Center for Pharmaceutical Marketing and Management

Year 1: July 2008 – June 2009	\$1,000,000
Year 2: July 2009 – June 2010	\$1,000,000

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Delta Pharmacy Patient Care Management Project

Overview

Purpose:
To demonstrate how community pharmacists in the Mississippi Delta can impact clinical, economic, and humanistic outcomes through accessibility to Patient Care Management (PCM) services:

- Generalized MTM
- Specialized MTM (asthma, diabetes)

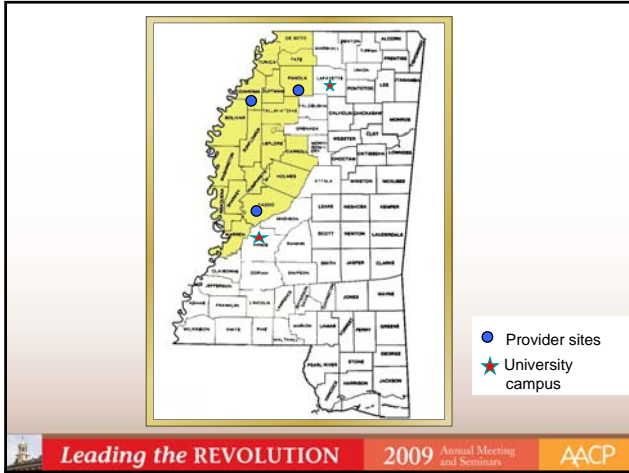
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Project Goals

Year 1

- Improve medication use and health outcomes for the Medicaid population of Coahoma, Panola, and Yazoo counties, specifically those with asthma and diabetes
- Utilize Electronic Health Records supported by telemedicine to improve safety and adherence to pharmaceutical therapy
- Evaluate the efficacy of pharmacy patient care management (PCM) services on medication adherence and disease management

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Project Participants

CLARKSDALE <ul style="list-style-type: none"> Medicap Pharmacy <ul style="list-style-type: none"> Keith Waldrip, RPh Henderson Drug and Home Health <ul style="list-style-type: none"> Val Soldevila, RPh 	CLARKSDALE <ul style="list-style-type: none"> Andrea Smith, MD
BATESVILLE <ul style="list-style-type: none"> Fred's Pharmacy <ul style="list-style-type: none"> Jenny Sullivan, RPh Rebekah Gray, PharmD Medicap Pharmacy <ul style="list-style-type: none"> Todd Johnson, RPh Saverex Pharmacy <ul style="list-style-type: none"> Jerry Knotts, RPh Mettesave Pharmacy <ul style="list-style-type: none"> Erik Broome, RPh 	BATESVILLE <ul style="list-style-type: none"> Lee Linder, MD Elizabeth Thomas, CFNP Robert Corkern, MD David Ball, MD
YAZOO CITY <ul style="list-style-type: none"> Webb's Pharmacy <ul style="list-style-type: none"> Donna Heidel, RPh Frank Webb, RPh 	YAZOO CITY <ul style="list-style-type: none"> Michael Baker, DO



Miss MTM - Windows Internet Explorer

https://pharmd.org/missmtm/index.cfm?CFID=4593258&CFTOKEN=303426

Miss MTM Pharmacy Patient Care Management (PCM) Services Project

Logged In: Gary Theilman, Pharm.D. University of Mississippi

Donna Fictitious

Change Patient

Calendar

Data Entry Services

Form Library

School of Pharmacy

Walkthrough

Help With Website

User Settings

Logout

U.S. Department of Health and Human Services

HRSA Health Resources and Services Administration

DEHA HEALTH ALLIANCE

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Miss MTM Donna 'Not a real patient' Fictitious

131 Coldway Drive Balesdale, MS 39048 (662) 555-1212

DOR: July 19, 1958 Insurer: Mississippi Division of Medicaid Primary Care Provider: Andrea Smith MD

50 year old woman. Current Diagnoses: COPD (moderate), HTN, Depression, Insomnia, Anxiety

Weight: 143 lbs Height: 5'10"

Immunizations - influenza vaccine (flu shot) 3 months ago.

Past Medical History: COPD, Depression, Hypertension, Other

Social History: Married, Employed at Balesdale Cafe.

Habits: Smokes 2 pps x 10 years, Occasional beer on weekends

Allergies/ADRs: NKDA None reported as of 9/1/08

Medication History

Medication	Start Date	End Date	Prescriber
Lorazepam 1 mg 1 po three times a day	02/01/2008	07/19/2008	David Ball
Theophylline SR 400 mg 1 by mouth twice daily	02/01/2008		Lee Linder

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MY MEDICATION RECORD

Name: Donna Fictitious Birth Date: July 19, 1958

Include all of your medications on this record: prescription medicines, over-the-counter medicines, herbal products, and other dietary supplements. Always carry your medication record with you and show it to all your doctors, pharmacists and other healthcare providers.

Drug Name	Dose	Take For...	When do I take it?			Start Date	Stop Date	Doctor	Special Instructions
			Monday	Tuesday	Wednesday				
Lorazepam	1 mg	Other	1	1	1	02/01/2008	07/19/2008	Ball (662) 563-7811	For Anxiety and Sleep
Theophylline SR	400 mg	COPD	1	1	1	02/01/2008		Linder (662) 563-7811	
APAP 500mg/Ephedrine 25mg	2	Other			1	09/12/2007		Ball (662) 563-7811	For Sleep
ACEZ	50 mg	Hypertension	1			09/12/2007		Ball (662) 563-7811	
Metoprolol XL	50 mg	Hypertension	1			09/12/2007		Ball (662) 563-7811	
Sildenafil Citrate	2 puffs	COPD	1	1	1	09/12/2007		Smith (662) 427-1211	
Milrinone MCA	2 puffs	COPD	1	1	1	04/14/2002		Stewart (662) 563-7811	As needed

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Medication Action Plan

Any issues or problems that you may have with the medications you are taking are listed below. Your pharmacist has listed the steps you can take to fix or avoid these problems. Bring this with you to all visits with your health care providers and if you are admitted to the hospital. Contact your pharmacist if you need to make any changes to your Medication Action Plan.

Date Prepared: September 4, 2008

Name: Donna Fictitious Date of Birth: July 19, 1958

Pharmacist Name: Jimmy Duffast Phone: (662) 563-3274 Fax:

Primary Physician Name: Andrea Smith, MD Phone: (662) 427-1211 Fax:

Date	Medication or Condition of Concern	Issue or Problem	How You Can Fix the Problem
08/31/2008	APAP 500mg/Ephedrine 25mg	May not need APAP/Ephedrine	Discuss another sleep aid with your physician.
08/31/2008	Depression	May need additional medication to treat depression.	Discuss starting an "SSRI" with your physician.
08/31/2008	Theophylline SR	Theophylline may be keeping you awake at night.	Discuss with your physician changing from theophylline to Albuterol and possibly adding prednisone.
08/31/2008	Metoprolol XL	Metoprolol may be making it harder for you to breathe.	Discuss reducing/stopping metoprolol with your physician.
08/31/2008	Hypertension	Your blood pressure is still high.	Check your blood pressure daily at home.

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Billing and Payment

CPT Codes:

CODE	DESCRIPTION
99605	MTM service(s) provided by a pharmacist to an individual patient during a face-to-face encounter that involves an assessment and intervention if provided; used to code the initial 15 minutes of an initial encounter with a new patient.
99606	Initial 15 minutes with an established patient.
99607	Each additional 15 minutes of an initial or subsequent MTM encounter; list separately in addition to code for primary services and in conjunction with 99605 or 99606.

Payment for MTM services is submitted using combinations of the new CPT codes.

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Specialized Medication Therapy Management

- Diabetes and Asthma
- School of Pharmacy provides services ~1/2 day per week per pharmacy
- 55 patients currently enrolled

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Pharmacy Training

- Increase the number of health providers in underserved region with health disparities
- Pharmacy students
 - Increase the number of Advanced Community Pharmacy Practice Experiences
- Pharmacy Residents
 - Establish a PGY-1 Community Pharmacy Residency Program

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Delta Pharmacy Patient Care Management (PCM) Services Project

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School of Pharmacy

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Federal Funding Opportunities for Health Disparities Research

Department of Health and Human Services

- Office of Secretary - Office of Minority Health
- National Institutes of Health - National Center for Minority Health and Health Disparities HRSA
- Agency for Healthcare Research and Quality
- Health Resources and Services Administration

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Additional Opportunities

- Health Care Reform
 - Health Disparities
 - Medication Therapy Management
- HRSA Patient Safety and Pharmacy Collaborative

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Opportunities to Address Disparities

Feedback During Special Session

- Public Health required course
- Medication Safety required course
- Public Health APPE
- Mission Trips / Missions APPE
- IPPEs at Health Centers
- Community outreach programs in Medication Reconciliation and Patient Safety

Leading the REVOLUTION

2009 Annual Meeting and Seminars

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Opportunities to Address Disparities

Feedback During Special Session

- Annual Cultural Diversity Day
- Student Case Conferences during APPEs
- Student volunteers to recruit minorities into the profession of pharmacy
- Health fairs
- Service Learning at charitable clinics
- Tobacco cessation program
- Partnering with social workers to aid homeless patients

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