Pharmacy Services Providing Value In An Accountable Care Organization

The Fairview Experience

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Presentation Outline

Fairview Pharmacy Services, LLC Overview

Pharmacy's ACO-Related Goals and Objectives

Pharmacy's Strategies – Current and Future

FPS' success is based upon core strategies

Exceptional patient care

Exceptional patient/customer and provider experience

Engaged pharmacy employees

Comprehensive & integrated view of pharmacy services**

Pharmacy-specific infrastructure**

Strategic growth & efficient use of resources

FPS is a comprehensive provider of pharmacy services

Retail Pharmacies (33)
Hospital Pharmacies (8)
Infusion Therapy (home and ambulatory service)
On-site Infusion Pharmacies (4)
Specialty Pharmacy - Nationwide coverage
Mail Service Pharmacy
Long Term Care/Assisted Living Pharmacy
Compounding Pharmacy
Central Packaging
Medication Therapy Management (MTM)
20 clinics, multiple direct-to-employer and payer contracts
Fairview Clinical Trials Services
Anti-coagulation clinics (30)
Wholesale pharmacy
Advanced Drug Therapy Program
ClearScript℠ PBM
Hemophilia Clinic
Health system consulting

Pharmacy- an integral part of becoming an ACO

Statistics
- Improper medication use by patients has been estimated to cost the health system up to $290 billion a year
- Drug expenditures comprise 15.5% of healthcare premium
- This represents the third most costly component of the nation's health spending behind hospital care (31%) and physician and clinical services (21%)

Pharmacy optimization goals
- Health outcomes
- Patient experience
- Provider experience
- Financial outcomes

The *main* objective is to constantly develop and implement new pharmacy capabilities and services to support ACO goals
- Partner with providers to expand panel size
- Special focus on complex and costly patients

FPS' current and future strategies support Fairview's aggressive ACO development

11 Primary Strategies:

- **Formulary Strategies**
- **Supply Chain Management**
- **Drug Policy**
- **CMS Core Measures / Hospital Associated Conditions**
- **Pain Stewardship**

FPS' current and future strategies support Fairview's aggressive ACO development

Transitions in care

Chronic disease and wellness

Contributions to clinic care model

Retail clinical services

Continuum of care services

Direct to employer capabilities

Formulary Strategies

- **Consolidate formularies across systems**
- **Pursue contract and market share agreements**
- **Pursue cost savings programs aggressively**
- **Evaluate inpatient reimbursement versus outpatient reimbursement**

Formulary Strategies – Proving Value

Facility	Total Orders Processed	Total Non-Formulary Orders	Total Doses Dispensed	Total Non-Formulary Doses	Total Cost of Non-Formulary Agents
Northland	77,973	134 (<1%)	113,376	272 (<1%)	$1898
Lakes	98,006	149 (<1%)	199,571	415 (<1%)	$2086
Ridges	245,598	512 (<1%)	490,439	2772 (<1%)	$15,785
Southdale	566,391	1031 (<1%)	941,346	3486 (<1%)	$50,744
Riverside	401,731	642 (<1%)	838,276	3325 (<1%)	$24,884
University	677,766	1907 (<1%)	1,700,208	10,902 (<1%)	$193,867
TOTAL	2,067,465	4375	4,283,216	21,172	$292,964

Formulary Strategies – Proving Value
Insulin Contract Analysis- Apidra for Novolog

Item Description	Current Quantity	Current ml	Projected Quantity	Projected ml	Average Price	Current Price	Projected Price	Current Cost	Projected Cost
APIDRA SOLOSTAR PEN 3ML 5	-	-	1083	16245	-	-	$71.90	-	$77,867.70
APIDRA INSULIN VIAL 10ML	1	10	96	1440	$47.20	$50.83	$37.22	$47.20	$3,573.12
LANTUS SOLOSTAR PEN 3ML 5	415	6225	-	-	$164.11	$182.12	$182.12	$75,579.80	-
LANTUS SOLOSTAR PEN 3ML 5	131	1965	546	8190	$168.15	$182.12	$182.12	$23,857.72	$99,437.52
LANTUS INSULIN VIAL 10ML	5	50	5	50	$85.66	$94.26	$94.26	$471.30	$471.30
NOVOLOG F PEN PREF SYR 3ML 5	1043	15645	-	-	$81.56	$78.36	$123.87	$85,064.77	-
NOVOLOG PENFILL 100U 3ML 5	40	600	-	-	$129.58	$125.41	$198.27	$5,183.23	-
NOVOLOG VIAL 100U 10ML	95	950	-	-	$44.89	$43.40	$68.62	$4,264.71	-
NOVOLOG 70/30 FLEX PEN 3ML 5	19	285	19	285	$81.71	$78.36	$123.87	$1,552.59	$2,353.53
NOVOLOG 70/30 VL 10ML	3	30	3	30	$43.88	$43.40	$68.62	$131.64	$205.86
LEVEMIR FLEXPEN 3ML 5	33	495	33	495	$90.27	$86.79	$149.95	$2,979.04	$4,948.35
NOVOLIN REG 100U 10ML	625	6250	625	6250	$11.22	$10.83	$17.12	$7,014.35	$10,700.00
NOVOLIN NPH 100U 10ML	12	120	12	120	$10.83	$10.83	$17.12	$129.96	$205.44
NOVOLIN 70/30 VIAL 100U 10ML	3	30	3	10	$10.83	$10.83	$17.12	$32.49	$51.36
HUMALOG VIAL 100U 10ML	15	150	15	150	$44.39	$44.35	$44.35	$665.83	$665.25

Current Market Share = 68%
Projected Market Share – 3%

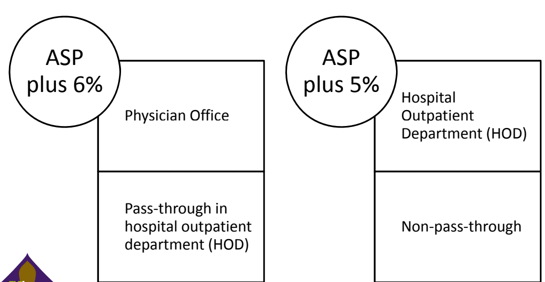
Annual Cost = $206,977.57 $200,479.43
Difference – $ 6,498.14

Result = Favorable

Formulary Strategies – Proving Value
Cost Savings Programs

Description	December Month Act	December Month Bgt	December Month Var	December Month %Var	December YTD Act	December YTD Bgt	December YTD Var	December YTD %Var
Original Budget								
G1 Celestone Soluspan / Betamet	$ 236	$ -	$ 236	#DIV/0!	$ 2,192	$ 733	$ 1,459	198.9%
G2 Fludarabine	$ 4,582	$ -	$ 4,582	#DIV/0!	$ 47,983	$ 45,684	$ 2,299	5.0%
G3 Oxaliplatin/Eloxatin	$ -	$ -	$ -	#DIV/0!	$ 100,774	$ 79,750	$ 21,024	26.4%
G4 Xopenex (1.25 vial)	$ (165)	$ -	$ (165)	#DIV/0!	$ (1,408)	$ 3,438	$ (4,846)	-141.0%
E1 Use of Diuril injection	$ 16,669	$ 4,167	$ 12,502	300.1%	$ 85,380	$ 50,000	$ 35,380	70.8%
E2 Dornase use in non-CF patients	$ (3,372)	$ 2,250	$ (5,622)	-249.9%	$ (31,039)	$ 27,000	$ (58,039)	-215.0%
E3 Dexmedetomidine injection	$ 1,606	$ 2,500	$ (894)	-35.8%	$ (16,410)	$ 30,000	$ (46,410)	-154.7%
E4 PPI use post-op	$ 1,101	$ 817	$ 284	34.8%	$ 5,167	$ 9,800	$ (4,633)	-47.3%
E5 Rasburicase	$ -	$ 833	$ (833)	-100.0%	$ 33,550	$ 10,000	$ 23,550	235.5%
E6 IVIG	$ 40,263	$ 8,333	$ 31,930	383.2%	$ 341,688	$ 100,000	$ 241,688	241.7%
E7 Low Molecular Weight Heparins	$ 3,202	$ 6,250	$ (3,049)	-48.8%	$ (56,508)	$ 75,000	$ (131,508)	-175.3%
E9 OR Irrigations	$ -	$ 100	$ (100)	-100.0%	$ -	$ 1,200	$ (1,200)	-100.0%
E11 Levofloxacin in non-pulmonary indications	$ (6,022)	$ 1,875	$ (7,897)	-421.1%	$ 1,006	$ 22,500	$ (21,494)	-95.5%
Total Original Budget	$ 58,100	$ 27,125	$ 30,975	114.2%	$ 512,375	$ 455,105	$ 57,270	12.6%
New Opportunities Identified								
F3 Neupogen	$ 23,084	$ -	$ 23,084		$ 244,284	$ -	$ 244,284	
G6 Pip/Tazo	$ 3,416	$ -	$ 3,416		$ 220,692	$ -	$ 220,692	
G7 Levetirac	$ 552	$ -	$ 552		$ 8,699	$ -	$ 8,699	
Total New Opportunities Savings	$ 27,052	$ -	$ 27,052		$ 473,675	$ -	$ 473,675	
Add-On Budget								
F8 Ifosfamide powder conversion	$ 3,054	$ 6,667	$ (3,613)	-54.2%	$ 61,870	$ 40,000	$ 21,870	54.7%
F9 Acetadote RTA	$ 15,103	$ 12,500	$ 2,603	20.8%	$ 29,579	$ 75,000	$ (45,421)	-60.6%
F10 Privigen	$ 2,200	$ 6,500	$ (4,300)	-66.2%	$ 41,200	$ 39,000	$ 2,200	5.6%
G5 Melphalan	$ 5,025	$ 16,667	$ (11,642)	-69.9%	$ 78,390	$ 100,000	$ (21,610)	-21.6%
E8 Nicardipine Injection	$ 5,404	$ 16,500	$ (11,096)	-67.3%	$ 69,201	$ 99,000	$ (29,799)	-30.1%
Total Add-On Budget	$ 30,785	$ 58,833	$ (28,048)	-47.7%	$ 280,240	$ 353,000	$ (72,760)	-20.6%
Grand Total	$ 115,937	$ 85,958	$ 29,979	34.9%	$1,266,290	$ 808,105	$ 458,185	56.7%

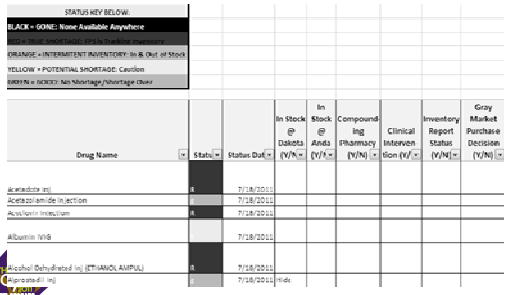
Formulary Strategies
Inpatient versus Outpatient Reimbursement



Supply Chain Management
Preferred Product List

Medi Item #	Image	Pref Ind	Alert	Description
1789122		☑		PANTOPRAZ SOD DR 20MG KRE 90®
1793348		☑		PANTOPRAZ SOD DR 40MG KRE 90®
2166254		☑	☑	PROTONIX IV INJ 40MG 10
1773282				PANTOPRAZ SOD DR 20MG DR/R 90
1774199				PANTOPRAZ SOD DR 40MG DR/R 90®
1446834			☑	PANTOPRAZ DR TAB 40MG TEV 90®
1649664				PANTOPRAZ DR TAB 20MG TEV 90®
2198748				PANTOPRAZ SOD DR 40MG CARA 90®
2124328				PANTOPRAZ DR TAB 20MG ACTA

Supply Chain Management
Drug Shortages



STATUS KEY BELOW:
BLACK = GONE: None Available Anywhere
ORANGE = INTERMITTENT INVENTORY: In & Out of Stock
YELLOW = POTENTIAL SHORTAGE: Caution
GREEN = GOOD: No Shortage/Shortage Over

Drug Name	Status	Status Date	In Stock @ Dakota (Y/N)	In Stock @ Anda (Y/N)	Compounding Pharmacy (Y/N)	Clinical Intervention (Y/N)	Inventory Report Status (Y/N)	Gray Market Purchase Decision (Y/N)
acetazolamide inj	G	7/18/2011						
Acetazolamide Injection	G	7/18/2011						
Acyclovir Injection	G	7/18/2011						
Albumin IVG		7/18/2011						
Alcohol Dehydrated Inj (ETHANOL AMPUL)	G	7/18/2011						
Alprostadil inj		7/18/2011	Hide					

Supply Chain Management
Drug Shortages

IV Diltiazem Shortage SBAR

Situation: Diltiazem for injection is unavailable due to a national shortage.

Background: Diltiazem is a non-dihydropyridine (NDP) calcium-channel blocker that reduces blood pressure and heart rate. Diltiazem is most often used to treat rapid heart rates secondary to atrial fibrillation.

Historically, IV diltiazem has been manufactured by 4 different generic manufacturers: Baxter, Bedford, Hospira and Teva. Currently, all manufacturers are unable to maintain an adequate supply of product. While Hospira expects their next supply to be available in early June, Baxter and Bedford cannot provide release dates. Teva has stopped making IV diltiazem altogether.

Assessment/Recommendation: During this national shortage, alternatives therapies must be used in place of IV diltiazem. A list of alternatives can be found in the table below.

Alternatives to IV Diltiazem

Medication	Dosage
Oral Diltiazem (PO not affected by shortage)	1. Immediate release tablet/oral suspension → 30-120 mg PO Q6H 2. Sustained release (SR) → 60-240 mg PO BID 3. Extended release (CD) → 120-480 mg PO Daily
Esmolol Drip	1. IV Loading Dose → 200 mcg/kg over 1-2 minutes (avoid loading dose in unstable patients and/or with hypotension) 2. Continuous IV Infusion → 50 mcg/kg/min, titrate up by 50 mcg/kg/min Q10-15 min. Max dose =300 mcg/kg/min

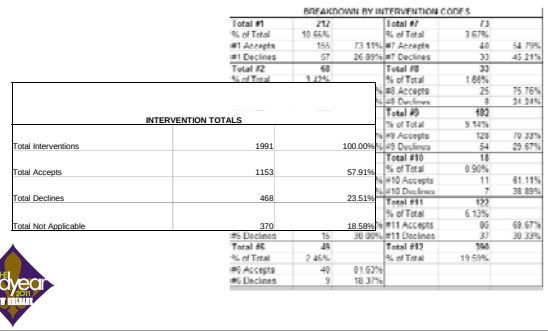
Supply Chain Management – Proving Value
Drug Shortages Metrics

- Number of “RED” items and/or absolute outages
- Number of adverse events due to shortages
- SBARs: Processes Fairview follows to keep patients safe.
- Therapy either delayed or denied to Fairview patients
- “Gray Market” purchases
- Incremental costs incurred due to drug shortages

Drug Policy – Proving Value

- Standardized 601 Epic order sets
- Standardized 482 Beacon protocols
- Decision Support
- Medication Safety
- Disease Management
- Symptom Management

CMS Core Measures / Hospital Associated Conditions – Proving Value
Antimicrobial Stewardship



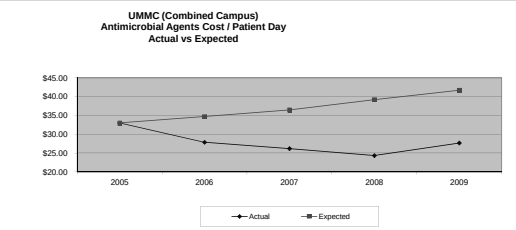
INTERVENTION TOTALS

Total Interventions	1991	100.00%
Total Accepts	1153	57.91%
Total Declines	468	23.51%
Total Not Applicable	370	18.58%

BREAKDOWN BY INTERVENTION CODE S

Total #1	212		Total #7	73	
% of Total	10.66%		% of Total	3.67%	
#1 Accepts	155	73.11%	#7 Accepts	40	54.79%
#1 Declines	57	26.89%	#7 Declines	33	45.21%
Total #2	68		Total #8	33	
% of Total	3.42%		% of Total	1.66%	
#2 Accepts	52	76.47%	#8 Accepts	25	75.76%
#2 Declines	16	23.53%	#8 Declines	8	24.24%
Total #5	16		Total #9	182	
% of Total	0.80%		% of Total	9.14%	
#5 Accepts	10	62.50%	#9 Accepts	128	70.33%
#5 Declines	6	37.50%	#9 Declines	54	29.67%
Total #6	49		Total #10	18	
% of Total	2.46%		% of Total	0.90%	
#6 Accepts	40	81.63%	#10 Accepts	11	61.11%
#6 Declines	9	18.37%	#10 Declines	7	38.89%
			Total #11	122	
			% of Total	6.13%	
			#11 Accepts	80	69.67%
			#11 Declines	37	30.33%
			Total #12	198	
			% of Total	19.59%	

CMS Core Measures / Hospital Associated Conditions – Proving Value Antimicrobial Stewardship



CMS Core Measures / Hospital Associated Conditions – Proving Value Antimicrobial Stewardship

Total – Antimicrobial Use Per Patient Day

Totals	2006	2007	2008
# Pt. Days	95,709	98,910	99,090
Total # Doses	41,237	40,720	39,727
Avg. # per Pt. Day	0.431	0.412	0.401
% Decrease in Avg. # per Pt. Day	x	*From 2006:* 4.4%	*From 2006:* 6.98% *From 2007:* 2.67%

CMS Core Measures / Hospital Associated Conditions – Proving Value Antimicrobial Stewardship

Impact of an Antimicrobial Stewardship Program at the University of Minnesota Medical Center,The First 4 Years, 2007-2010

Results: Cost saving for the first two years of the AMT were $732,758. AMT Interventions: There were 8015 interventions/recommendation in the first 42 months. 4911 (61.3%) were accepted. 1392 (17.4%) agreed with management. 1712 (21.4%) of the recommendations were declined. From 2006-2009 antimicrobial doses/patient day declined by 7%, antibiotics costs declined by $7.40/patient day, average number of antibiotics per adult patient declined from 2.34 to 2.39 (2.1%) and from 2.98 to 2.37 (20.5%) per pediatric patient. UHC data 2006-2009 showed no significant change in LOS and mortality index. The numbers of patients with hospital acquisition (HA) of VRE, MRSA, and ESBLs did not decline from 2006 to 2009. There was a downward trend in HA *Clostridium difficile* diarrhea from Jan. 2007 to Feb. 2010. From 2009 to 2010 a decrease was seen in HA VRE infections from 0.5 to 0.3/1000 patient days and in HA MRSA infections from 0.2 to 0.1/1000 patient days. During 2009-2010 new infection prevention practices were also put in place including environmental cleaning with microfiber clothes, daily bed bathes with chlorhexidine gluconate (CHG) clothes in high risk patients and CHG patch at central line sites.

Conclusion: The AMT was able to reduce antibiotic use and antibiotic costs per patient day. Quality of care was not adversely affected. At the end of the four year period there was a decrease seen in HA MRSA and VRE infections. The effects of the AMT and the Infection Prevention Department appear to be synergistic.

Submitted: Infectious Disease Society of America, 49th Annual Meeting, Boston, MA, October 20,2011

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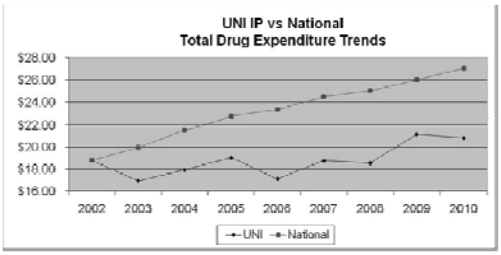
Pharmacy Services – Proving Value



Pain Stewardship Program

- Daily report - oral long-acting opioids, fentanyl formulations, and methadone
- PMP profile checked for consistency with patient history
- "opioid review" note documented by the pain medication stewardship pharmacist
- Plan for transition to oral, weaning of acute pain medications, and continuity of care is developed
- Marker of success – numerous physician consults

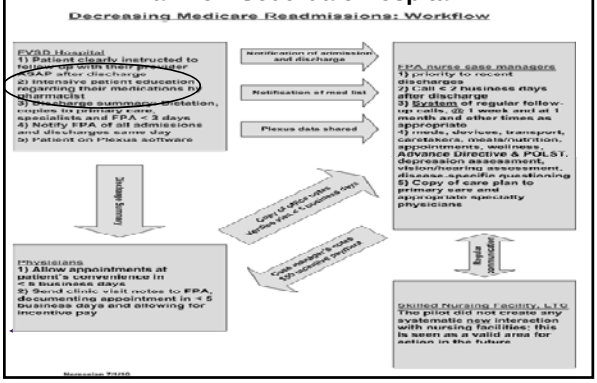
Pain Stewardship Program June – Dec, 2010

- Opioid therapy screened on 1,393 patients
- 586 (42%) met criteria for opioid medication reconciliation

Pain Stewardship Program
June – Dec, 2010

Type of Intervention	Number of Patients
Note documented under "pharmacist medication review" (note contains all outpatient controlled substance use, identification of opioid use problems and recommendations for involvement of other services (pain team, chem. dep, etc)	499
Contact floor pharmacist over the phone regarding EMR discrepancies with inpatient opioid medications/doses	45
Contact physician on recommendation for a pain or palliative care consult	17
Pain team request for PMP review by the stewardship program with documentation in FCIS	21
Contact physician on opioid medication issues (multiple providers outside, need for continuity of care, need social worker intervention)	16
Document discharge recommendations and include referral to pain clinic	2
Contact retail pharmacy to verify medication on the PMP report	3
Contact methadone treatment program to verify patient dose	1
Total number of interventions	604

Transitions in Care
Fairview Southdale Hospital



Transitions in Care
Fairview Southdale Hospital

- Results after one year:

FPA/FSH readmission rate = 9.6%

95% confidence limits are +/- 2.9% for eligible patients,

Therefore, we can be reasonably sure the true readmit rate for eligible patients lies between 6.7% and 12.5%

Since the 2009 rate was 16.5%

readmits are ~ 42% lower this year

Transitions in Care
Fairview Southdale Hospital
Potential Savings

U Care Patients with Top 3 diagnoses 2008	
University of Minnesota readmits	89
Fairview Southdale readmits	86
Fairview Lakes readmits	18
Fairview Ridges readmits	29
Fairview Northland readmits	4
Total 2008 U Care readmits	**226**

If 42% of these readmissions can be prevented @ $10,000 each,
the ACO saves **$950,000 a year on UCare patients alone**
If 30% of these readmissions can be prevented, ACO saves **$680,000 a year**

Transitions in Care
Amplatz Children's Hospital

- **Medication Teaching Pharmacist**
  - 1 FTE from Discharge Pharmacy
  - Monday – Friday 0900-1700
  - Every 5th Saturday 0900-1700
- **Discharge Liaison**
  - 1 FTE from Discharge Pharmacy
  - Monday – Friday 0800-1600
- **2 PD4 Students**
  - Monday – Friday 0900-1700 and 1000-1800
  - Plus 2 Saturdays each per 5 week rotation 0900-1700

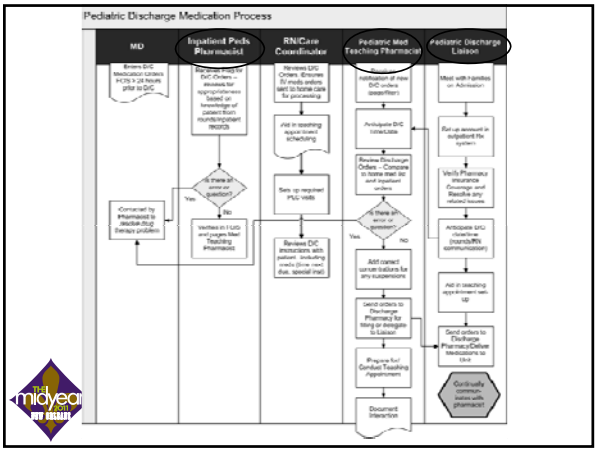
Medication Teaching Pharmacist and Discharge Liaison are members of the inpatient Pediatric Team!

Transitions in Care
Amplatz Children's Hospital

- **What does the Discharge Liaison do?**
- **Meets with patient/family on admission**
  - Reviews services offered by FPS
  - Orients to discharge medication process
  - Obtains insurance and allergy information
  - Sets up account in outpatient Rx system
- **Attends discharge rounds/meets with charge RN to identify discharging patients**
- **Schedules teaching appointments and interpreters**
- **Runs test claims**
- **Ensures completed discharge medication orders are sent for filling**
- **Delivers medications to the unit for the pharmacist**

Transitions in Care
Amplatz Children's Hospital

- **What does the Medication Teaching Pharmacist do?**
- **Reviews all discharge medication orders**
  - Discharge Reconciliation
  - Resolves any drug therapy problems
  - Enters correct suspension concentrations to discharge orders
- **Brings medications to the teaching appointment**
- **Creates a MedActionPlan® for complex regimens (SOT, BMT)**
- **Conducts medication teaching for the patient/family**
  - Focus is on new medications/dose changes
  - Teaching points addressed (as appropriate):
    - Name, description, purpose, dose/strength, duration
    - Measurement of liquid medications, strategies for giving medications to children
    - Special storage requirements, common side effects, food/medications to avoid
    - Action to be taken if dose is missed, when to call MD, safe disposal of unused medications, how to obtain refills
- **Documents teaching activities and interventions**
- **Provides a follow-up call to the patient/family after discharge**
- **Trains pharmacy students participating in the service**



Measurement

- **Process Measures:**
  - Percent of patients taught/offered teaching at discharge
  - Percent of patients with discharge medication reconciliation completed by pharmacist
  - Time spent teaching/preparing for teaching/reconciling meds
  - Fairview Discharge Pharmacy prescription capture rate
- **Patient Care Measures:**
  - Type/number of interventions made by pharmacist during reconciliation
  - Readmission rates
- **Patient Satisfaction Measures:**
  - NRC Picker survey results – specific medication teaching questions
  - Follow-up call satisfaction question

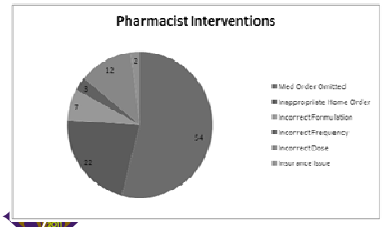
Process Results
10/15/10-12/15/10

- **273 patients discharged from 5A**
- **132/237 (56%) had medication teaching documented**
- **Most recently, teaching an average of 5-6 patients/day on fully staffed days**

	Average Time Spent (minutes)
Discharge Medication Reconciliation	9.6
Teaching Appointment Preparation (MedActionPlan®, color coding, review, etc)	12.6
Teaching Appointment	17.3

Patient Care Results
12/16/10-1/26/11

- 59 Documented Interventions
  - N = 143 patients seen by the pharmacist
  - Rate of 0.41 interventions/patient



Intervention Examples
- Wrong dose of insulin ordered on discharge
- Multiple steroid inhalers ordered on discharge
- Prednisone taper instructions unclear on Rx
- Prednisone taper omitted
- Wrong dose of antibiotic ordered at discharge

Patient Satisfaction Results
12/16/10-1/26/11

- **"YES" Answers on Follow-Up Calls (N = 61):**
  - **Was the medication teaching session helpful? = 100%**
  - **Were you satisfied with the med teaching you received = 100%**

"…never experienced pharmacist med teaching like this before - very impressed."
"…appreciated the pharmacist making sure I understood how to give medicines to my son prior to leaving the hospital."
"…med program would be awesome for moms with children who have complicated medication regimens."
"…my daughter's asthma is controlled for the first time in 14 years – I think in part to her now knowing how her meds work."

Transitions of Care
Fairview Ridges Pilot

Care Coordinator
- Identifies patients with predicted DRG of CHF or COPD
- Enters patients into software
- Attend daily discharge rounds

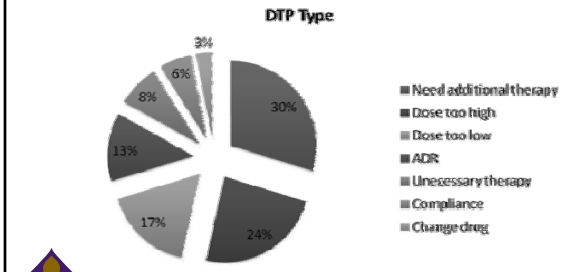
Pharmacy Tech
- Attend daily discharge rounds
- Facilitate discharge prescriptions for patients

Pharmacist
- Follow progress while in hospital
- Discharge med reconciliation and resolution of DTP's
- Patient Education
- Discharge medication list to patient
- Arrange referral to MTM service during home health visits

Results

- 4 month pilot
- 40 patients in intervention group
- 88 drug therapy problems identified (2.6/pt)
- MTM follow-up rate 25% (historically ~6%)
- Primary Care follow-up rate 65%
- Home Health follow-up rate 58%

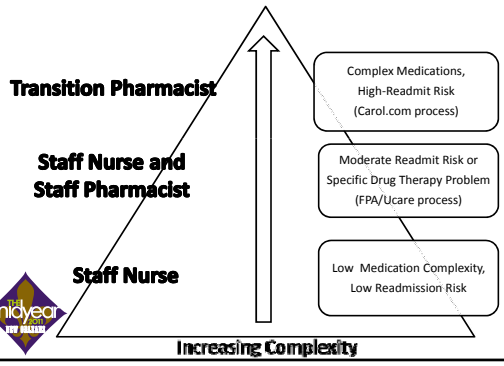
Results
Types of drug therapy problems



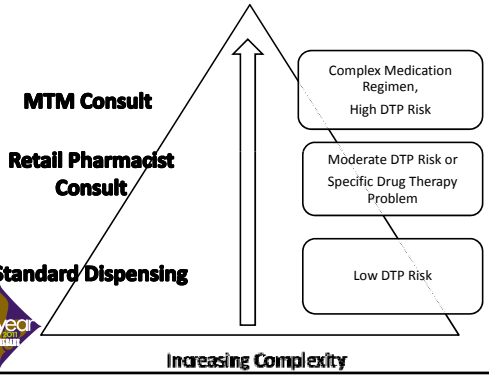
Results

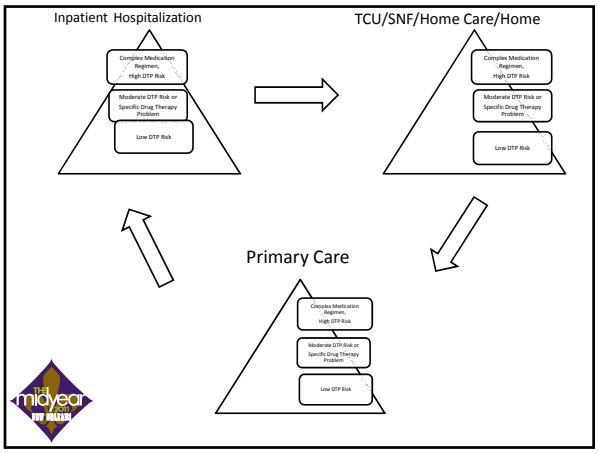
- 30-day all cause readmission rates
  Pilot 30.6%
  Comparison Group 35.9%

Care Transitions Continuum
Medication Reconciliation and Education



Care Transitions Continuum - Retail





Chronic Disease and Wellness

MTM services currently in 17 FMG clinics

- **Working with Carol Corp, Fairview innovation team and FMG leadership to develop a "panel" of MTM patients**
- **Refining our staffing and delivery model to ensure MTM services are available where there is need**
- **Collaborative Agreements in place to provide medication management on over 20 disease states**
- **Involvement in chronic disease and wellness leadership team to guide direction of team clinician members**

Care Package development & participation

- **Asthma, diabetes, migraine, HTN, cholesterol**

Chronic Disease and Wellness "Care Packages"

"Evidence-based practice meets Clinic Operations"

3 teams:

- Guidance Team – which conditions need to be packaged
- Design Team – What labs, visits should be included, who should see patient, what education do they need, etc
- Implementation Team – operations focus

- 10 care packages including: Preventive Care, migraine, Hyperlipidemia, HTN, low back pain, asthma, diabetes

Contributions to Clinic Care Model

Direct involvement in clinic team

- **C3PO's**
- **Huddles**
- **Clinical consults**

Education

- **Direct teaching**
  - **Asthma education for nursing**
  - **HTN**
- **Protocol development**

Innovation

- **Virtual Care (web-cam) development**

Retail Clinical Services

Pilot at Hugo Pharmacy in partnership with the clinic

- **Hypertension management**
- **Smoking Cessation**
- **Pharyngitis protocol**
- **Travel Health**

Refill Authorization & Therapeutic Interchange Protocol

- **For Fairview clinic patients**
- **In pilot phase**

Vaccination Program

- **Flu, pneumovax**

Continuum of Care Services

Consulting Services

Medication Therapy Management

Ebenezer LTC
Fairview Partners
Assisted Living
Community

Long Term Care Chart Review

Provider and Staff Education

Direct to Employer Services

ClearScript – PBM services

MTM- both live and virtual

- City of Minneapolis
- City of Duluth
- State of Minnesota
- Integration with Fairview's direct to employer initiatives

Conclusion

- Pharmacy Services bring value to the ACO
  - Transitions in Care
  - Chronic Disease and Wellness
  - Contribution to Clinic Care Model
  - Retail Services
  - Continuum of Care
  - Direct to Employer Services

Conclusion

- Pharmacy Services bring value to the ACO
  - Formulary Management
  - Supply Chain Management
  - Drug Policy
  - Core Measures
  - Pain Medication Stewardship

Thank you!