HONOLULU

David Y. Ige
GOVERNOR

Workforce Committee Meeting Minutes
July 23, 2015 3:00pm- 4:30pm

Committee Members Present:
Beth Giesting, Co-Chair
Kelley Withy, Co-Chair
Laura Reichhardt
Deb Gardner
John Pang
Karen Pellegrin
Chris Flanders
Joan Takamori
Deb Birkmire-Peters
Susan Young (teleconf)
Catherine Sorensen (teleconf)
Carol Kanayama (teleconf)
Nancy Johnson (teleconf)
Katherine Parker (teleconf)
Sandra LeVasseur (teleconf)

Staff/Other Present:
Joy Soares
Trish La Chica
Nora Wiseman
Laura Brogan, Navigant (teleconference)

Committee Members Excused:
Helen Aldred
Lana Kaopua
Lynette Landry
Celia Suzuki
Aurae Beidler
Carl Hinson
David Sakamoto
Dan Domizio
Christine Sakuda
Forrest Batz
Jane Uyehara-Lock
Josh Green
Mary Boland
Napualani Spock
Roseanne Harrigan
Shunya Ku'ulei Arakaki
Jillian Yasutake
Gregg Kishaba
Robin Miyamoto

1. Welcome and Introductions - Dr. Kelley Withy
    - Dr. Withy thanked everyone for attending and participating in workforce planning
    - Members introduced themselves and stated their respective organizations of affiliation

2. Project ECHO Update - Dr. Kelley Withy
    - Team recently returned from training in New Mexico
    - Sponsored by the DOH Office of Rural Health
    - Learned about ECHO's tele-mentoring methodologies being implemented across the US
    - Plans to begin program in Hawaii offering training to rural providers
    - Will survey community health and prison health providers on topics of choice
        - Behavioral health (addiction, chronic pain, depression, anxiety)
        - Endocrinology (diabetes, obesity, osteoporosis, thyroid dysfunction)
        - Hepatitis
        - Sports medicine
        - Geriatrics
    - Field specialists, pharmacists will conduct training through case presentation and didactic modality, using 'Zoom' web technology
    - Plans to adopt and make sustainable beyond pilot phase, including fundraising through private investors, insurers, and healthcare companies
    - Will have to mitigate broadband issues for small offices in rural settings
    - No HIPAA concerns because 'curbside consults' do not involve patient information

3. DLIR Appropriation Update - deferred

4. SIM Scope of Work - Beth Giesting
    - Expanded population focus to include behavioral health integration for both children and adults in Medicaid
    - Context of 'healthy families' and exploring opportunities for health intervention and prevention among multiple generations
    - Also working on strategies to improve oral health for Medicaid enrollees (see below)

5. SIM Committee Updates (see PPT slides) - SIM Team
    - Oral Health Committee
        - Working to restore coverage for adults; priorities for pregnant women and adults with DD
        - Expand access to preventive services for kids in schools
    - Steering Committee
        - Discussed Innovation Structure and Funding for Reform
        - Plan to collect feedback and continue discussion on Hawai'i Health Care Innovation Roadmap
        - Determine whether DSRIP is a next step for Hawai'i
    - Delivery and Payment Committee
        - Plan to decide on target population, discuss possible integration strategies (e.g. screening), leverage expertise from Navigant
    - HIT Update
        - SIM team met with HIE to explore next steps for SIM-related work
        - ONC provided TA regarding case examples for privacy and security of information exchange
        - Discussion about IAPD as an ongoing process
    - Population Health Committee
        - Expanded focus to include children and adults – looking at the entire family, and identifying best strategies that will provide services to these two populations
        - DOH talked about current initiatives and opportunities on diabetes, obesity, tobacco cessation, and 'health in all' policies

6. Community Health Worker Training Program (see PPT slides) - Deb Gardner
    - TAACCCT (Trade Adjustment Assistance Community College Career Training) program
    - Hawaii currently has 120 CHW, but the career is low-paying and insecure
    - Program addresses health and economic opportunities, employer engagement
    - Plans to create a common definition of CHW, outline scope of practice
    - Standardizes curriculum and training to provide career pathway
    - Forum for academic/community discussion about CHW to take place at September primary care summit, engaging local thought leaders
    - Issues for discussion include
        - Development of advisory board
        - Certification at state level
        - Leveraging School Health Aide (SHA) program strategy to build scale

7. Community Pharmacists (see PPT slides) - Karen Pellegrin, John Pang
    - Pharm 2 Pharm is a consulting pharmacist pilot program, which shares and builds upon pharmacy expertise across the continuum of care
    - Re-education of dispensing pharmacists to become community/clinical in scope
    - Responsibilities with high-risk patients include
        - Medication reconciliation
        - Patient education
        - Readmission reviews
        - Planned handoffs
    - Goals are to remedy discrepancies, achieve effectiveness, and ensure adherence
    - HCS Med 360 is EHR for pharmacists, includes full patient history, medical documentation, and drug therapy responses
    - Opportunity to contribute to BH in primary care setting: psycho-pharm monitoring and management to assist PCPs with patients' medications

8. Workforce Targets and Strategies - Joy Soares
    - To incorporate CHW and consulting pharmacists in workforce expansion plans, as part of the overall coordinated care team approach to addressing behavioral health among children, adults, and families within the primary care setting

9. Next steps - Dr. Kelley Withy
    - Brief mention of recently expanded privileges and responsibilities for APRNs
    - Deferred update about the Longview Conference (National Workforce for Nursing)
    - Continue discussion about workforce goals, strategies, and resources

The next meeting will be Thursday, August 27th from 3:00-4:30

Workforce Committee Meeting Agenda
State Office Tower Rm. 1403/Leiopapa a Kamehameha
July 23, 2015 3:00pm- 4:30pm
Teleconference Line 1-855-640-8271, Code 6537 5199#

▪Welcome and Introductions	Dr. Kelley Withy
▪Project ECHO Update	Dr. Kelley Withy
▪DLIR Appropriation Update	Jillian Yasutake
▪SIM Scope of Work	Beth Giesting

SIM Committee Updates

SIM Committee Updates

SIM Team

- Steering
- Delivery & Payment
- Population Health
- Oral Health
- Health Information Technology

July SIM Committee Updates

Steering:

- SIM presented a draft Road Map for Health Care Innovation
- Discussed Innovation Structure and Funding for Reform

Next Steps:

- Collect feedback and continue discussion on Hawai‘i Health Care Innovation Roadmap
- Determine whether DSRIP (Delivery System Reform Incentive Payment) is a next step for Hawai‘i

July SIM Committee Updates

Delivery and Payment:

- Dr. Bruce Goldberg presented framework and approaches to behavioral health integration
- Next steps: decide on target population, discuss possible integration strategies (e.g. screening), leverage expertise from Navigant

July SIM Committee Updates

Population Health

Updated Health Innovation Focus: Nurturing Healthy Families

- Include children and adults – looking at the entire family, and identifying best strategies that will provide services to these two populations

DOH talked about current initiatives and opportunities on: diabetes and obesity, tobacco cessation, and health in all policies

Next steps:

- Committee will review the SIM Population Health Assessment draft and provide feedback

July Committee Updates – Oral Health

Oral Health:

- Committee agreed on goals:
  1. Identify strategies that improve access to and utilization of dental health care and address prevention of dental caries
  2. Review current practice restrictions on applying sealants/varnishes for underserved children and the settings in which the practice would be permitted
  3. Identify strategies to provide dental coverage to low-income adults
- Committee agreed on strategies to achieve goals
  1. Scope of practice issues
  2. School-based services
  3. Coverage for Medicaid adults
- Committee agreed to focus on oral health for pregnant women, possibly ABD population as well
- Next steps are to determine legislation strategies

July SIM Committee Updates

Health Information Technology

- Bruce Goldberg, Tina Edlund, and Patricia MacTaggart provided on-site June 15-17 for CMS/ONC technical assistance
  - Comprehensive 'roadmap' planning session with staff from SIM, DHS, and DOH
- SIM team met with HIE to explore next steps for SIM-related work
  - Discussion about IAPD as an ongoing process

Next steps: Determine specific Committee work and membership

Community Health Worker Training Program Update

Community Health Worker Training Program Update — Deb Gardner

- Background Information
- Stakeholder Management
- Coordination of Efforts
- Key Decision Points/Timeline

Department of Labor

Trade Adjustment Assistance Community College and Career Training (TAACCCT) Grants Program

Round 4

Awarded to University of Hawaii

Community Colleges Consortium*

* UH Maui Community College
Hawaii Community College
Honolulu Community College
Kauai Community College
Kapiolani Community College
Leeward Community College
Windward Community College

Primary Purpose:
to help advance the Community Health Worker (CHW) as a viable career, in the context of a transformed health care system that provides greater access to high quality and affordable health care to high-risk and vulnerable populations including low-income minority populations.

TAACCCT Round 4 Health Goal

Health is targeting CHW training (an entry level position) to provide improved job opportunities, potential wage increases, and engage CHWs in career paths to additional certificates and degrees in Nursing, Medical Assisting and Public Health.

DRAFT DEFINITION
OF COMMUNITY HEALTH WORKER (CHW)

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competency of service delivery. A CHW also builds individual and Community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. (Am. Public Health Assoc.)

The duties of a CHW include:

- Assisting individuals and communities to adopt healthy behaviors
- Conducting outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health
- Providing information on available resources
- Providing social support and informal counseling
- Advocating for individuals and community health needs
- Providing services such as first aid and blood pressure screening
- Collecting data to help identify community health needs

Education, Training and Certification

According to a national HRSA survey*, there are three main trends in CHW workforce development:

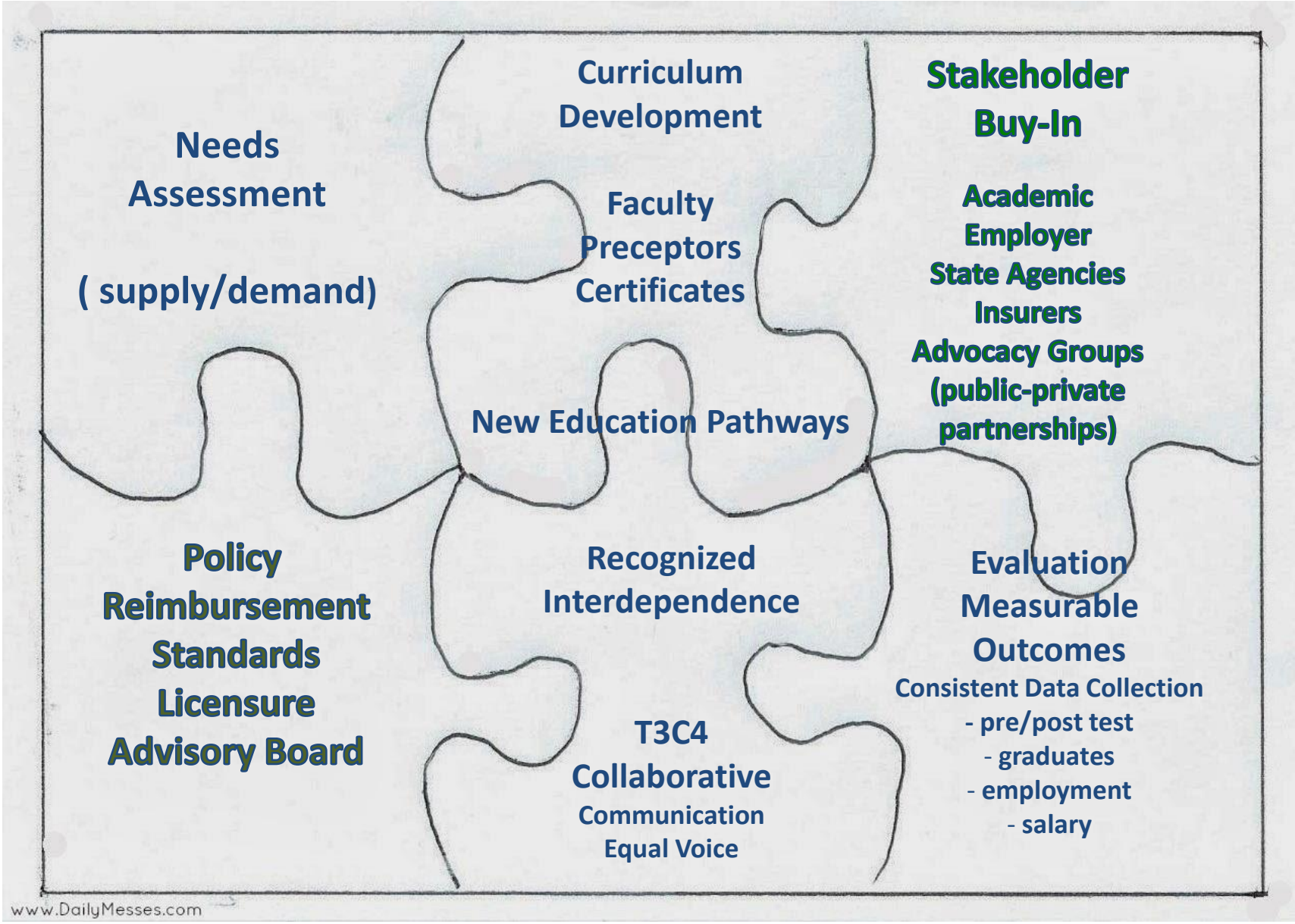
1. Certificates or degrees at the community college level, which provide career advancement opportunities
2. On–the–job training, to improve standards of care, CHW income, and retention
3. Certification at the state level, which recognizes the work of CHWs and facilitates Medicaid reimbursement for CHW services

*Community Health Worker National Workforce Study (PDF: 1.14MB/285 pages),

TAACCCT ROUND 4 CHW Products & Deliverables

Products & Deliverables	Kauai	KCC	Maui	Windward
Develop Basic Curriculum				
Certificate/Program Approval				
Create CHW Advisory Board				
Engage Stakeholders with content development • Vet Curriculum to stakeholders • Approval/Adoption of Curriculum				
Ensure resources are in place for delivery of curriculum (faculty, course approval, testing, counseling/coaching, field placements)				
Recruitment of students				
Collaborate with State Policy makers to support payment reform for CHWs				
Identify current CHWs for guidance and leadership in curriculum and employee engagement				

TAACCCT Round 4



COORDINATION OF HEALTH INNOVATION EFFORTS

SIM/Workforce Development Committee
Develop plan to support "emerging professions"

Hawaii AHEC

SIM/CMS Planning Grant-CHWs in Behavioral Health

Statewide Advisory Panel (recent enactment of ACT 166:
Hawaii Healthcare Workforce Advisory Board)

Healthcare Policy & Planning Workgroup

HCC Consortium: TAACCCT R4 Grant

CHW Questions/Challenges

#1 Creating a “shared” definition of CHW role(s)
#2 Best strategies for education and outreach across the state
#3 Best approach for engaging current CHWs (approx. est. of 120)
#4 Best approaches for engaging employers/agencies with next steps
#4 Once agreement is reached on basic role of CHW there is compelling need for specialized training like the Behavioral Health CHW-who decides?
#5 Identification of programs/agencies that will or already use BH – CHWs
#6 Need shared decision making on CHW training & education foci
e.g., elderly population, behavioral health, chronic illness
#7 Development of proposed model that will lead to payment for CHW services
#8 Defining Scope of Practice – Licensure issues
#9 Best way for CHW Advisory Board to interact with other ad boards?

Key Components in the Development & Implementation of the CHW Role

- **Infrastructure**
  - **Establish CHW advisory body**
- **Workforce Development**
  - **CHW certification or training process**
  - **Standard curriculum with core skills/competencies**
- **Professional Identity**
  - **CHW scope of practice**
- **Financing**
  - **State reimburses or creates incentives for CHW services**
  - **Integrates CHWs into team based care**

Infrastructure
For Developing the CHW Role In Hawaii

- T4 opened up the opportunity for CHW curriculum development
- SIM project which is to develop a plan for the integration of behavioral health into primary care is an opportunity for the CHW role to assist in this goal
- Workforce Committee is still active and provides a forum for further development of this role
- What forums already exist to present and develop this project with:
  - Papa Ola Lokahi

- Need to identify key stakeholder groups
  - Review ideas and engage them in a discussion of what competencies are needed by CHWs
  - Develop a plan for meeting those needs and revisit that plan with stakeholders

Proposed CHW Advisory Group

Academic

Employer Perspective

Payer – Public & Commercial

CHW Leaders

State & Federal Health Policy

State Agencies

Labor

Infrastructure Options
For Developing the CHW Role

Legislative Mandate Model:

In 2014, New Mexico enacted SB 58, which requires the Secretary of Health to promulgate certification rules for CHWs, such as education, training, and experience; procedures for recertification; continuing education standards; and disciplinary actions. The bill creates the Board of Certification of Community Health Workers, which makes recommendations to the Secretary of Health about education and certification requirements for CHWs to practice as Certified CHWS (CCHWs). Each CHW is certified for two years. All fees collected during the certification process must be used for the administration of the program. The Department must conduct criminal background checks, including finger printing, for all CHWs. All CHWs must maintain possession of CHW certification documents at all times when performing duties as a CCHW. CHWs may not perform services that require a license from a professional licensing board.

Infrastructure Options for Developing the CHW

- Centralized Model: The CHW Advisory Board develops core competencies for the training and certification of CHWs. The Board's report must include research related to best practices, curriculum, and training programs for CHW certification; recommendations for CHW certification and renewal processes; and curriculum recommendations containing the content, methodology, development, and delivery of all proposed programs. (e.g., Illinois-legislation to identify minimum requirements for core competencies, which are those competencies that are essential to expand health and wellness and to reduce health disparities. CHWs are prohibited from performing services that require a license from a professional licensing board.)

- Agency Partnership Model: the Mississippi State Department of Health and the Tougaloo College/Central Mississippi Area Health Education Center joined together to develop a formal CHW certification program. The program's goal is to credential CHWs and recognize them as an important part of health services in Mississippi.

Infrastructure Options
For Developing the CHW Role

- An Independent Organization Model: Choose an independent organization to administer the training and certification services. (e.g., in Indiana, CHWs must attend a three-day training and pass an exam)

- Adoption of a CHW Training Model from another State: Washington State used the Massachusetts Department of Public Health's CHW training curriculum to develop its own CHW training program. The primary training course is the Core Competencies Course. The training may be completed online or in-person, and training is conducted quarterly.

Infrastructure Options
For Developing the CHW Role

- CHW Training Development by Agency with Focus on Specific Populations:

New York's Department of Health created the Community Health Worker Program, which targets communities with high infant mortality rates, little or no prenatal care, and high rates of teen pregnancies, among others. The program's goal is to provide early, consistent care to pregnant women. The program trains CHWs, with a focus on basic health education, referrals for services, and navigation of the health system.

In 2013, Nevada created an eighteen month pilot program to train and certify CHWs, with a focus on targeting the Latino population. Twelve individuals were entered into the training program consisting of seven core areas. At the conclusion of the training, the CHWs will have completed roughly 80 hours of training and are expected to work with 100 families.

UHM ***Draft*** CHW Curriculum

UH Maui Community College has developed the first basic competency curriculum for the CHW to vet with key stakeholders for further development. Like many states, Hawaii- Maui is proposing a competency-based 15 credit certificate program that will create a pathway for students interested in a wide range of health and social services careers. KCC is developing a plan to offer a CHW curriculum in higher education (e.g.,AS degree in public health).

Core competencies – 15 credits

- Community Health Worker Fundamentals: 3 credits
  - examines CHW field, public health efforts, advocacy, role, culturally based health beliefs
- Health Promotion/Disease Prevention: 3 credits
  - examines the behavioral and environmental risk factors for illness and disease, identifies health promotion strategies, how to access and analyze health information, as well as apply health promotion teaching concepts to prevent chronic disease and promote healthy behaviors
- Case Management: 3 credits
  - develops effective interviewing skills, intake, assessment, service planning and care coordination, discharge planning, and referral
- Introduction to Counseling & Interviewing: 3 credits
  - introduces a strengths-based model for evaluating and working with individuals to engage and facilitate health and lifestyle related behavior changes
- Capstone Practicum: 3 credits
  - provides individualized training in community services with a supervisory experience. Includes weekly seminar giving students an opportunity to discuss and share practicum experiences

Health Module Sessions/Courses

What will be our focus? What are our populations biggest health issues?

- Chronic Disease – Asthma, COPD; Diabetes, Hypertension, Obesity,
- Mental Health- Behavioral Health
- Adolescent Health
- Geriatric Care-Dementia, ADL's, Home Safety/Falls Prevention, Depression
- Substance Abuse
- Domestic Violence

Community Pharmacists

Community Pharmacists

Karen Pellegrin, John Pang

- Ensuring Patient Wellness
  - Role and Scope of Practice
  - Education and Training
  - Payment Reform

"PHARM-2-PHARM"

HEALTH CARE INNOVATION AWARD

A COLLABORATION COORDINATED THROUGH THE CENTER FOR RURAL HEALTH SCIENCE

Operating Partners:

Hawaii Pacific Health
Hawaii Health Systems Corporation
Hawaii Community Pharmacist Association

Support Partners:

Hawaii Health Information Exchange
Hawaii Health Information Corporation

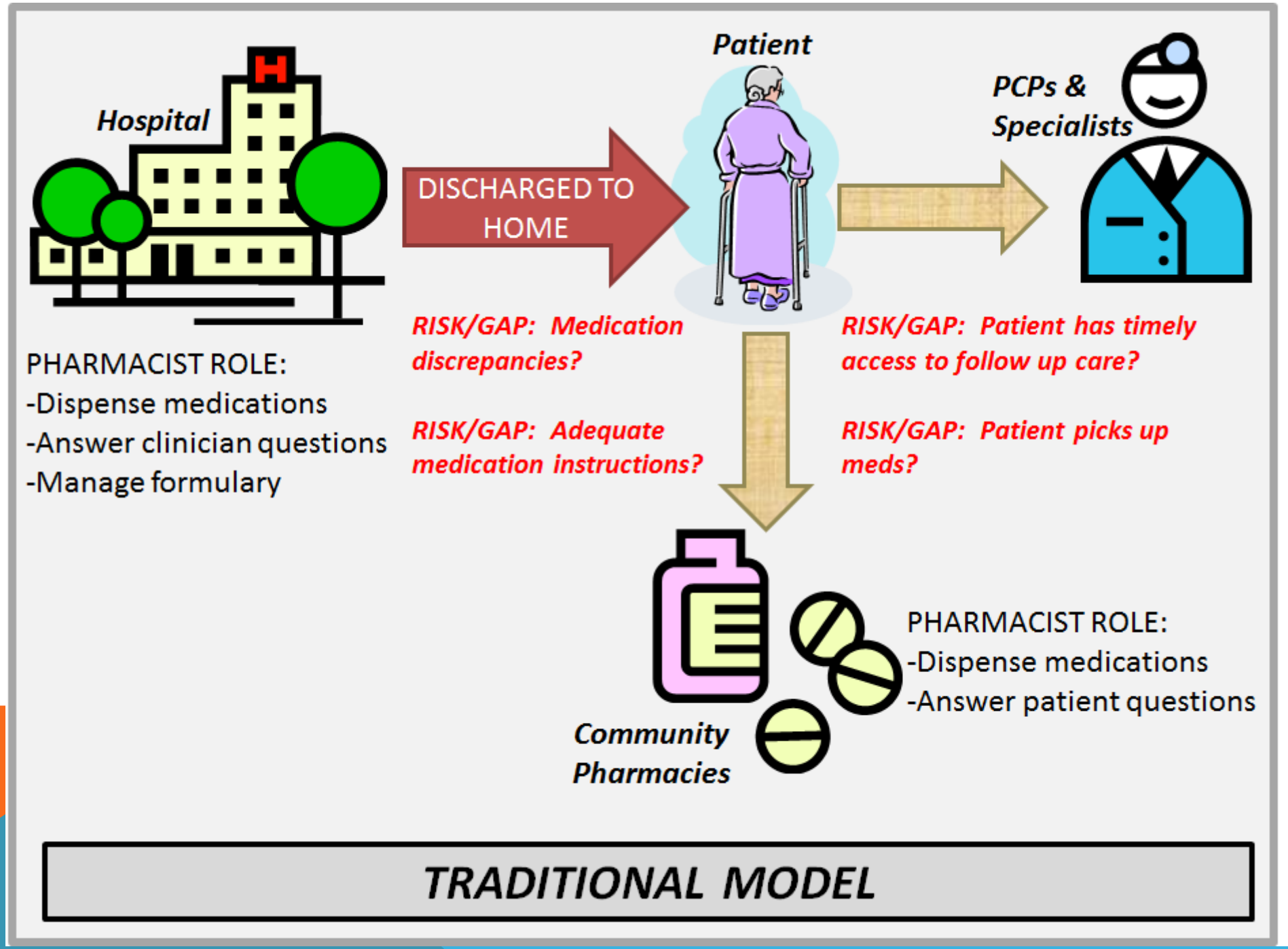
Karen L. Pellegrin, PhD, MBA
Director, Continuing Education and Strategic Planning
Founding Director, Center for Rural Health Science
Principal Investigator, Pharm2Pharm Health Care Innovation Award
Daniel K. Inouye College of Pharmacy

THE VISION OF PHARM-2-PHARM

Leverage underutilized pharmacist expertise across the continuum of care to achieve the three-part aim of the CMS Innovation Center:

- Better care
- Better health
- Lower total costs

"Pharm2Pharm" = "Hospital Pharmacist to Community Pharmacist" care transition and coordination model focused on medications


Hospital
Patient
PCPs &
Specialists
DISCHARGED TO HOME
PHARMACIST ROLE:
-Dispense medications
-Answer clinician questions
-Manage formulary
RISK/GAP: Medication discrepancies?
RISK/GAP: Adequate medication instructions?
RISK/GAP: Patient has timely access to follow up care?
RISK/GAP: Patient picks up meds?
Community Pharmacies
PHARMACIST ROLE:
-Dispense medications
-Answer patient questions
TRADITIONAL MODEL

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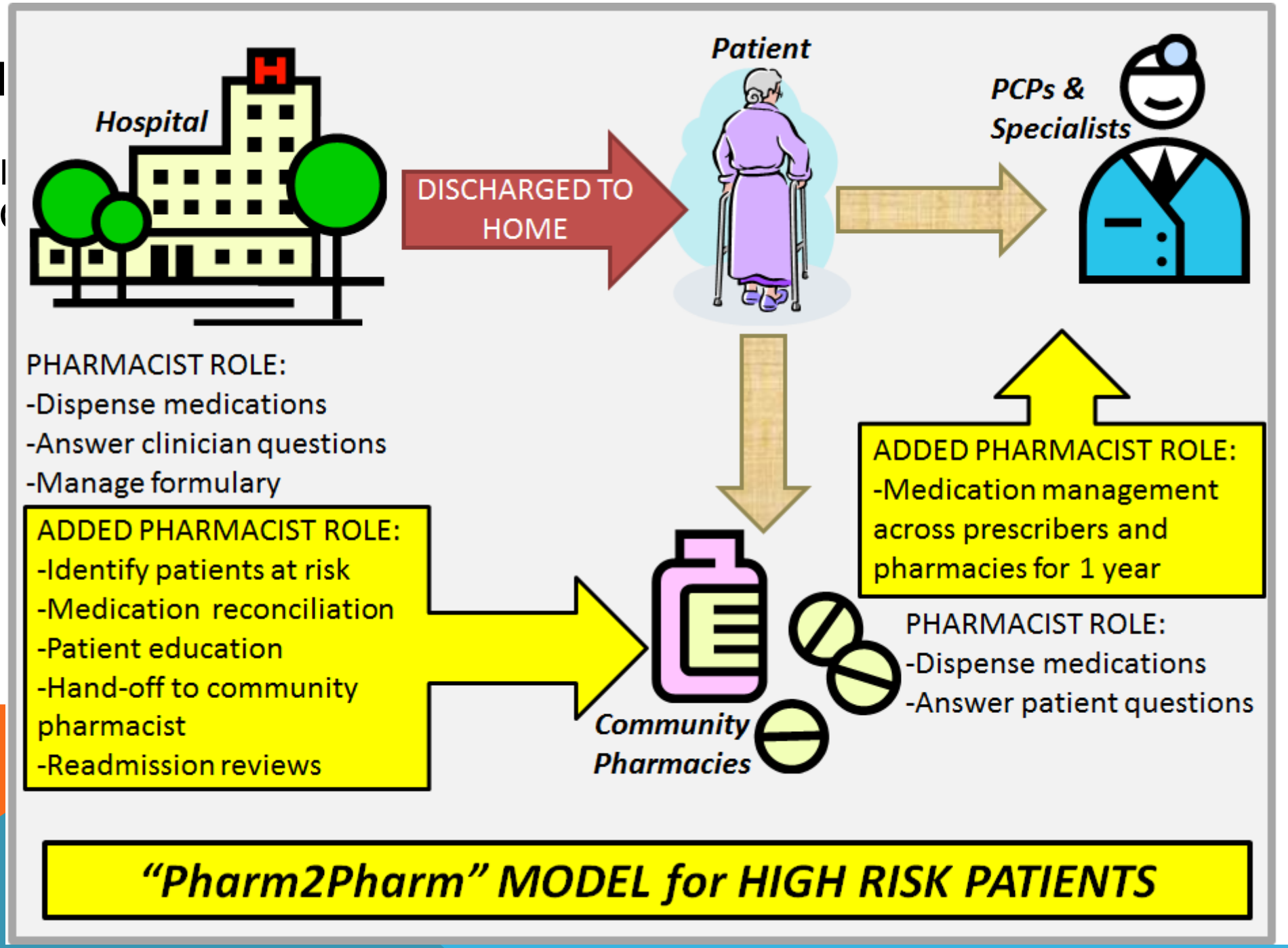

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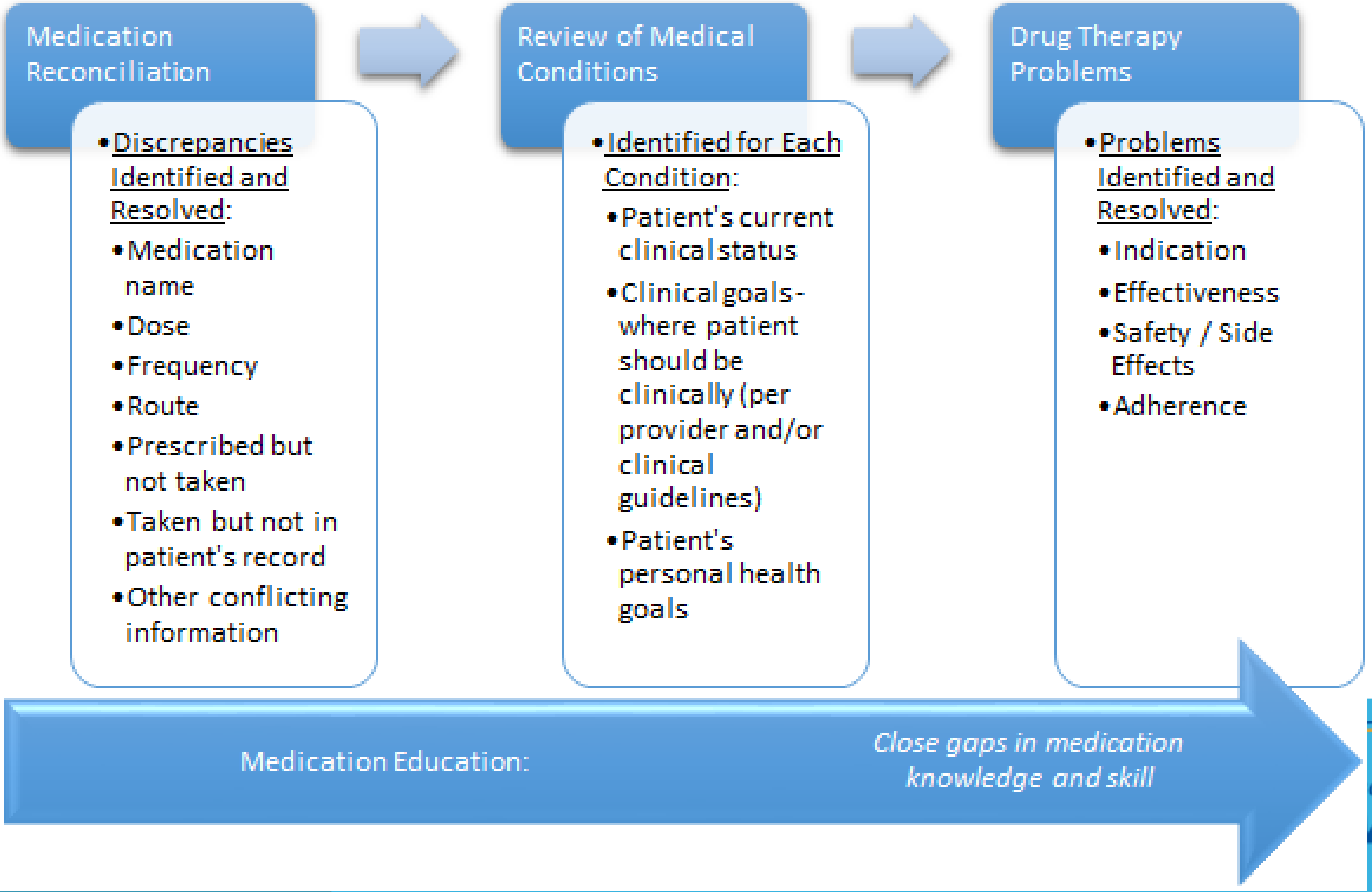
PHARM-2-PHARM MEDICATION PROCESSES*



*Adapted from: Pharmaceutical Care Practice – The Patient Centered Approach, Cipolle, Morley, and Strand, 3rd Edition, McGraw Hill, 2012

MODEL IMPLEMENTATION

Launched in all 4 counties in Hawaii: Maui, Kauai, Hawaii, Honolulu

> 2,500 patients enrolled and handed off to Community Consulting Pharmacists

HEALTH INFORMATION TECHNOLOGY IMPLEMENTED BY HAWAII HEALTH INFORMATION EXCHANGE

Secure messaging: Care transition documents sent from the Hospital Consulting Pharmacist to the Community Consulting Pharmacist via HHIE's secure messaging system

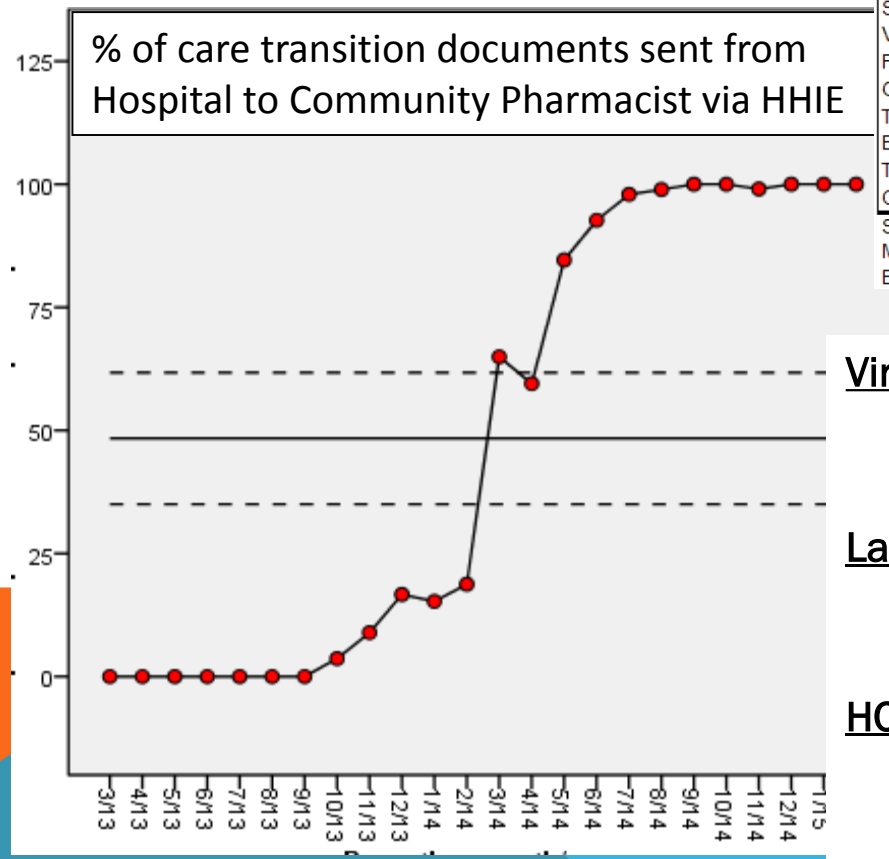


Table 2: Language Spoken at Home (Age 5 Years and Older)

Language	Percent	Margin of Error
Tagalog	17.7%	+/- 1.7
Japanese	16.7%	+/- 1.7
Ilocano	15.0%	+/- 1.6
Chinese	9.5%	+/- 1.3
Spanish	8.4%	+/- 1.3
Hawaiian	6.1%	+/- 1.1
Korean	6.0%	+/- 1.1
Other Pacific Island Languages	4.2%	+/- .9
Samoan	3.6%	+/- .8
Vietnamese	2.3%	+/- .7
French	1.8%	+/- .6
German	1.2%	+/- .5
Tongan	1.1%	+/- .5
Bisayan	1.0%	+/- .5
Thai	0.5%	+/- .3
Other	4.8%	+/- 1.0

Source: U.S. Census Bureau, 2006-2008 American Community Survey Public Use Microdata Sample (PUMS); calculations bythe Hawaii State Department of Business, Economic Development & Tourism.
http://files.hawaii.gov/dbedt/census/acs/Report/Data-Report-Non-English-Speaking-Profile-Hawaii.pdf

18.5% of Hawaii's population reports speaking English "not well" or "not at all."

Virtual translation service: Available to Community Consulting Pharmacists 24/7, allowing non-English speaking patients to be enrolled

Lab access: Consulting Pharmacists have immediate e-access to patient labs via HHIE community health record

HCS med 360: Consulting Pharmacists use HCS to: -
check fill history
- document reconciled medication list*
- document drug therapy problems*

*interface to HHIE community health record

COLLEGE OF PHARMACY UNIVERSITY OF HAWAI'I AT HILO

are & Medicaid ATION

HCS MEDICATION RECONCILIATION AND DECISION SUPPORT TOOL

14+ Robust data sources including but not limited to:

PBM's

- MedCo, Caremark, Catamaran, ExpressScripts, Argus

Pharmacies

- CVS, Walgreens, Safeway

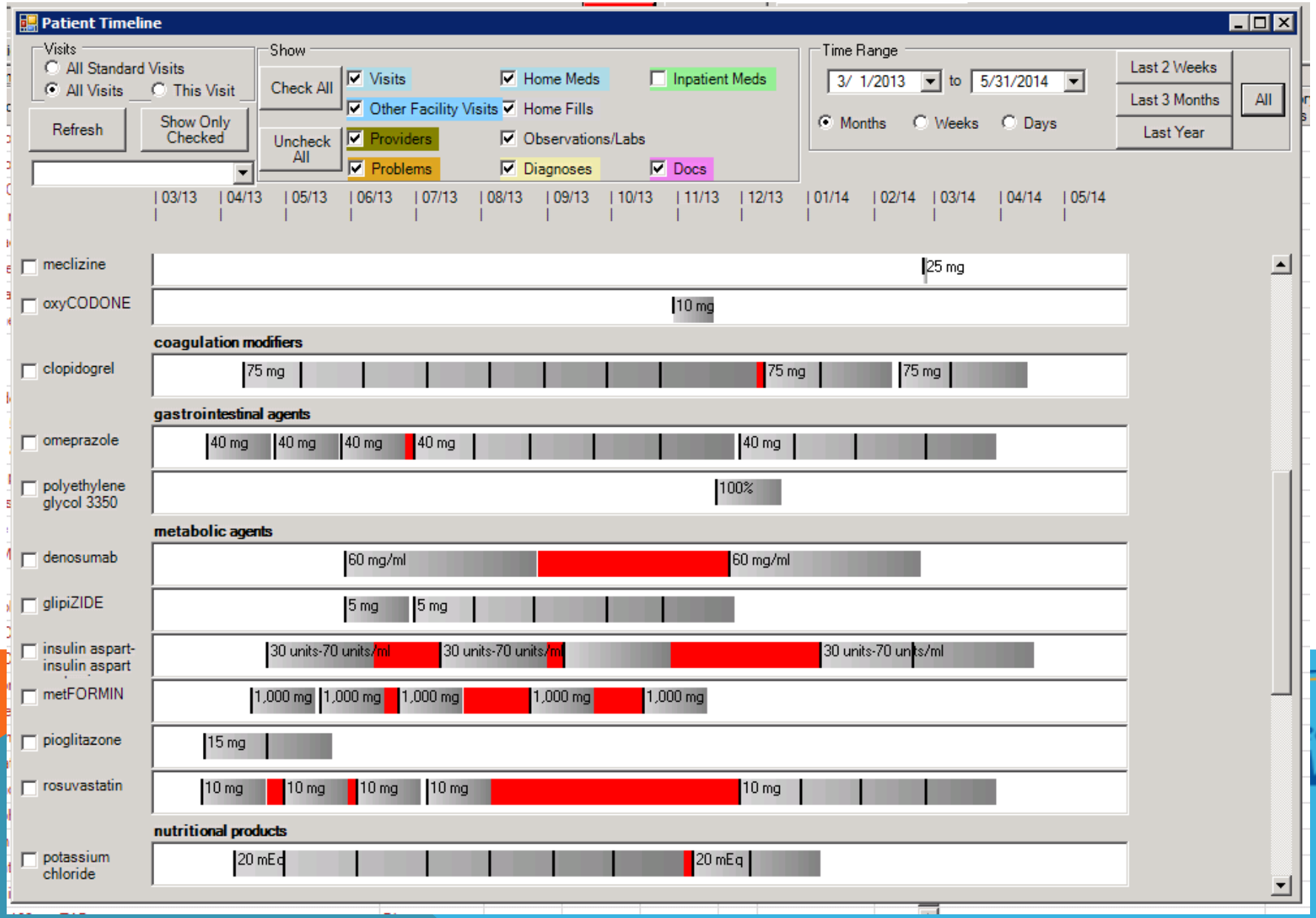
Insurance

- HMSA, Wellpoint, Aetna, Humana

Surescripts

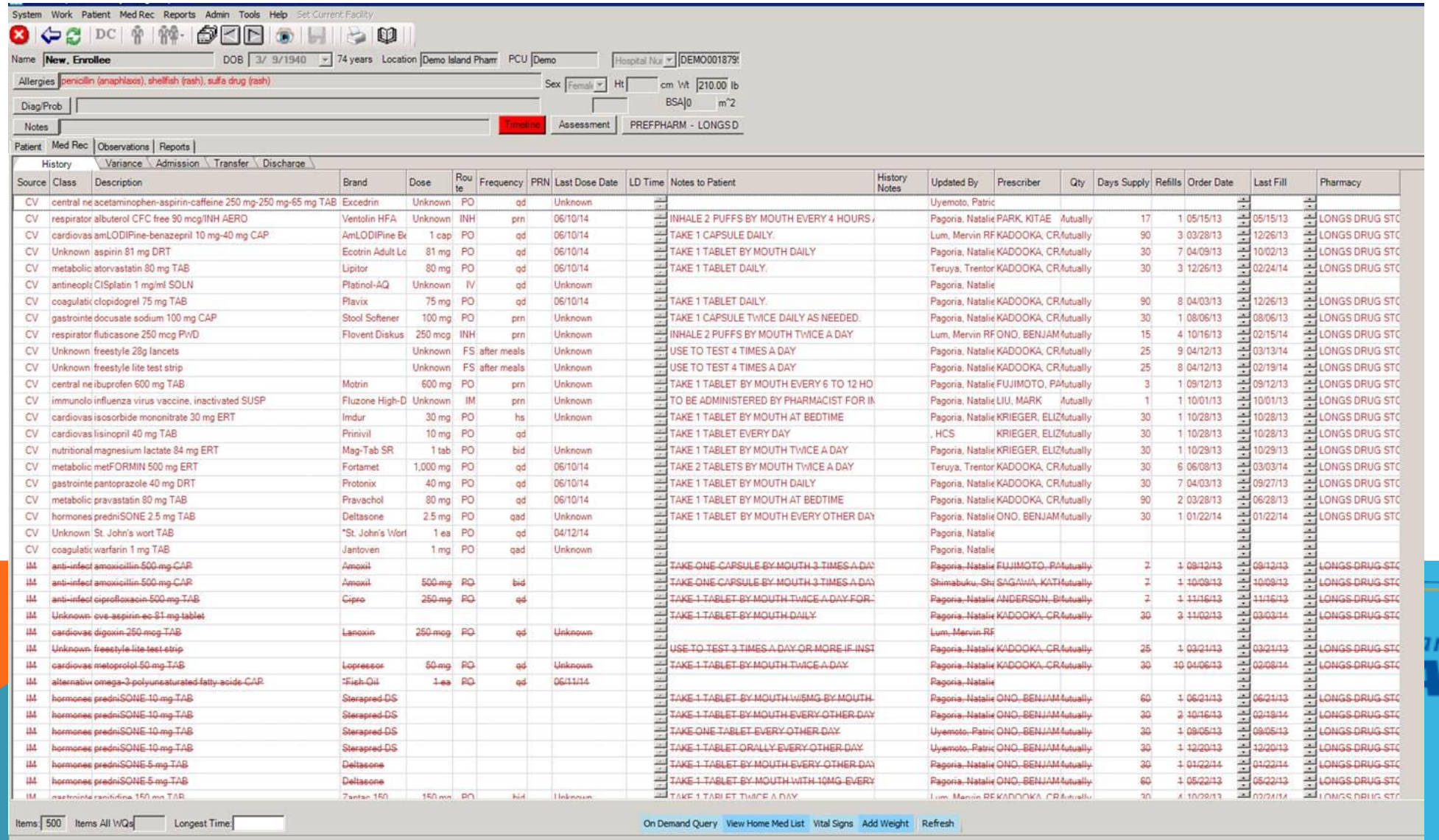
HCS MEDICATION MODULE VIA HHIE

Longitudinal fill history screen shot: shows gaps in med use



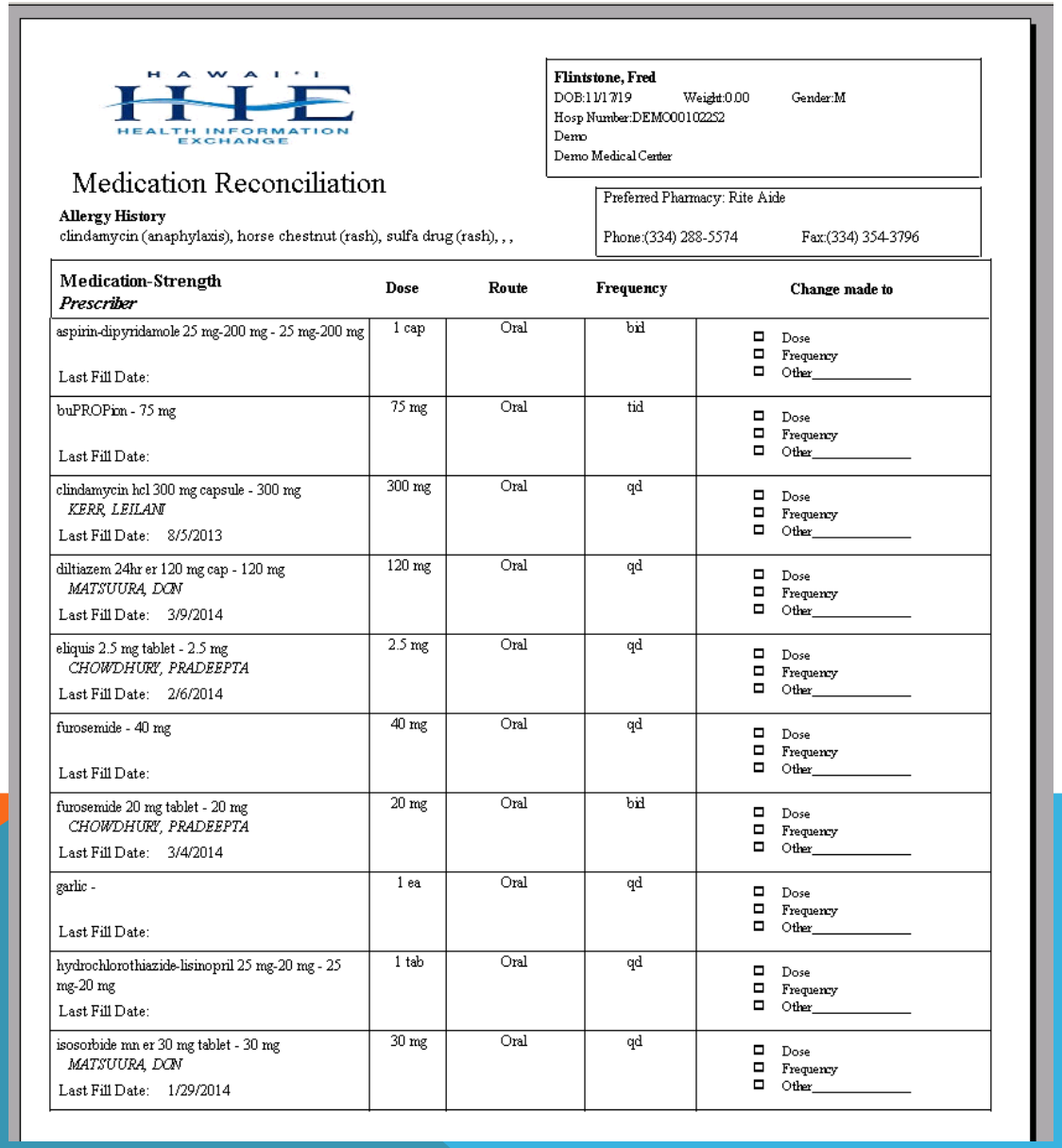
HCS MEDICATION MODULE VIA HHIE

Completed Med Rec Screen Shot: shows “inactivated med’s” (previous doses and regimens), clinician-added OTC’s and herbals



HCS MEDICATION MODULE VIA HHIE

Printable Completed Med Rec: shows dose, route, frequency and recommended changes.



HAWAII HEALTH INFORMATION EXCHANGE

Flintstone, Fred
DOB:1/1/1919 Weight:0.00 Gender:M
Hosp Number:DEMO00102252
Demo
Demo Medical Center

Preferred Pharmacy: Rite Aide
Phone:(334) 288-5574 Fax:(334) 354-3796

Medication Reconciliation

Allergy History
clindamycin (anaphylaxis), horse chestnut (rash), sulfa drug (rash), , ,

Medication-Strength *Prescriber*	Dose	Route	Frequency	Change made to
aspirin-dipyridamole 25 mg-200 mg - 25 mg-200 mg Last Fill Date:	1 cap	Oral	bid	☐ Dose ☐ Frequency ☐ Other_____
buPROPion - 75 mg Last Fill Date:	75 mg	Oral	tid	☐ Dose ☐ Frequency ☐ Other_____
clindamycin hcl 300 mg capsule - 300 mg *KERR, LEILANI* Last Fill Date: 8/5/2013	300 mg	Oral	qd	☐ Dose ☐ Frequency ☐ Other_____
diltiazem 24hr er 120 mg cap - 120 mg *MATSUURA, DON* Last Fill Date: 3/9/2014	120 mg	Oral	qd	☐ Dose ☐ Frequency ☐ Other_____
eliquis 2.5 mg tablet - 2.5 mg *CHOWDHURY, PRADEEPTA* Last Fill Date: 2/6/2014	2.5 mg	Oral	qd	☐ Dose ☐ Frequency ☐ Other_____
furosemide - 40 mg Last Fill Date:	40 mg	Oral	qd	☐ Dose ☐ Frequency ☐ Other_____
furosemide 20 mg tablet - 20 mg *CHOWDHURY, PRADEEPTA* Last Fill Date: 3/4/2014	20 mg	Oral	bid	☐ Dose ☐ Frequency ☐ Other_____
garlic - Last Fill Date:	1 ea	Oral	qd	☐ Dose ☐ Frequency ☐ Other_____
hydrochlorothiazide-lisinopril 25 mg-20 mg - 25 mg-20 mg Last Fill Date:	1 tab	Oral	qd	☐ Dose ☐ Frequency ☐ Other_____
isosorbide mn er 30 mg tablet - 30 mg *MATSUURA, DON* Last Fill Date: 1/29/2014	30 mg	Oral	qd	☐ Dose ☐ Frequency ☐ Other_____

COLLEGE OF PHARMACY UNIVERSITY OF HAWAI'I AT HILO

Center for Medicare & Medicaid INNOVATION

IMPACT ON HOSPITAL

For 36% of enrolled patients, the HCP is finding medication discrepancies that were missed by other clinicians (this finding is consistent with published research on medication reconciliation performed by pharmacists)

Over 90% of discrepancies found are resolved by discharge

HCPs are providing general medication education as well as discharge medication-specific education to nearly 100% of enrolled patients

Drug therapy problems identified by the HCPs reflect the following categories (similar to the percentages found by CCPs):

- 32% are **indication** problems (one-third of these are drug therapy not indicated; two-thirds are drug therapy needed for an untreated indication)
- 25% are **effectiveness** problems (majority of these are dose too low; others are need a more effective drug)
- 23% are **safety/side effect** problems (majority of these are need a drug with lower risk of adverse events; others are dose too high)
- 20% are **adherence** problems (which may be addressed via patient counseling and/or prescription change)

38% of HCP recommendations to prescribers to resolve drug therapy problems are implemented prior to discharge

The majority of patients are successfully contacted within 1 day post-discharge to ensure they have their medications and know which to take and which not to take

IMPACT ON AMBULATORY CARE

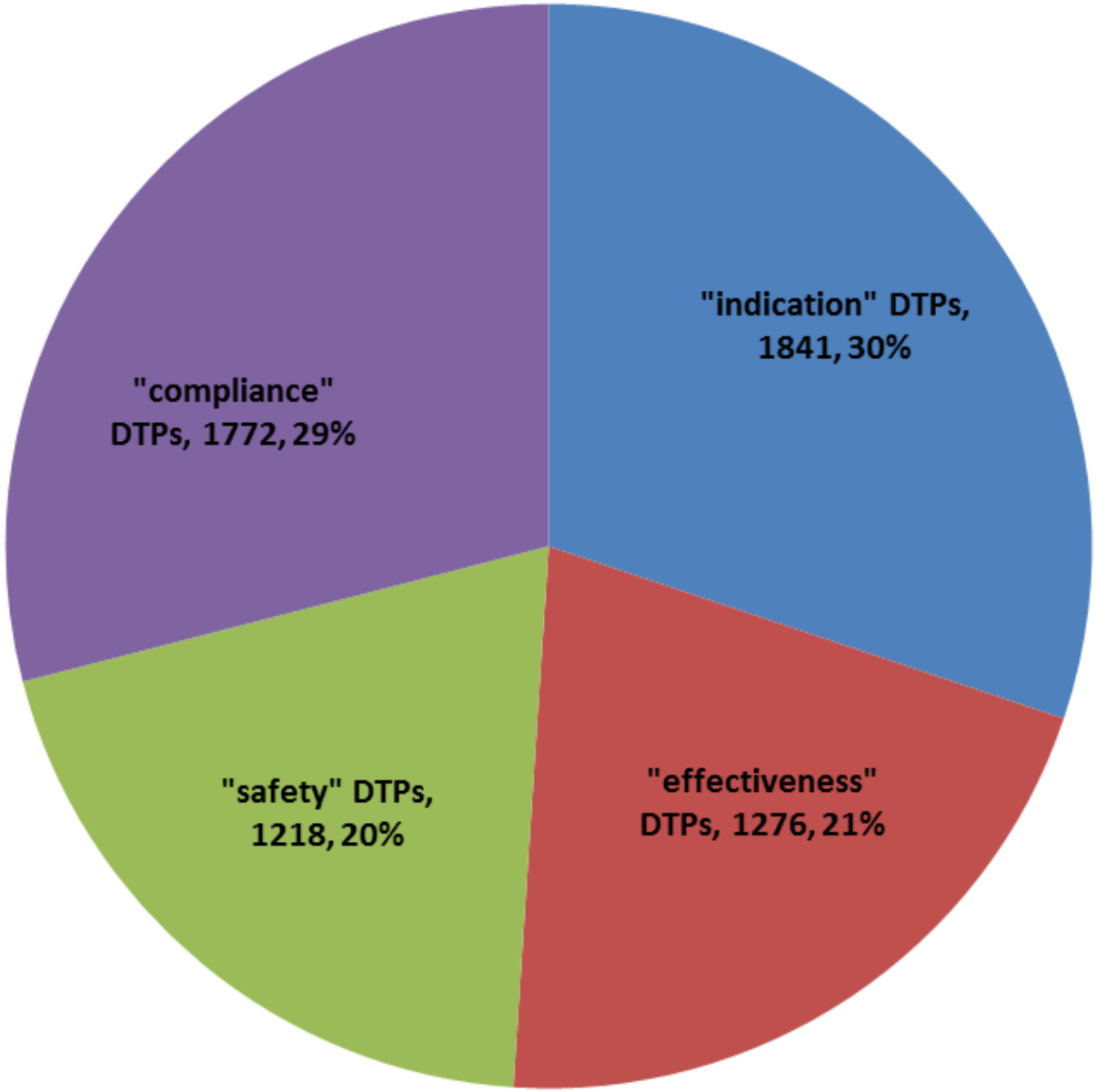
majority of patients have their first visit with the CCP within 3 days post-discharge

86% of patients' medications were reconciled by the CCP within 30 days post discharge

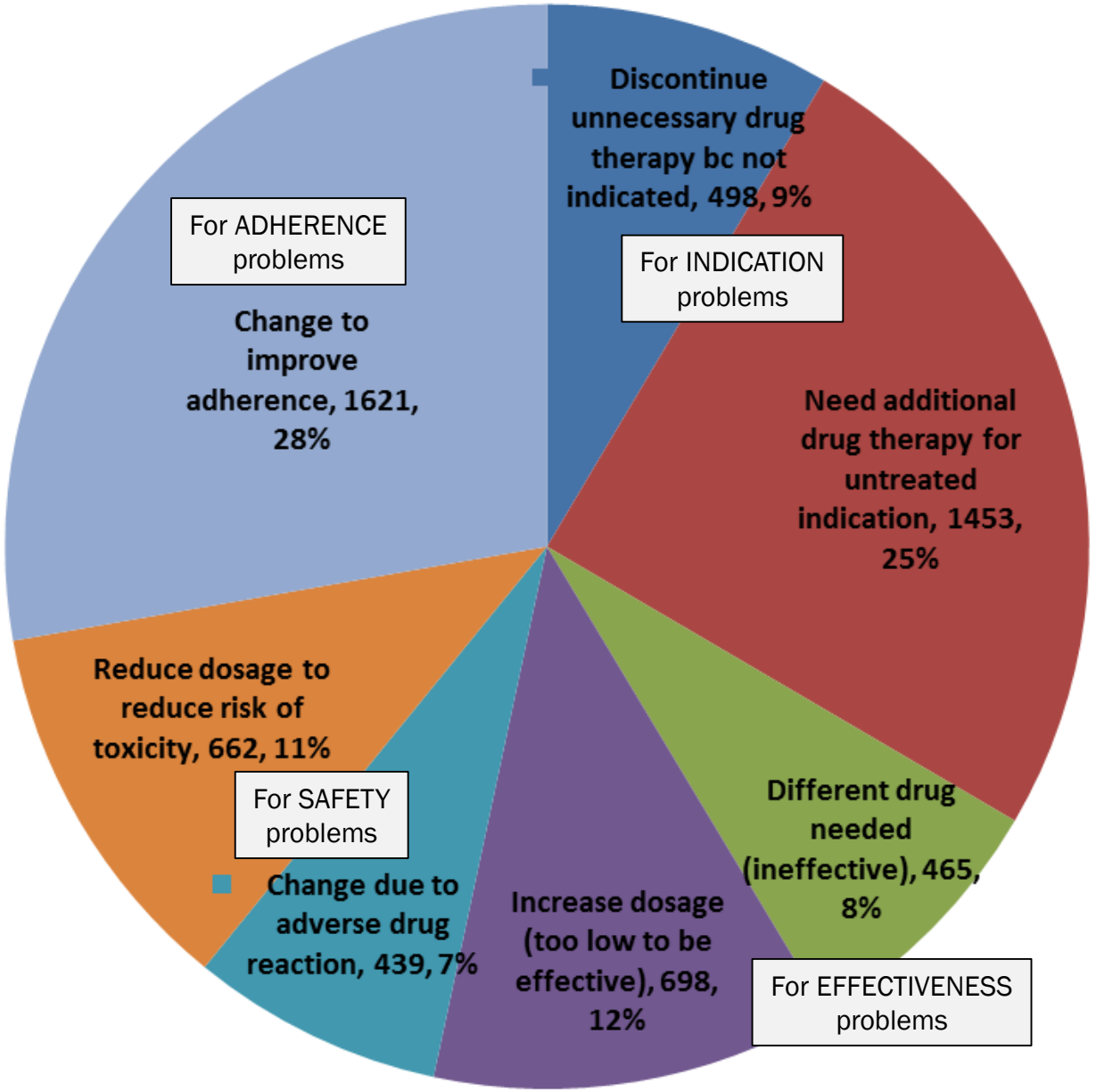
>6,000 drug therapy problems were identified during patient visits (see types on next two pages)

44% of drug therapy problems identified were resolved by the next patient visit

DRUG THERAPY PROBLEMS BY CATEGORY



RECOMMENDATIONS TO PRESCRIBERS TO RESOLVE DRUG THERAPY PROBLEMS

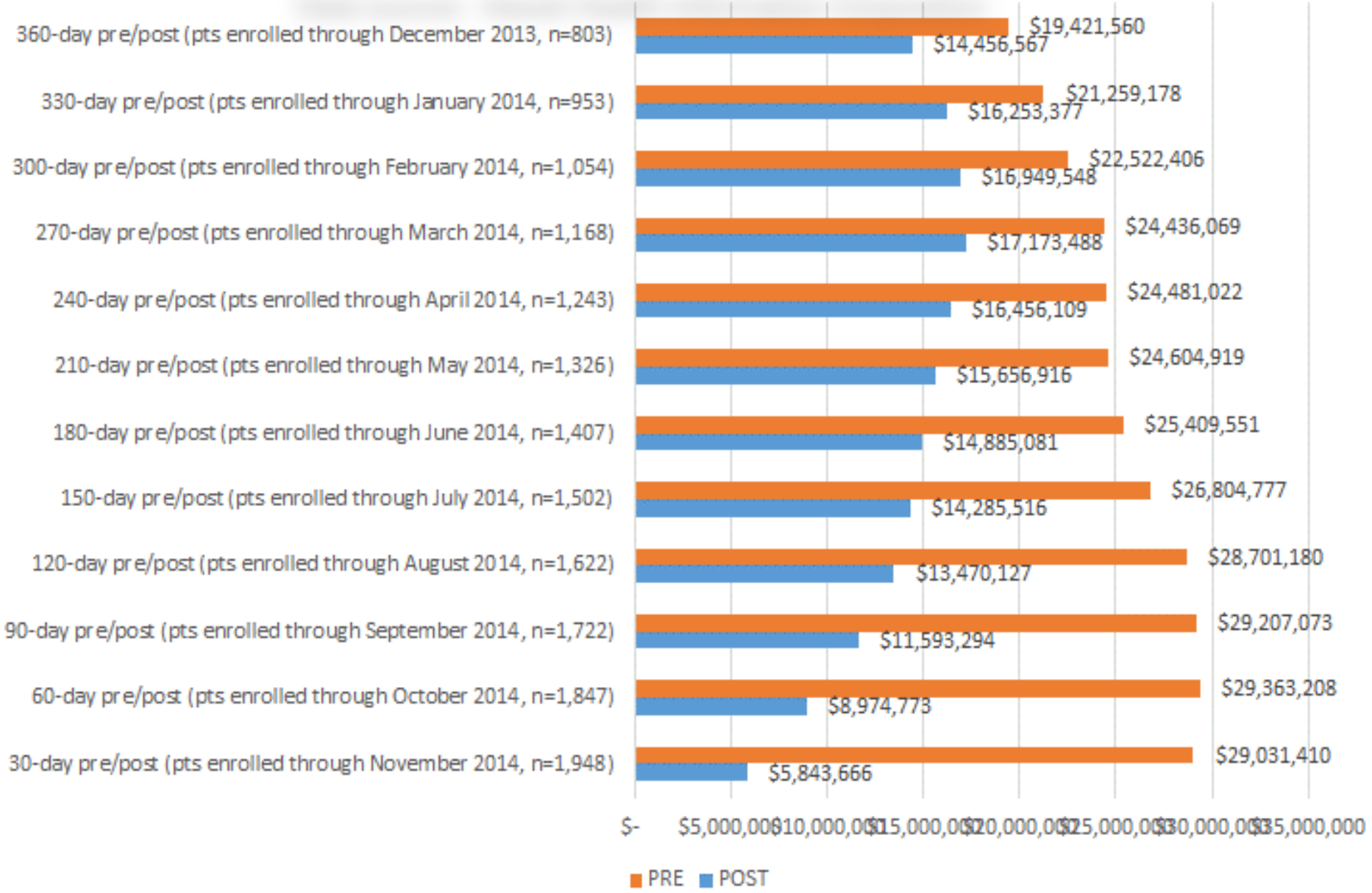


Total patients enrolled and handed off through December 2014	2,052
Average per patient acute care utilization 365 days prior to their Pharm2Pharm enrollment/hand-off	3.3
Total cost of acute care for these patients 365 days prior to their Pharm2Pharm enrollment/hand-off	$54.5M
Average per patient acute care cost 365 days prior to their Pharm2Pharm enrollment/hand-off	$26,550
% of patients by race/ethnicity	31% White/Caucasian 26% Hawaiian 17% Filipino 14% Japanese 5% Other Pacific Islander 2% Hispanic/Latino 1% Chinese 0.7% Black 0.2% American Indian 2% Other/unknown
% of patients by age	1% 18-44 4% 45-54 7% 55-64 38% 65-74 34% 75-84 15% 85+

Data source: Hawaii Health Information Corporation

TOTAL acute care costs (inpatient, observation, ED) pre/post Pharm2Pharm enrollment/handoff

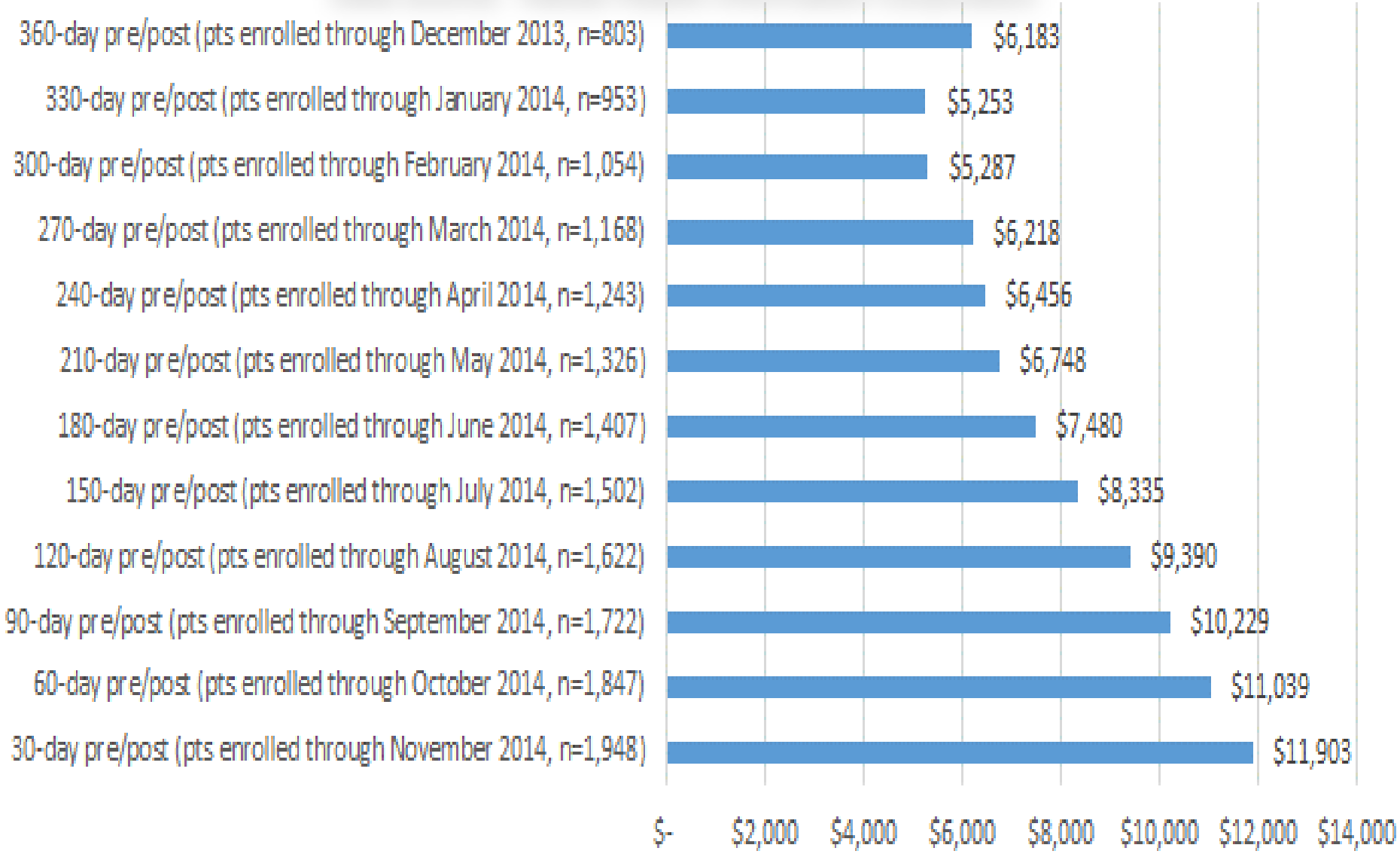
Data source: Hawaii Health Information Corporation



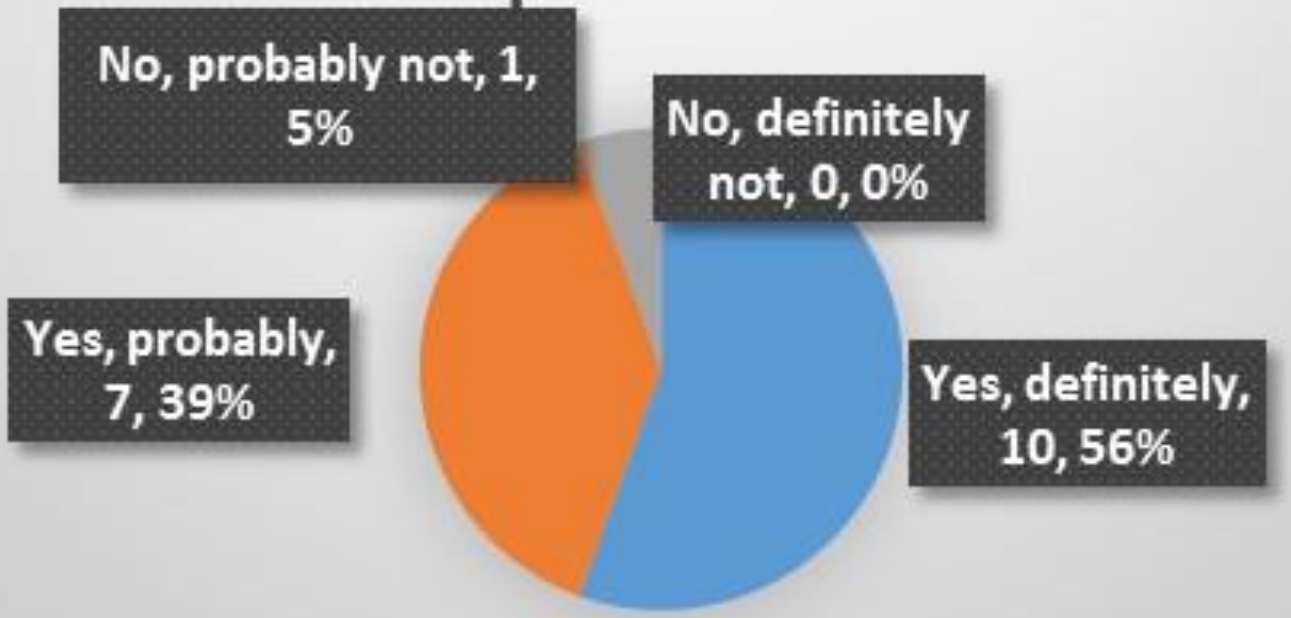
PER PATIENT acute care cost decrease pre/post Pharm2Pharm enrollment/handoff

(NOTE: Cost of Pharm2Pharm service = approx. $1,200 per pt per year)

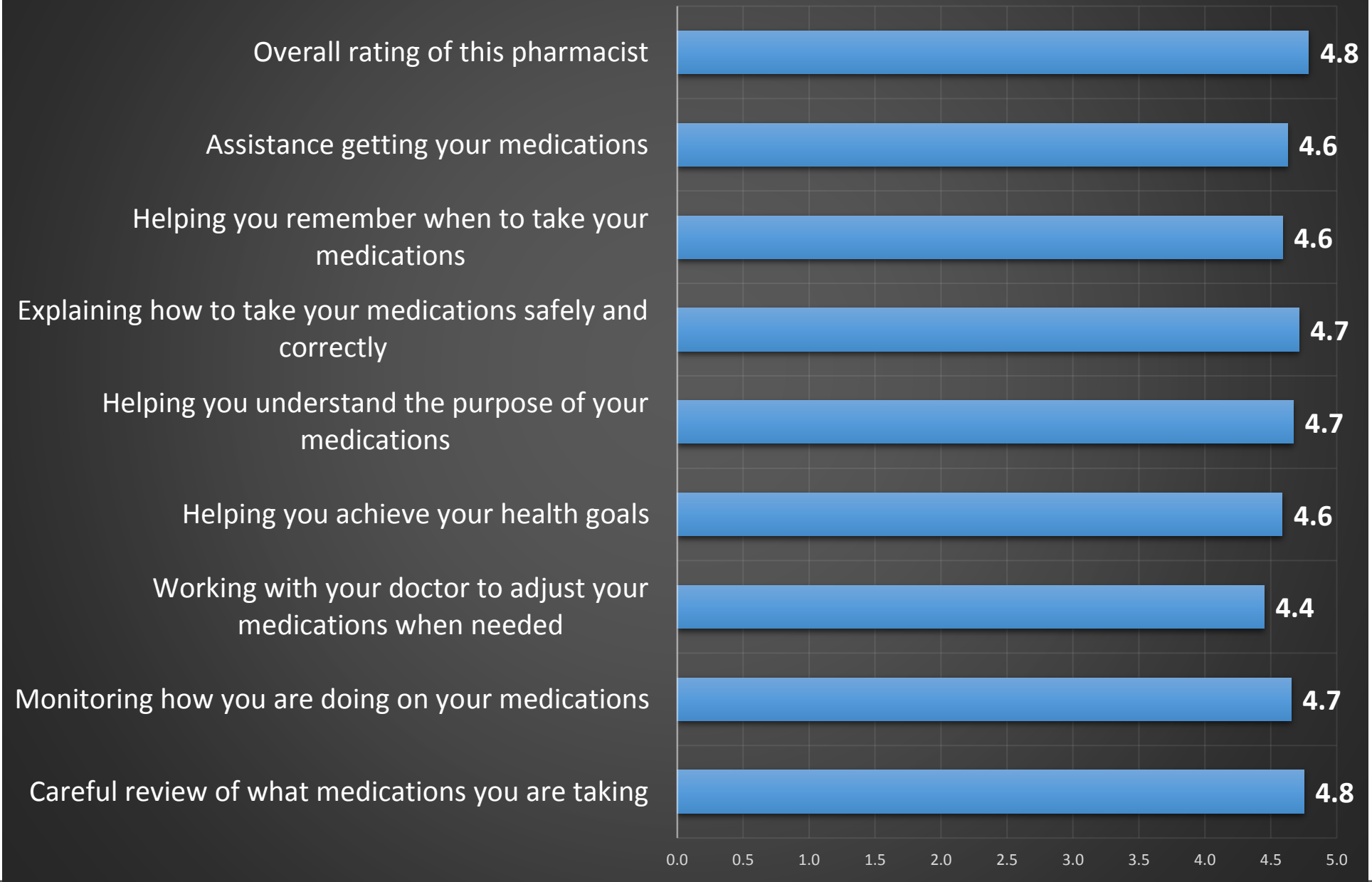
Data source: Hawaii Health Information Corporation

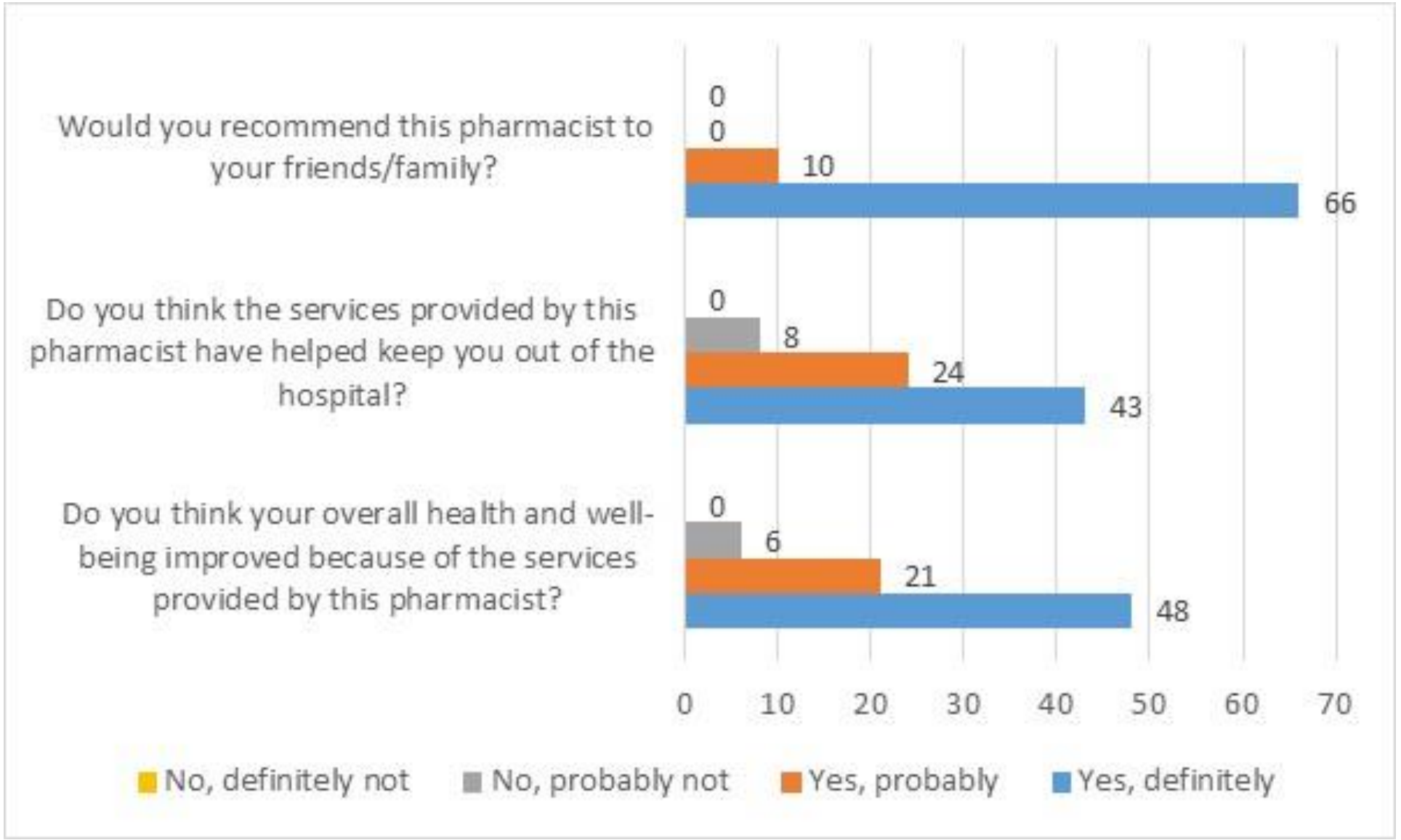


Would you recommend the Pharm2Pharm services to other physicians / prescribers with patients at risk of medication-related hospitalization?



Patient mean ratings of CCP
(1=Poor, 2=Fair, 3=Good, 4=Very Good, 5=Excellent)

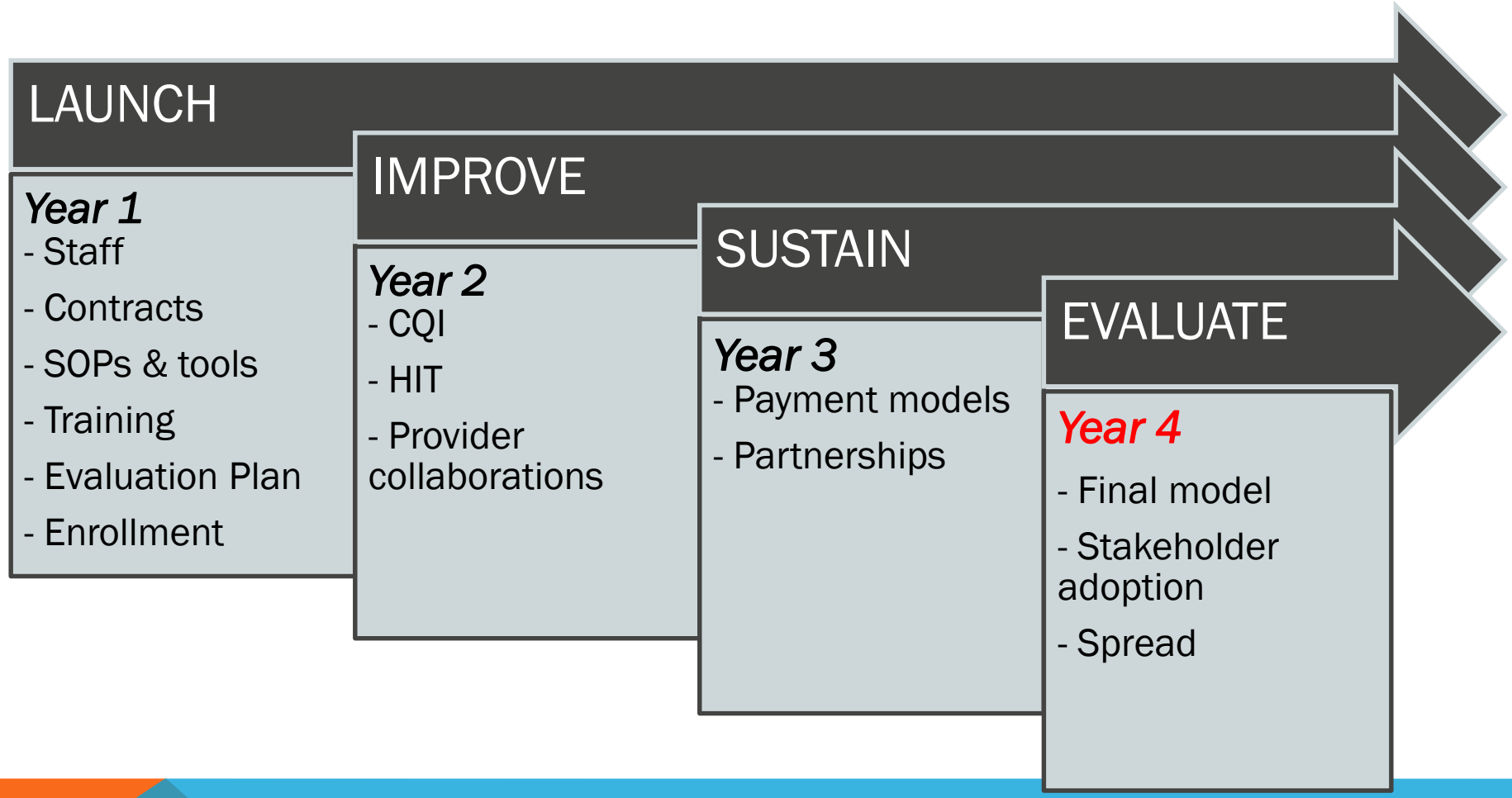



Would you recommend this pharmacist to your friends/family?
0
0
10
66
Do you think the services provided by this pharmacist have helped keep you out of the hospital?
0
8
24
43
Do you think your overall health and well-being improved because of the services provided by this pharmacist?
0
6
21
48
0
10
20
30
40
50
60
70
No, definitely not
No, probably not
Yes, probably
Yes, definitely

Too many positive comments to list here, but they include:

- She gave me a print out list of all my meds and dosages. I made copies and now carry that in my purse for emergency. This was incredibly import and valuable. Being called and checked on helped me stay on track
- Keeps me on my toes
- helped a lot by discussing each medication and what it does for you or not
- This pharmacist has kept me out of the hospital on at least 2-3 occasions. Kept me out of ER 3+ times... Understanding your meds is so important. They do a super job. Every day counts.
- Ever since I met this Pharmacist I became very interested into listening an paying attention to everything she said and I got really interested doing things I never done before. Do not stop this program there's people out there that need this services
- We sat down together and explained what each pill does for me. I was so thankful for him to help me back to my old self. I would never "trade" him for any other pharmacist in the world. He's the BEST
- My Pharmacist was extremely helpful beyond my expectations.
- Very professional and knowledgeable. Seemed very interested in my health. I was able to communicate with her very well.
- This program has changed my life - I have returned to my old self; I can sleep at night, fear of never waking is gone. No more inhaler and wheezing. Not so many pills and knowing when or when not to take them also the security of knowing I have someone to talk with when I have a question or problem. Thank you for my life back, and I really mean this
- A very enlightened program. Pharmacists are underutilized. They have a wealth of experience and knowledge

PROJECT FOCUS



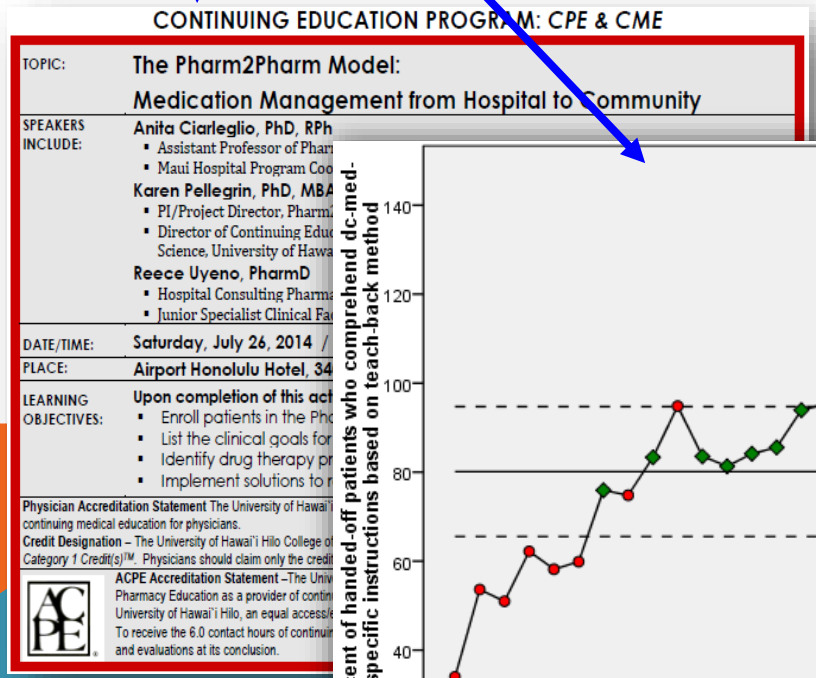
SOME KEYS TO SPREAD…

Procedures

Tools/templates

Measures

Training


CONTINUING EDUCATION PROGRAM: *CPE & CME*

TOPIC: The Pharm2Pharm Model:
Medication Management from Hospital to Community

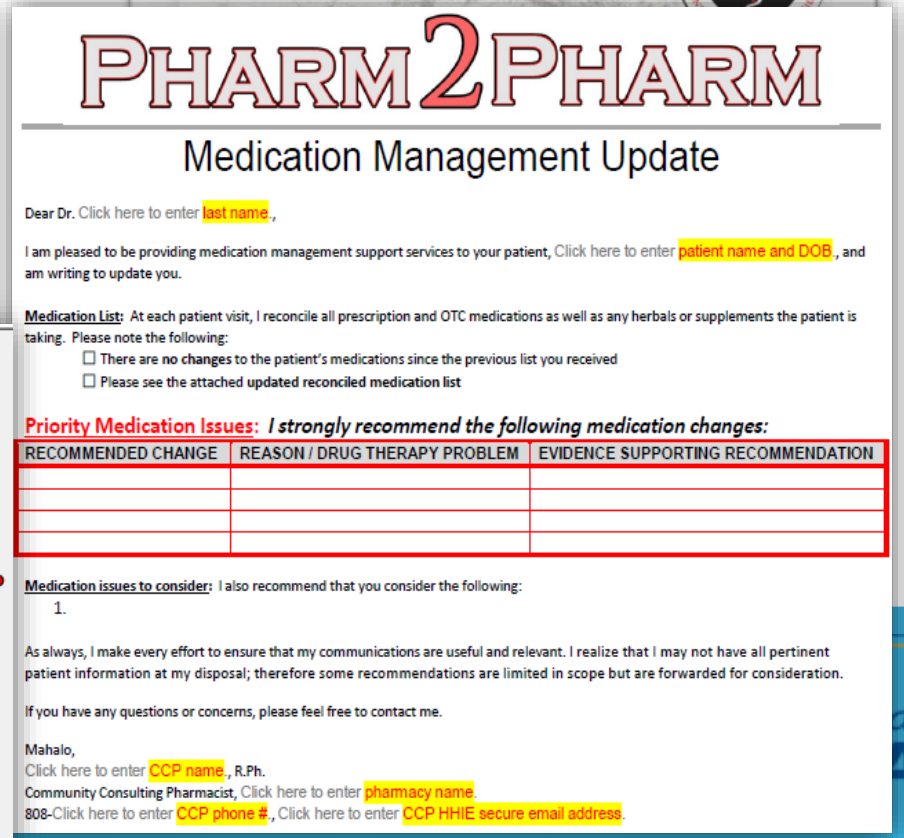
SPEAKERS INCLUDE:
Anita Ciarleglio, PhD, RPh
- Assistant Professor of Phar
- Maui Hospital Program Coo

Karen Pellegrin, PhD, MBA
- PI/Project Director, Pharm
- Director of Continuing Edu Science, University of Hawa

Reece Uyeno, PharmD
- Hospital Consulting Pharm
- Junior Specialist Clinical Fa

DATE/TIME: Saturday, July 26, 2014 /
PLACE: Airport Honolulu Hotel, 34
LEARNING OBJECTIVES: Upon completion of this act
- Enroll patients in the Pho
- List the clinical goals for
- Identify drug therapy pr
- Implement solutions to

Physician Accreditation Statement The University of Hawai'i continuing medical education for physicians.
Credit Designation – The University of Hawai'i Hilo College o *Category 1 Credit(s)™*. Physicians should claim only the credit
ACPE Accreditation Statement –The Univ Pharmacy Education as a provider of contin University of Hawai'i Hilo, an equal access/ To receive the 6.0 contact hours of continui and evaluations at its conclusion.


PHARM 2 PHARM

Medication Management Update

Dear Dr. Click here to enter last name.,

I am pleased to be providing medication management support services to your patient, Click here to enter patient name and DOB., and am writing to update you.

Medication List: At each patient visit, I reconcile all prescription and OTC medications as well as any herbals or supplements the patient is taking. Please note the following:
- ☐ There are **no changes** to the patient's medications since the previous list you received
- ☐ Please see the attached **updated reconciled medication list**

Priority Medication Issues: ***I strongly recommend the following medication changes:***

RECOMMENDED CHANGE	REASON / DRUG THERAPY PROBLEM	EVIDENCE SUPPORTING RECOMMENDATION

Medication issues to consider: I also recommend that you consider the following:
1.

As always, I make every effort to ensure that my communications are useful and relevant. I realize that I may not have all pertinent patient information at my disposal; therefore some recommendations are limited in scope but are forwarded for consideration.

If you have any questions or concerns, please feel free to contact me.

Mahalo,
Click here to enter CCP name., R.Ph.
Community Consulting Pharmacist, Click here to enter pharmacy name.
808-Click here to enter CCP phone #., Click here to enter CCP HHIE secure email address.

SUSTAINABILITY PILOTS:
CAN WE MAKE IT "STICK" THROUGH ALIGNMENT?

Potential pilots:

- **Hospital component** of Pharm2Pharm:
  - Hospitals fund HCP / pharmacy technicians
  - College of Pharmacy launch a state-wide care transition rotation for P4s
- **Community component** of Pharm2Pharm:
  - Formal collaborations between pilot physicians and high-performing CCPs with potential for sustainability via (esp. with CDTAs):
    - Increased P4Q revenue to provider
    - Increased capacity to manage more patients via CCP support
    - Current/new billing codes
  - Out-of-pocket payments from patients to pharmacy
- **Health Information Technology** supporting Pharm2Pharm
  - Improved efficiency for HIT users to validate subscription fees
- **Training** supporting Pharm2Pharm
  - Online CE module being developed, offered by College of Pharmacy

FINAL MODEL AIMS

Patients	Providers	Payers
		
Better health	Better care	Lower costs

Pharm2Pharm alignment and integration

ACKNOWLEDGEMENT OF FEDERAL FUNDING

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Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

Final Notes

Workforce Targets and Strategies — Joy Soares

- Access and capacity issues

Next steps — Dr. Kelley Withy

- The next meeting will be Thursday, August 27th from 3:00-4:30