

Pharmacy Services

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Objectives

- Provide an overview of CMC Pharmacy Services
- Briefly describe the operational and clinical challenges facing correctional pharmacy practice
- Describe strategies used by CMC to manage pharmacy services

Overview of Operations

- ❑ Drug distribution provided from an automated, centralized facility in Huntsville, Texas
- ❑ Clinical pharmacy services are decentralized
- ❑ 132 FTEs
- ❑ Mail order distribution model with next business day delivery
- ❑ Open 6:00 am - 6:00 pm Monday - Friday with 24/7 on-call support



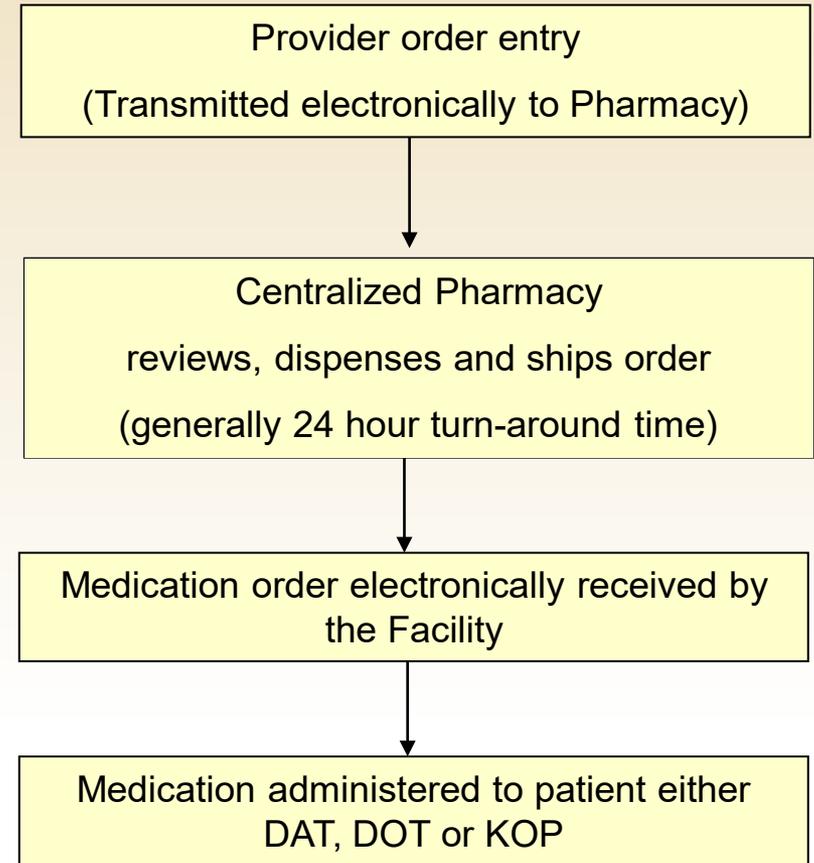
Medication Delivery System

- ❑ Medications are repackaged into unit dose packaging
- ❑ Medications for chronic conditions are typically provided as a 30-day supply
- ❑ Computerized physician order entry system integrated with EMR
 - Clinical decision support tools
 - Standardized templates to reduce errors
 - Electronic MAR
 - Report set to monitor and manage drug use and the pharmacy program



Medication Use System

- ❑ Computerized ordering system integrated with the EMR provides a template for each medication with normal dose and frequency to reduce order entry errors
- ❑ Computer system flags potential drug-drug interactions, drug-allergy interactions, and high doses at the time of prescribing
- ❑ A list of current medications is maintained in the EMR so that each provider is aware of all medications being taken by the patient
- ❑ Access to the prescribing system is restricted to licensed providers through use of identification security



Pharmacy Service Statistics

Number of facilities at end of year	110
Average number of patients per month	149,072
Number of prescriptions dispensed	4,494,251
Average number of prescriptions dispensed per month	374,521
Average no. of prescriptions dispensed per business day	18,086
Number of prescriptions per offender per year	30.2
Generic utilization	91.1%
Average cost per prescription	\$8.53
Average cost per formulary prescription	\$7.47
Average cost per non-formulary prescription	\$93.04
% non-formulary medications represent of cost	13.6%
% non-formulary medications represent of volume	1.3%
Non-drug cost per prescription	\$2.28

Clinical Pharmacy Service Statistics

Annual cost savings (non-formulary consults & formulary changes)	\$3,579,697
Disease management guidelines	22
Patient education materials	6
Drug category reviews	11
Medication use evaluations	10
Newsletters	2
Patient clinic encounters	2,991
Non-formulary consults	16,273
Other consults	4,727
Pharmacist & technician education programs	10
Pharmacy student rotations	6
Healthcare staff in-services	63



Challenges

- ❑ Large population with rising drug use and costs
- ❑ Multiple service sites across the state
- ❑ Increased prevalence of disease and demand for care, & changing standards of care such as
 - Chronic hepatitis C
 - HIV
 - Aging offender population & treatment of chronic diseases
 - Cancer
 - CKD and need for dialysis
- ❑ Medication reconciliation & continuity of care
- ❑ Linkage to care after release
- ❑ Medication abuse and misuse

Medication Safety



Challenges

- ❑ National drug shortages
- ❑ Implementation of best practices & technology
 - Mobile MAR
 - Point of care barcode check for medication administration
- ❑ Aging equipment and automated systems
- ❑ Salaries and staff retention and recruitment
- ❑ Pharmacist workload
- ❑ Legislation, Regulatory Agencies & Accreditation Bodies



Strategies Used to Maximize Services

- ❑ Technology
 - EMR & electronic POE
 - Pharmacy automation
- ❑ Centralized drug distribution services
- ❑ Purchasing initiatives
 - 340B drug pricing program
 - Prime vendor agreement
 - Single source contracts
- ❑ TSBP initiatives
 - Elimination of pharmacist final check
 - Reclamation program
- ❑ Clinical pharmacy program
 - P&T Committee consulting
 - Academic detailing and educational programs
 - Drug information
 - Medication therapy management
 - Formulary and utilization management
- ❑ Formulary management program
 - Strict formulary controls
 - Use of generics
 - Use of disease management guidelines



340B Drug Pricing Program

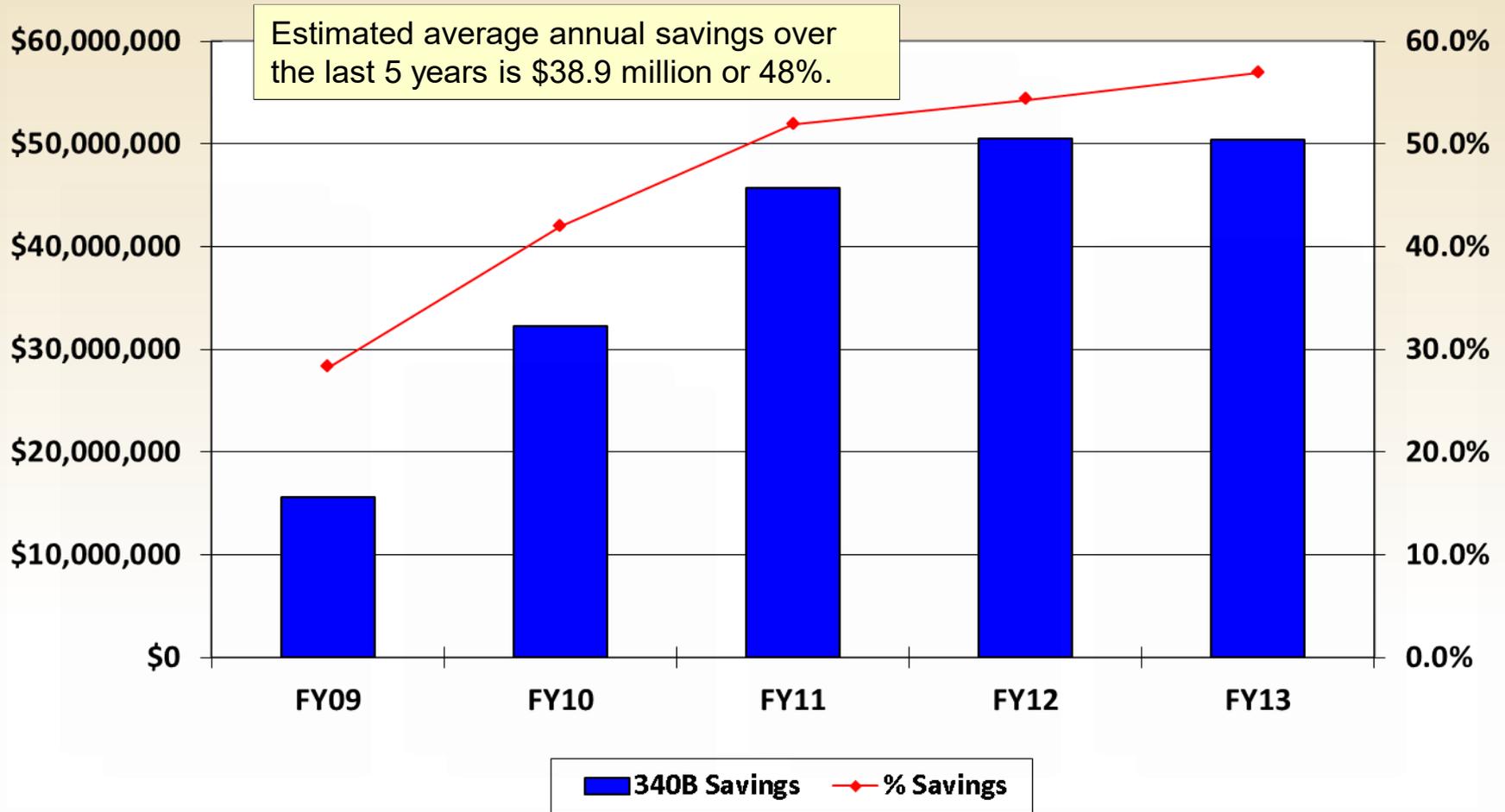
- ❑ 340B Drug Pricing Program was established through the Veterans Health Care Act of 1992
- ❑ Enables “eligible entities” serving the most vulnerable patient populations to purchase outpatient pharmaceuticals at discounted prices resulting in substantial savings
- ❑ Intent of legislation
 - Stretch scarce federal resources as far as possible to reach more patients and provide more services
 - Provide financial relief to facilities that provide care to medically underserved patients.
- ❑ Program is administered by the Office of Pharmacy Affairs (OPA) of HRSA, under the US Department of Health and Human Services



340B Drug Pricing Program

- ❑ SB 347, Regular Session, 2001 required a good faith effort to qualify for PHS pricing through the federal 340B program using UTMB's status as a Disproportionate Share Hospital
- ❑ Federal approval granted April & program began May 2002
- ❑ Key requirements:
 - Must be patient of an eligible entity
 - Health Care Providers are employees of eligible entity
 - Medical records must be maintained by eligible entity
- ❑ OPA reports savings of 25 – 50% for eligible entities
 - Est. total savings through FY13 has been \$307.6 million or 47.2%
 - Est. average annual savings over the last 5 years is \$38.9 million or 48.4%
 - FY13 savings \$50.4 million or 56.9%

340B Savings



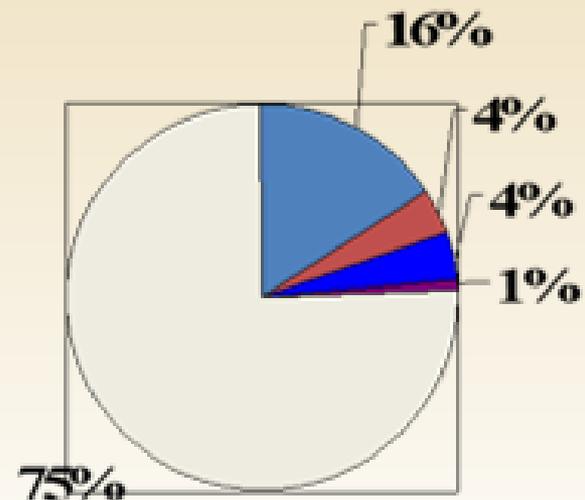
FY13 Total Pharmacy Costs

☐ 9.38% total health care costs

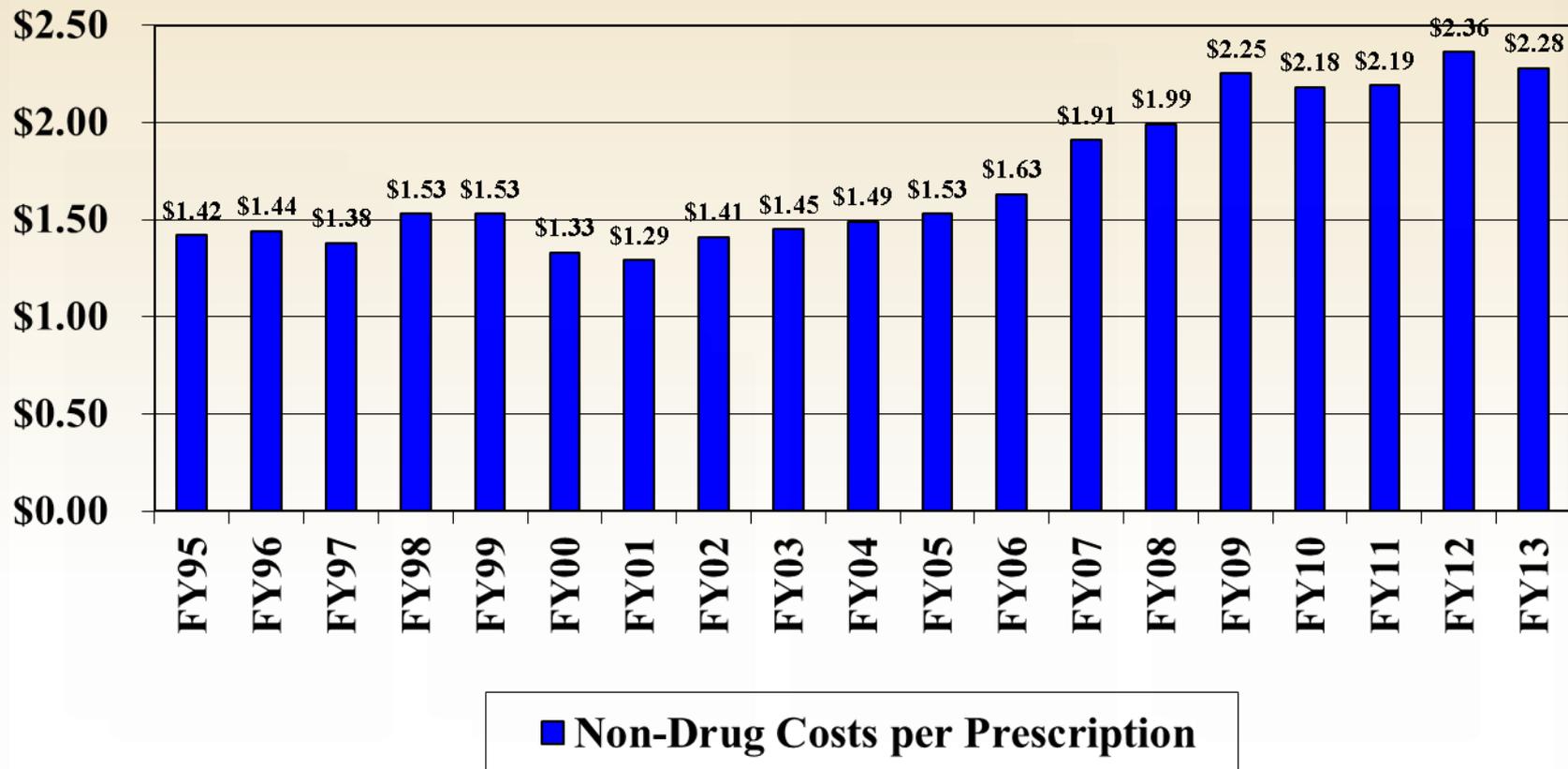
☐ \$48,219,023

- Salaries - \$7,609,552
- Benefits - \$1,929,884
- Operations - \$1,779,320
- Indirect - \$407,777
- Drug Purchases - \$36,492,490

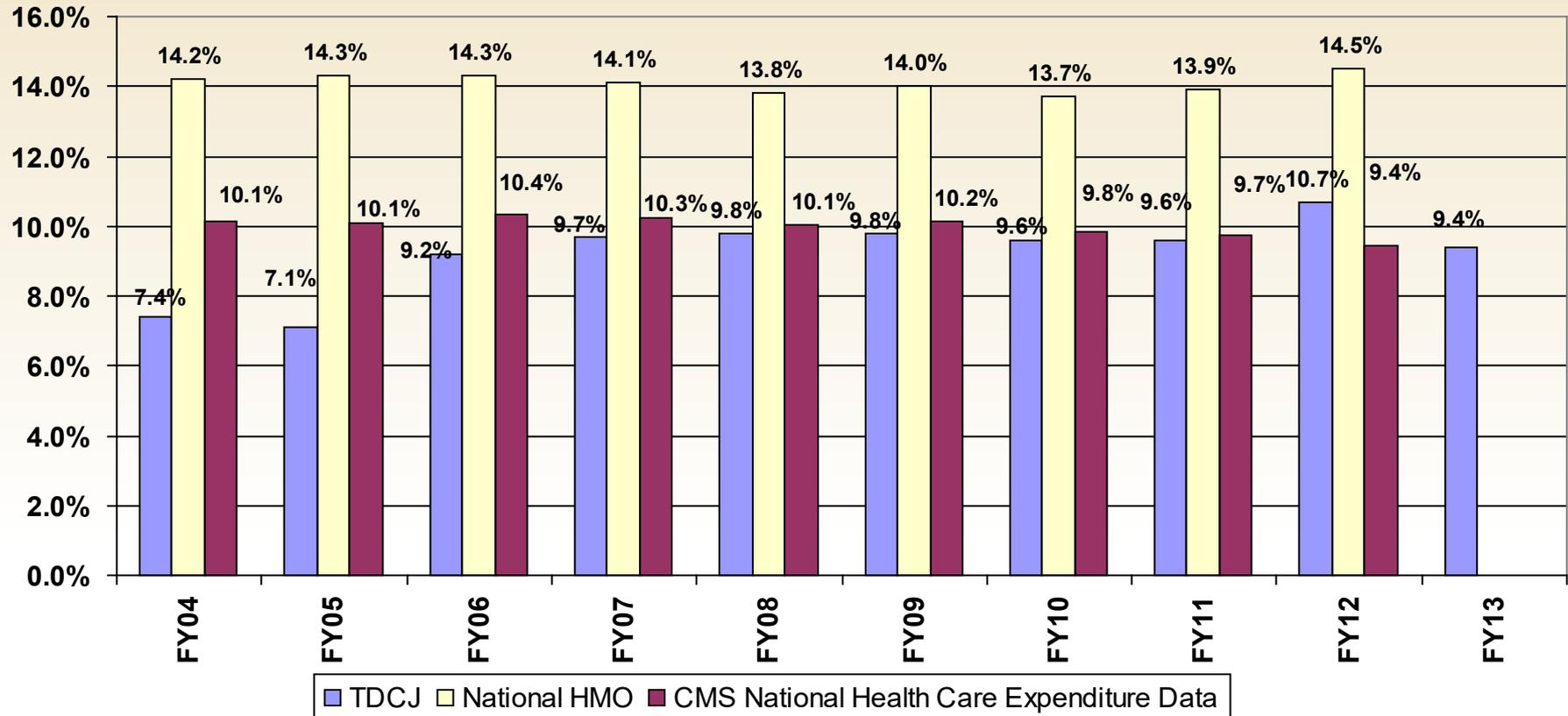
☐ \$0.89 per offender per day



Non-Drug Costs Per Prescription

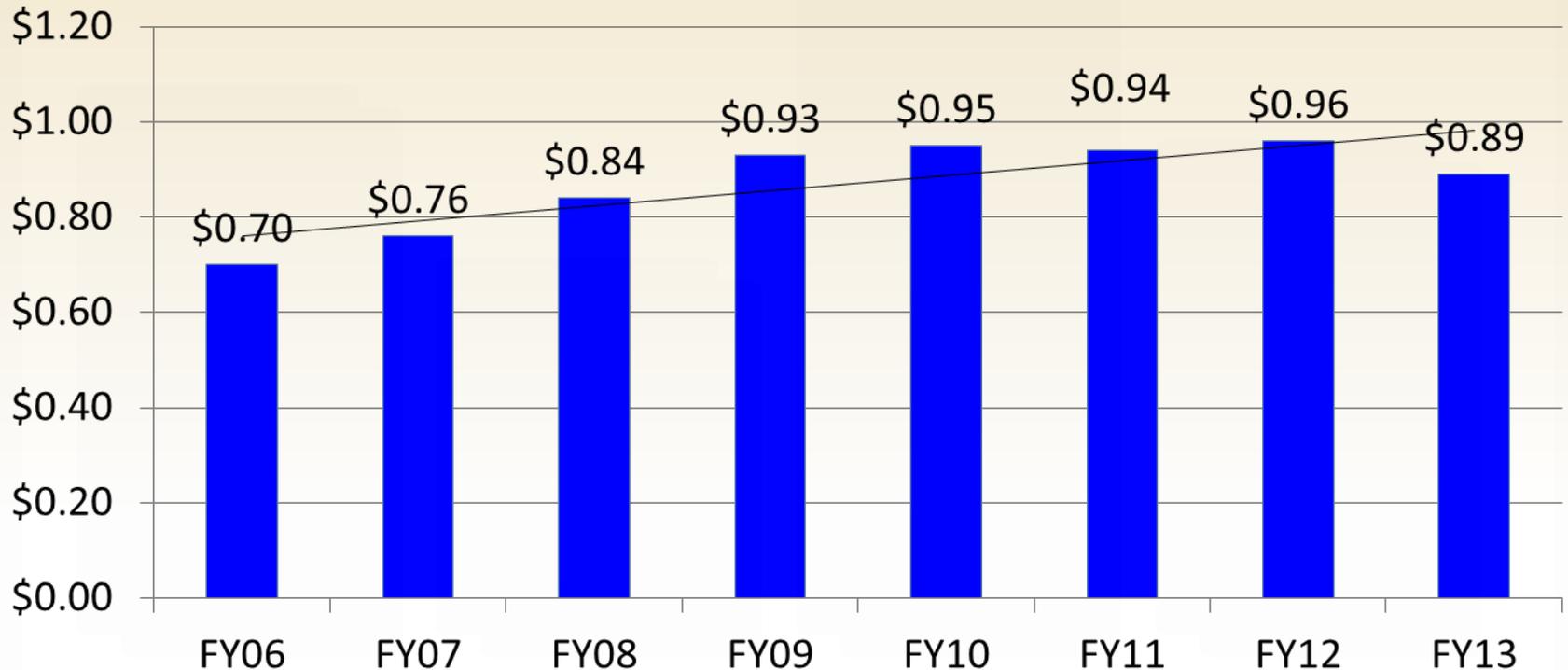


Percentage of Total Health Care Costs



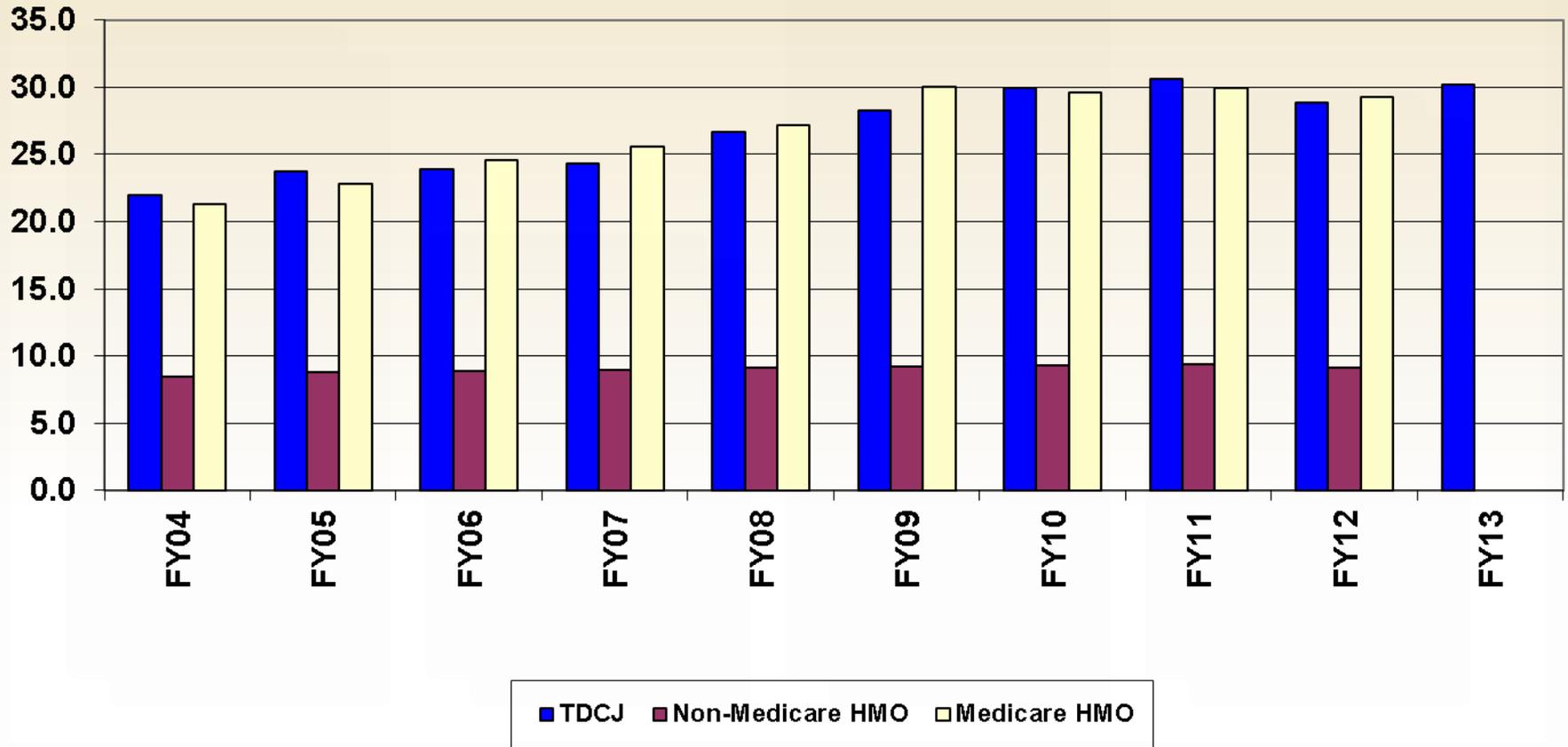
Total Cost PMPD

Per Member Per Day



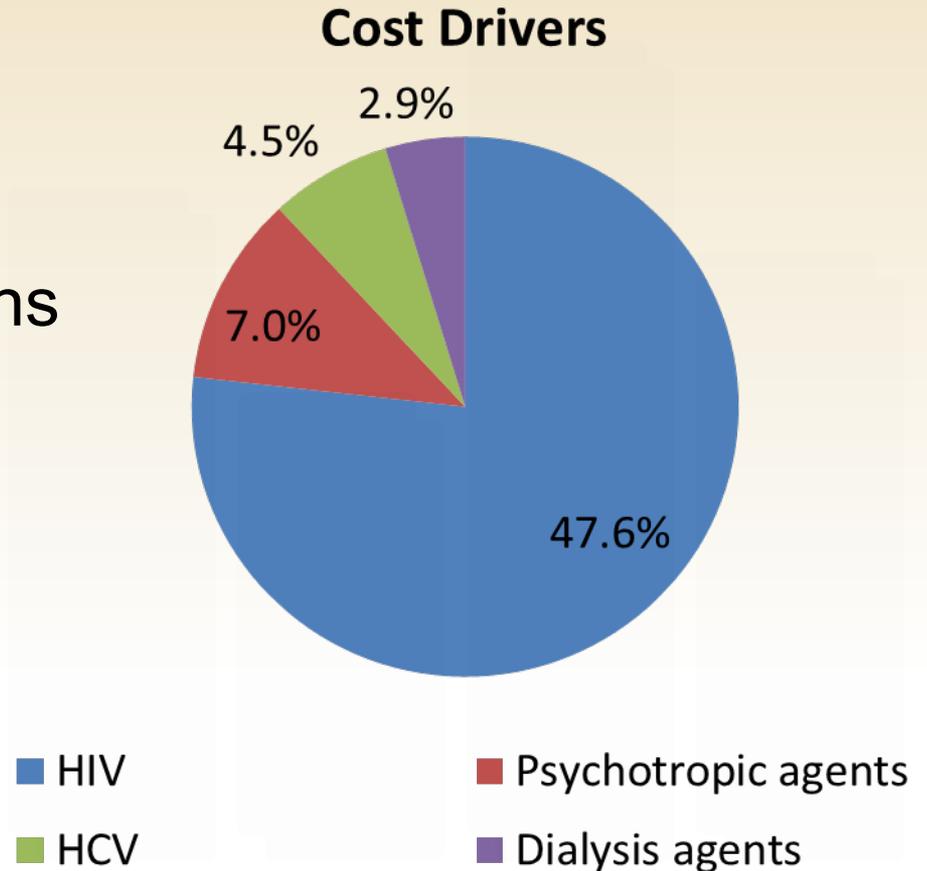
Pharmacy Utilization

Number of Prescriptions Per Member Per Year

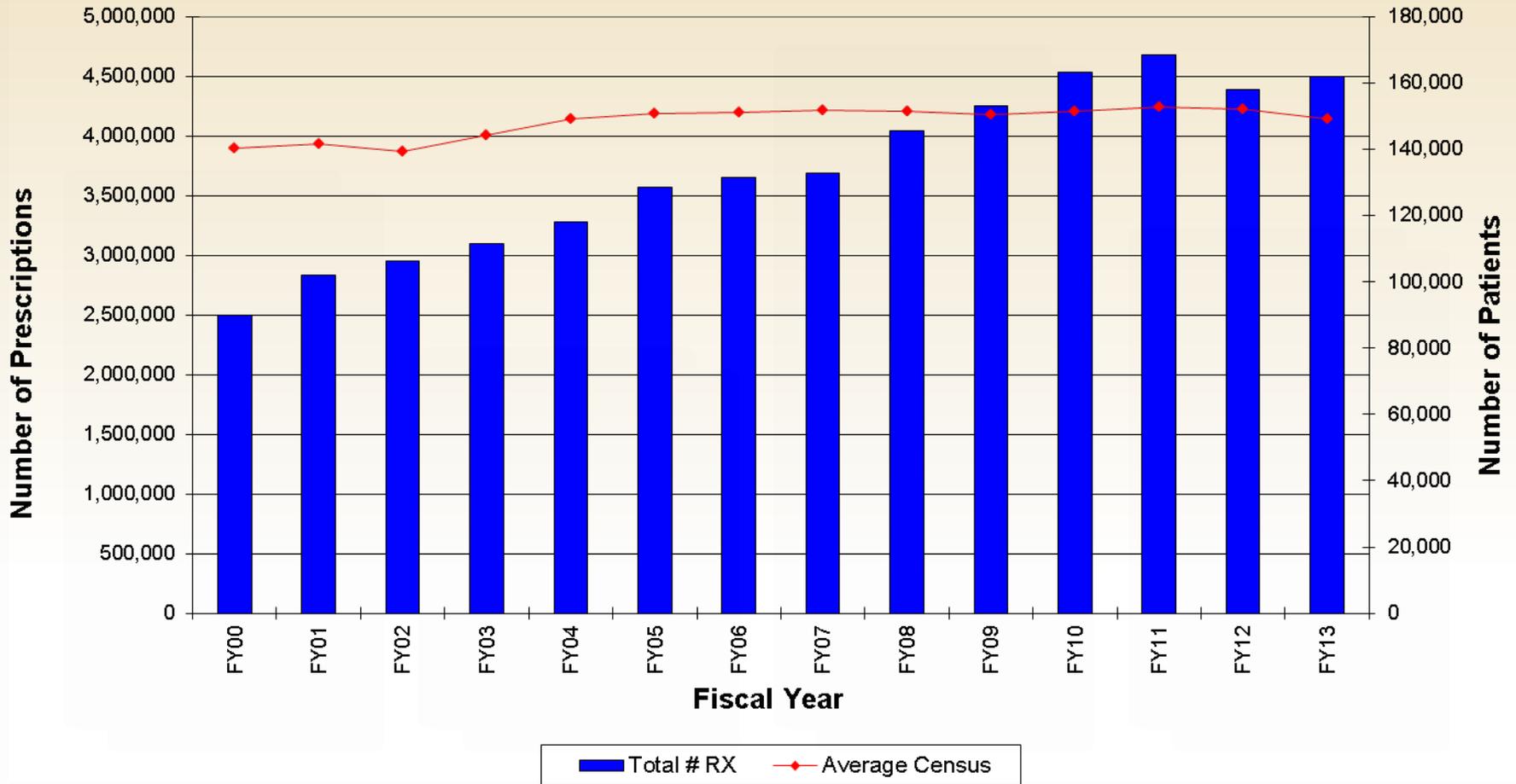


Major Cost Drivers

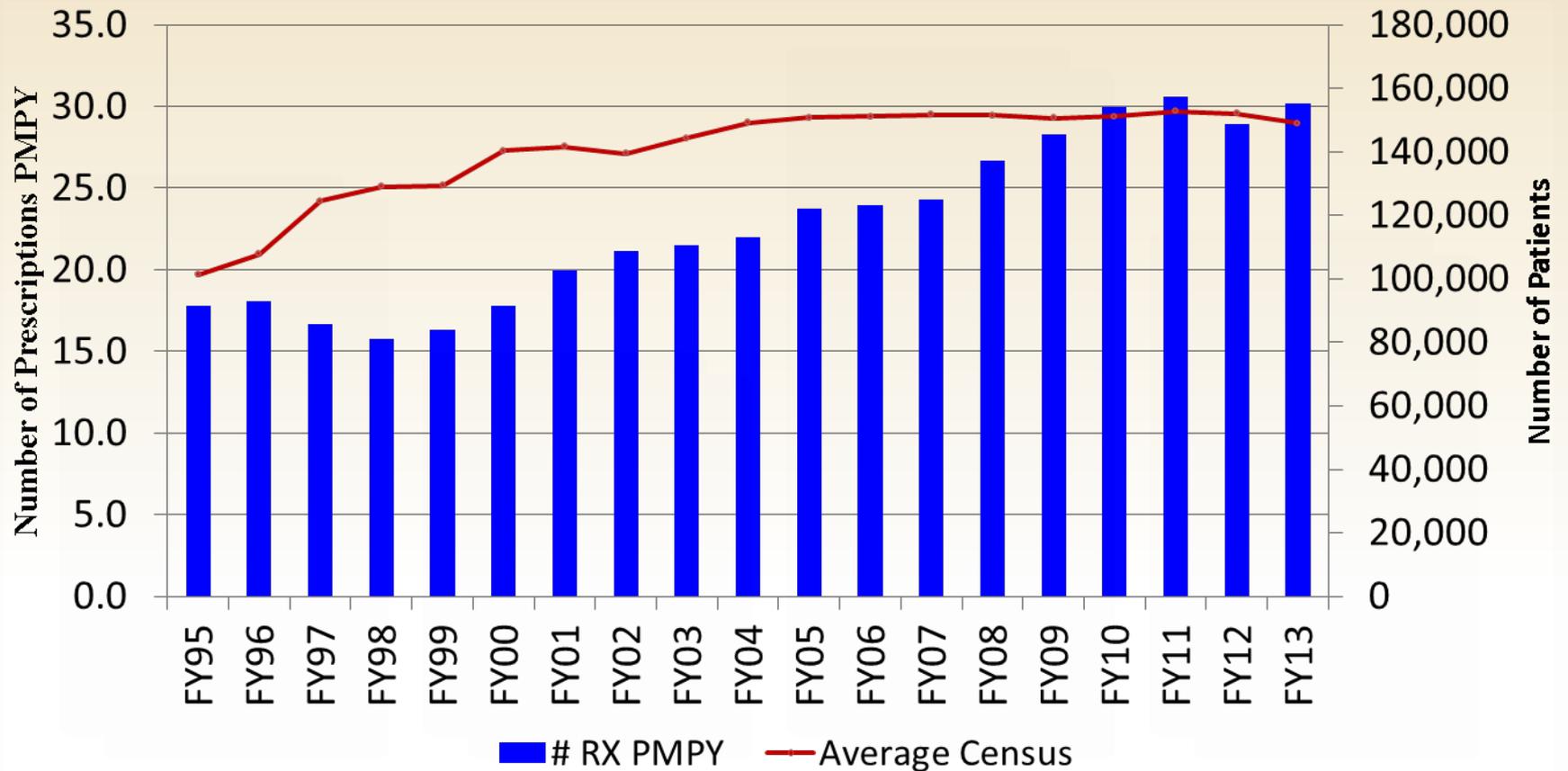
- HIV
- Chronic hepatitis C
- Psychotropic agents
- Chronic Care Medications
 - Dialysis agents
 - Cardiovascular agents
 - Antidiabetic agents
 - Respiratory agents



Total Number of Prescriptions Filled Per Year

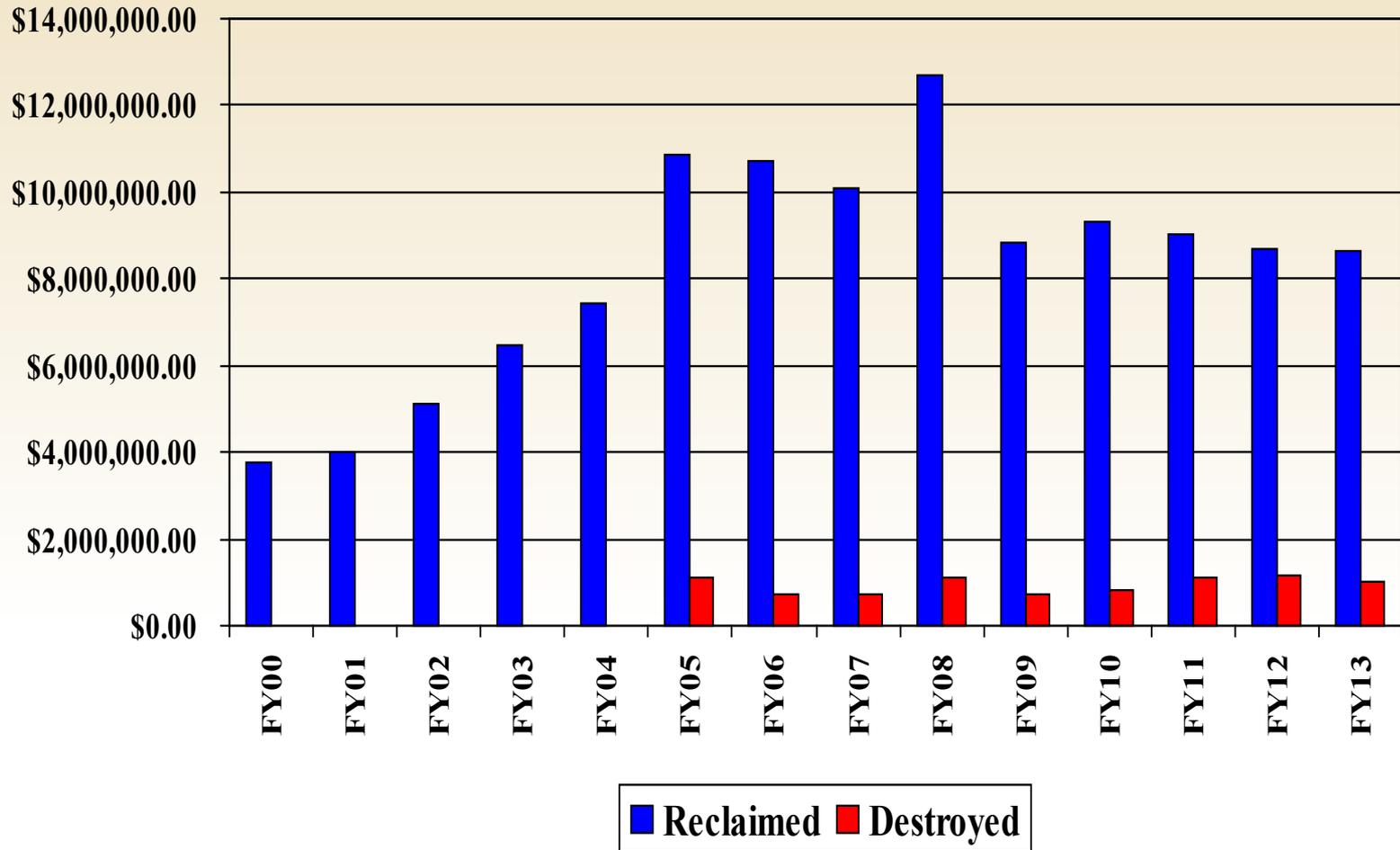


Total Number of Prescriptions Per Member Per Year





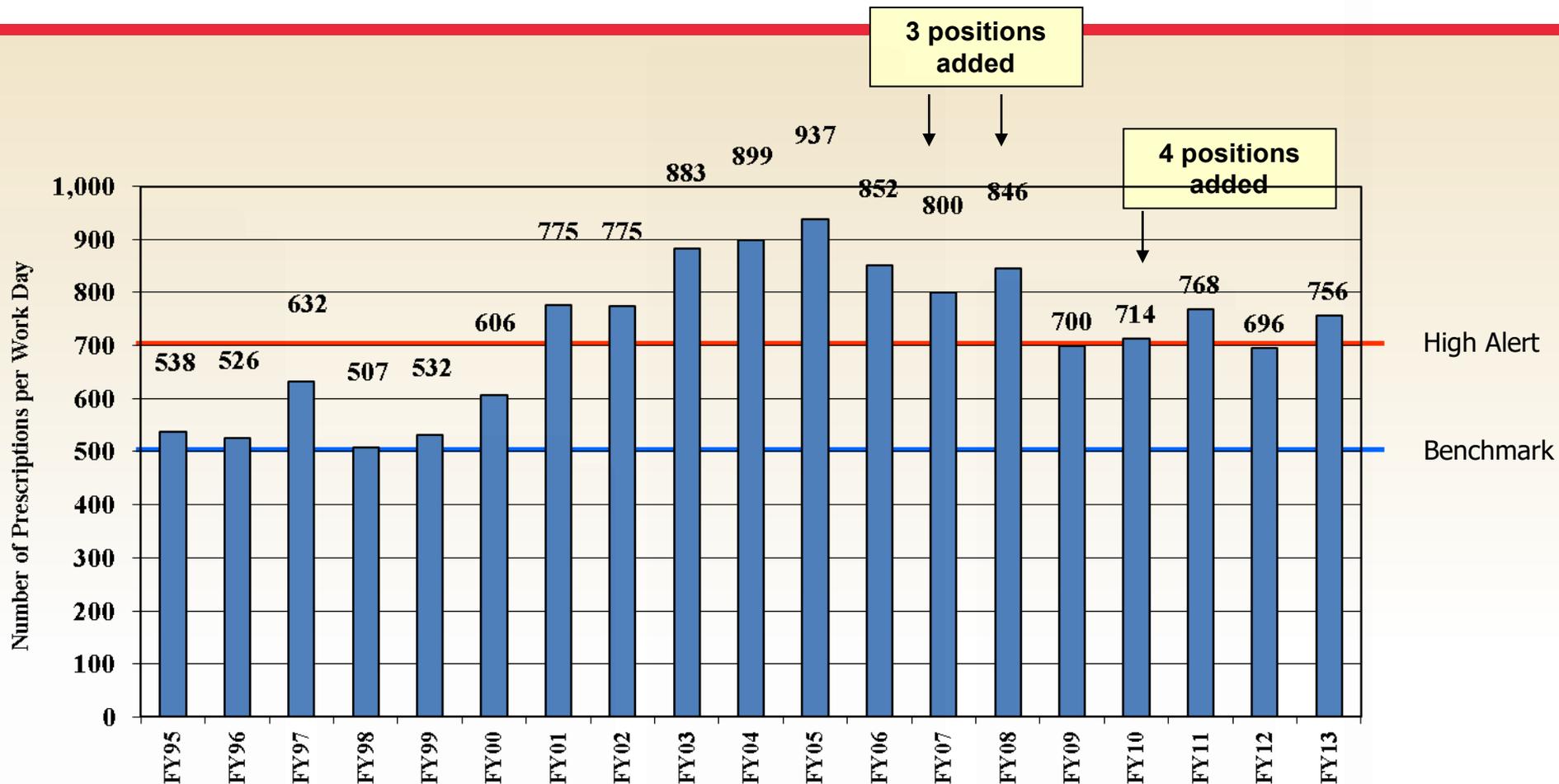
Return Trends



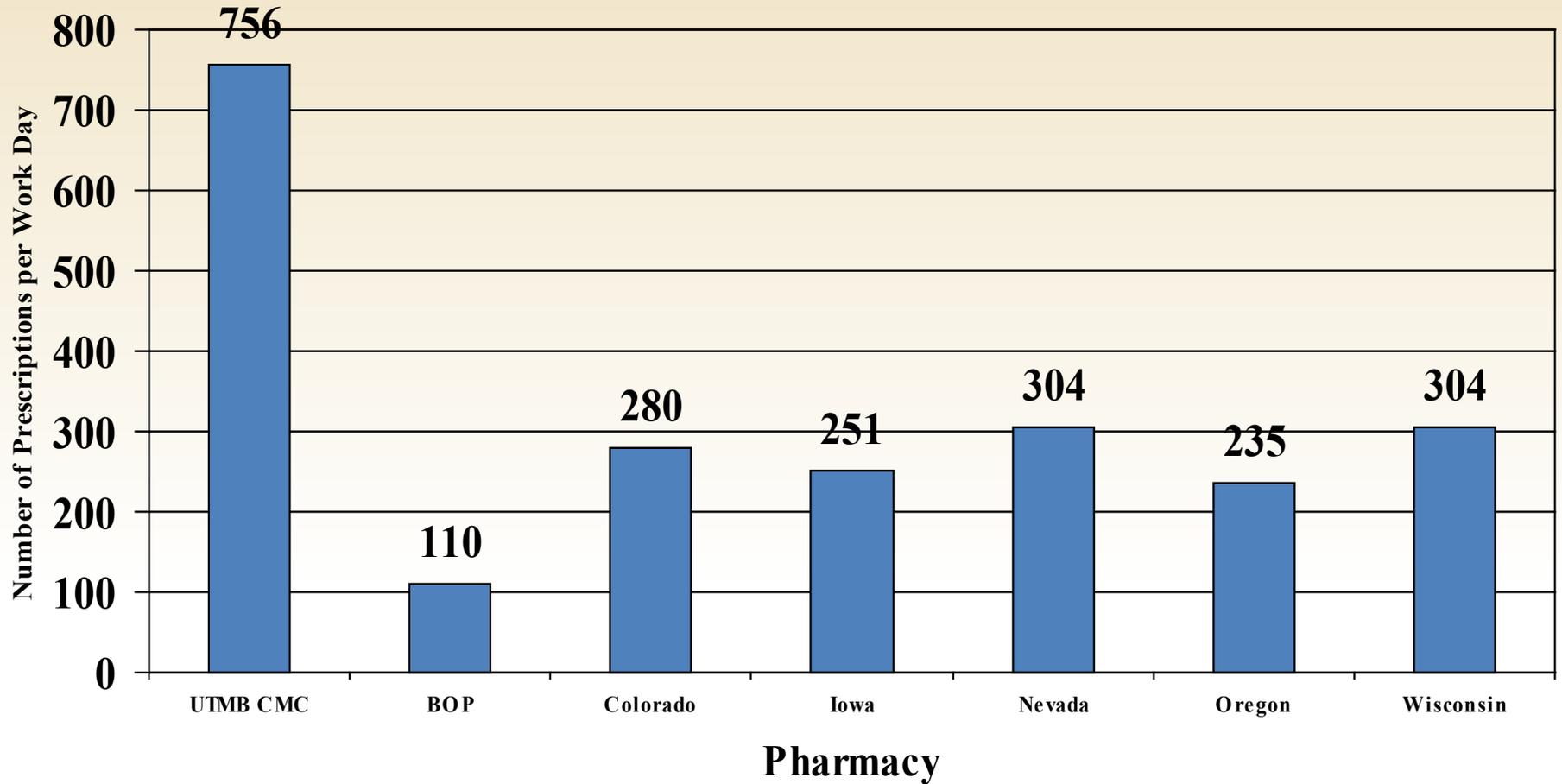
Primary Role of Pharmacists

- ❑ Review medication orders
- ❑ Identify & resolve drug-related problems
- ❑ Train & supervisor pharmacy support staff
- ❑ Audit prison unit medication rooms quarterly
- ❑ Ensure compliance with agency and regulatory requirements
- ❑ Academic detailing and educational programs
- ❑ Drug information
- ❑ Drug therapy management & clinical consultations
- ❑ P&T Committee consulting
 - Formulary design
 - Utilization management
 - Clinical guideline development

Pharmacist Workload: FY95 – FY13



Comparative Pharmacist Workload



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