



Pharmacy Access Office Hours

June 17, 2021

Focus Topic: Part II - Clinical Pharmacy or
Advanced Practice Services in a Community
Health Center

THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



WEBINAR LOGISTICS

To ask/ answer a question, or share a comment, please use the Chat Box on the right-hand side of the screen.

Looking for the slides?

- They are on Noddlepod (both the Rx Access or 340B Advocacy sites)
- Slides and recordings will be published to NACHC's 340B archives webpage



As Office Hours are supported with Federal funds, **we are prohibited from discussing anything related to advocacy in this forum.**

AGENDA

1. Recent 340B Developments
2. Program Alert – New TA Document coming in June 2021:
*“Pharmacy Operations Troubleshooting Guide Topic:
Mitigating Manufacturer Actions Impacting 340B Financial Savings to Health Centers”*
3. Focus Topic Presentation: Part II - Clinical Pharmacy or
Advanced Practice Services in a Community Health Center
4. Q&A

340B Operational Developments/Updates

340B Policy Team

Jeremy Crandall – Director, State Affairs

Vacheria Tutson – Director, Regulatory Affairs

Matt Hunter – Deputy Director, Regulatory Affairs

340B Litigation Updates

- Manufacturers' litigation efforts were unsuccessful against HRSA's violation letters and currently are required to comply with HRSA's demand to ship drugs to contract pharmacies.
- Please let NACHC know if manufacturers have resumed shipping to your health center.
- **Latest ruling (6/16) – AstraZeneca vs. HHS. Judge denied HHS Motion to Dismiss**
 - Judge concluded that the 340B statute is silent as to the role of contract pharmacies and there is more than one interpretation of the statute.
 - The opinion states that Congress has not spoken on the role of contract pharmacies and they have a responsibility to clarify if they are covered entities.
 - The Court still has to do determine if HHS's advisory opinion on contract pharmacies is legally enforceable.
- Eli Lilly and AstraZeneca case are moving quickly, could have a judgement by the end of the summer.
- **Central Issue** – Validity of Contract Pharmacies as covered entities

HRSA Rescinds EpiPen/Insulin Final Rule

On June 16, 2021, OMB published a Notice of Proposed Rulemaking in the Federal Register which proposes to rescind the “Implementation of Executive Order on Access to Affordable Life-Saving Medications” Final Rule, published Dec. 23, 2020.

Main Points

- HHS recognized that the proposed rule would create a significant administrative burden because it would require CHCs to implement new protocols and procedures
- Specifically, increasing the eligibility for sliding fee to 350% FPL would require health centers to hire an additional full time employee to comply with the new requirements
- The agency acknowledged that health centers have been on the front lines of the COVID-19 pandemic response and the final rule would divert resources during a critical time

What does this Notice mean?

- 30-day comment period (comments due by July 16)
- NACHC will provide template comments in the coming weeks
- HHS wants more feedback on how the rule would result in loss for health centers
- Underlying Executive Order is still a threat
- NACHC assessing strategies to address the Order

Program Alert

Program Alert – New TA Document coming
in June 2021:

***“Pharmacy Operations Troubleshooting Guide Topic:
Mitigating Manufacturer Actions Impacting
340B Financial Savings to Health Centers”***

Focus Topic:

Session II - Clinical Pharmacy or Advanced Practice Services in a Community Health Center

Presenters:

Marisa Rowen, PharmD; Associate Pharmacy Director-APS
El Rio Health

Alyssa Puia, PharmD; Clinical Pharmacist &
Alexis Dellogono, PharmD; Clinical Pharmacist
Holyoke Health Center



EL RIO
HEALTH

Building healthy communities
HOLYOKE HEALTH

Clinical Pharmacy or Advance Practice Services in a Community Health Center

SESSION 2

Marisa Rowen, PharmD; Associate Pharmacy Director-APS
El Rio Health

Alyssa Puia, PharmD; Clinical Pharmacist &
Alexis Dellogono, PharmD; Clinical Pharmacist
Holyoke Health Center

Session Overview

May 2021

What do I have?
What is possible?

- Staffing considerations
- Practice Models

June 2021

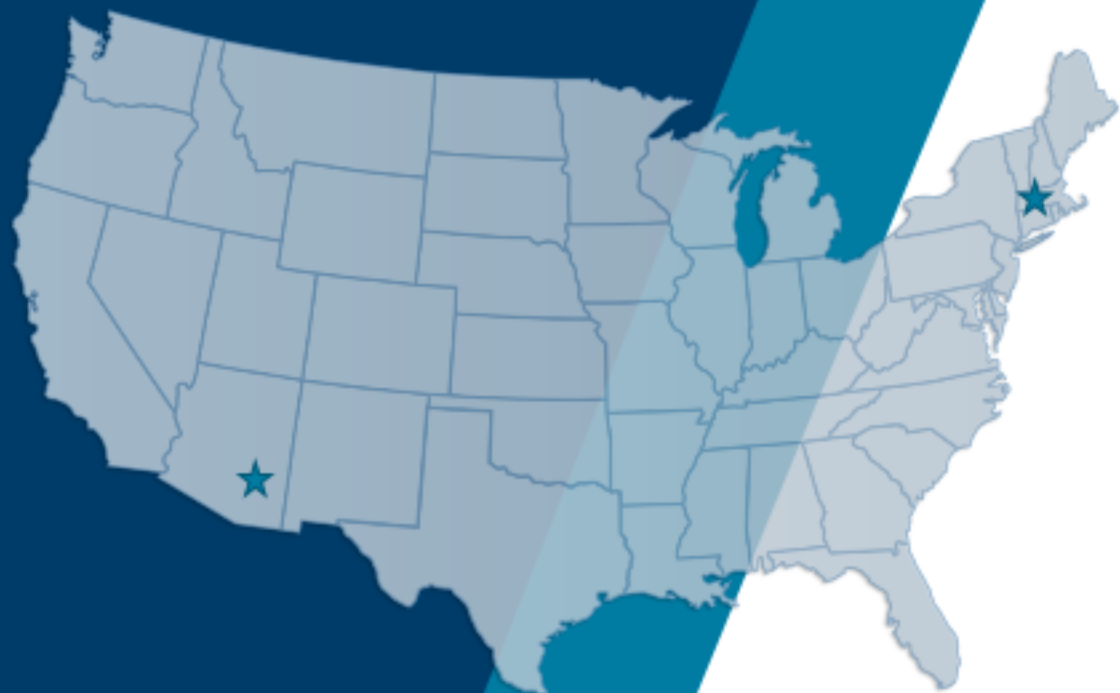
Early implementation &
operational considerations

- Role of data
- Clinical/advanced practice services
- Service considerations

July 2021

How do we maintain this
momentum?

- Payment & Funding
- Growth & sustainability
- Layered learning



Our Health Centers At A Glance

EL RIO
HEALTH

 Building healthy communities
HOLYOKE HEALTH

Patient population	114,000+	30,000+
Clinic sites	12	2
In-house pharmacy	Yes (7)	Yes (2)
Annual RX count	605,000+ (2019)	320,000+ (2019)
Pharmacy staff	99	40

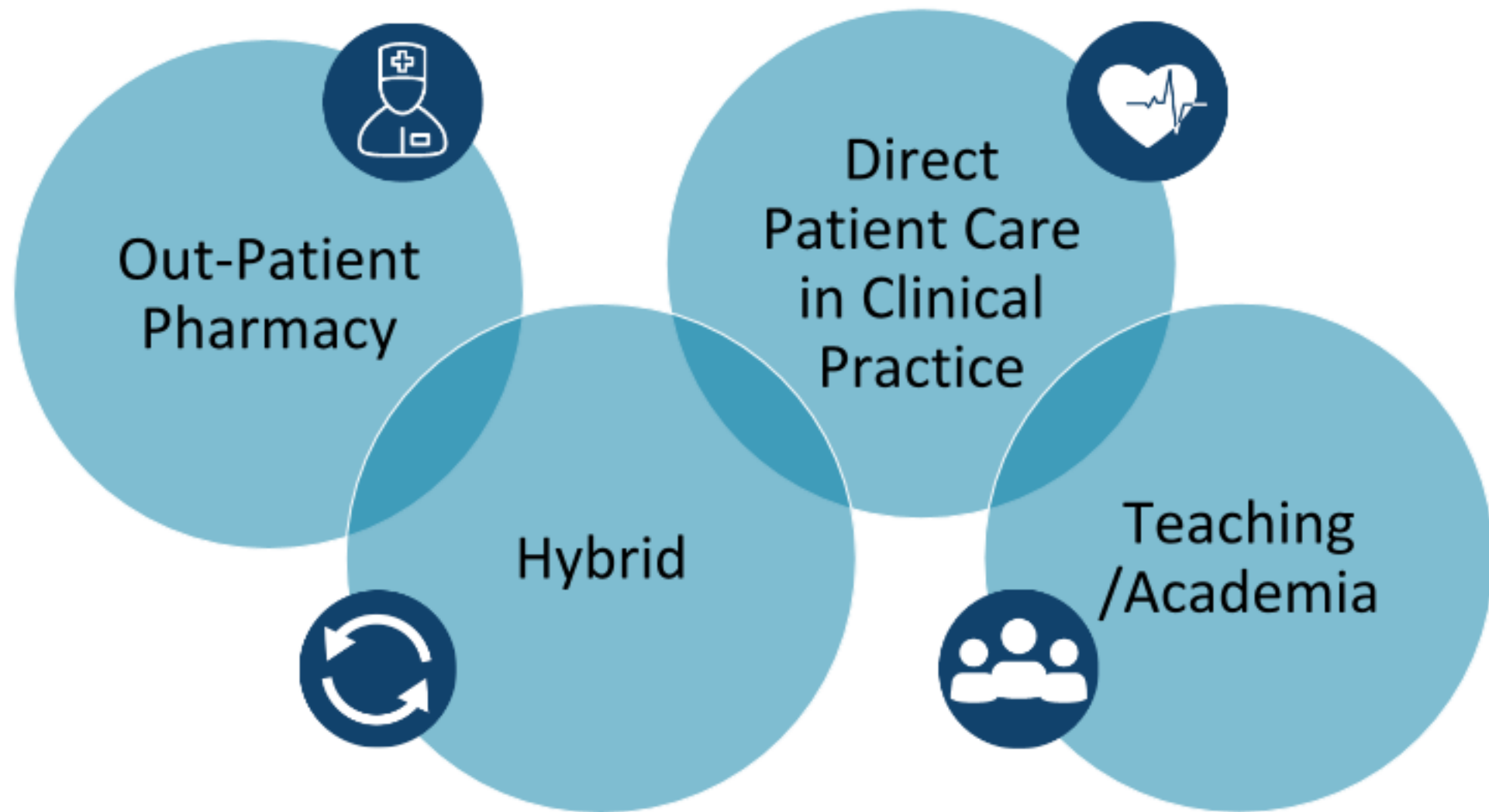
What are “Clinical” Pharmacy “Advance Practice” Services?

“Ambulatory care pharmacy practice is the provision of integrated, accessible health care services by pharmacists.... This is accomplished through **direct patient care** and **medication management** for ambulatory patients, long-term relationships, **coordination of care**, patient advocacy, wellness and health promotion, **triage and referral**, and **patient education and self-management**. The ambulatory care pharmacists may work in both an institutional and community-based clinic involved in direct care of a diverse patient population.”

– American Pharmacist Association (APhA)



Practice Models



Getting Started



ANALYTICS FOR PLANNING

- Organizational need
- Departmental talent
- Direct patient care considerations
- Analytics for outcomes measurements
- SMART Goals

Organizational Alignment

- Gaps in Care & Quality Metrics
- Impact on patient outcomes (morbidity/mortality)
- Risk assessment
- Timing and sustainability

Departmental Alignment

- Honoring long timers
- Different roles to play
 - Risk of non-engagement
 - Role of pharmacy techs/interns and/or medical assistants
 - Thoughtfully consider unintended consequences



Direct Patient Care Considerations

PHYSICAL SPACE

What space makes sense? • Is co-location with prescribers necessary? • Does new space need to be developed? • Will office and exam space be needed?

IN-PERSON VS. VIRTUAL

Do the target services require in-person or is virtual an option? • Do we have the technology to support virtual? • Cost and legal considerations associated with virtual care?

TEMPLATING SCHEDULES AND SHIFTS

When does our target audience want to be seen? • Should templates allow for preschedule or same day only? • What is the agreed upon time frame to achieve all “asks” from the organization?

TRAINING

Who needs to be trained? • Who will provide the training? • What tool will be used to standardize training? What does training “complete” look like? • Will annual competency be required? How will it be administered and tracked?

STATE OR LEGAL CONSIDERATIONS

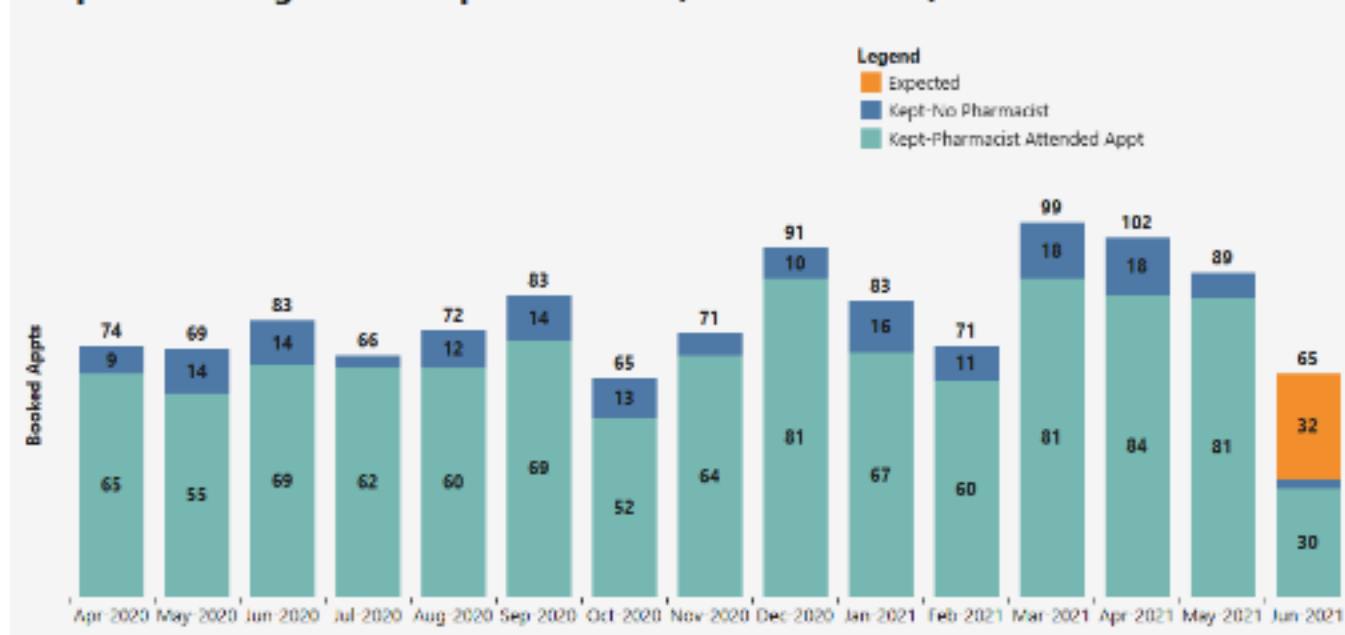
State board of pharmacy regulatory concerns? • Prescribing for controlled substances? • Billing and reimbursement?

ENGAGEMENT OF HEALTH CENTER STAFF

How will services be messaged? • How will services be promoted? • How will staff without prior experience of working with clinical services be introduced to the model? • What responsibilities will be placed on which team members? How will services be sustained?

Analytics for Outcomes Measurements

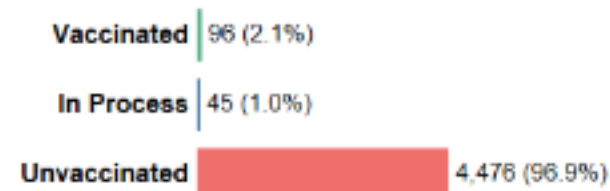
Hospital Discharge Follow Up Encounters (Last 14 Months)



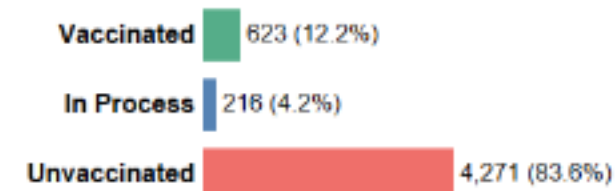
- Development of dashboards
- Productivity
 - Direct patient encounters
 - Vaccine administration
- Quality
 - Gap closure
 - Adherence rates
- Satisfaction
 - Patients & Staff

Shingrix Vaccination Rates

Baseline (11/1/2019)



Current



SMART Goals

- Alignment of services with organizational goals
- Alignment of tasks with various team members
 - Pharmacy tech
 - Medical assistant
- Accountability
- Avoid over committing
- Partners
 - Internal
 - External



Holyoke Practice Example - Asthma

ORGANIZATIONAL NEED

- Quality metrics

DEPARTMENTAL TALENT

- Clinical pharmacists and residents
 - Provide MTM
- Out-patient pharmacists
 - Provide DUR/patient counseling
 - Referral to MTM

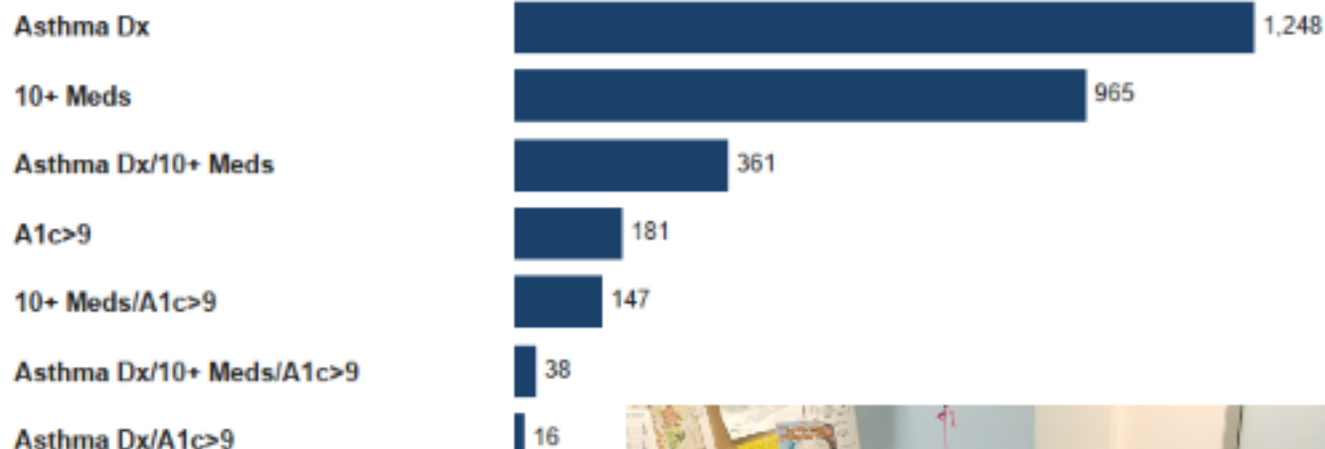
DIRECT PATIENT CARE CONSIDERATIONS

- Staff time
- Space for visits
- Scheduling & Referrals

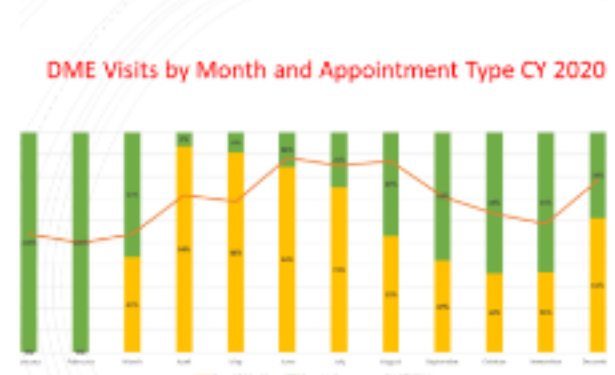
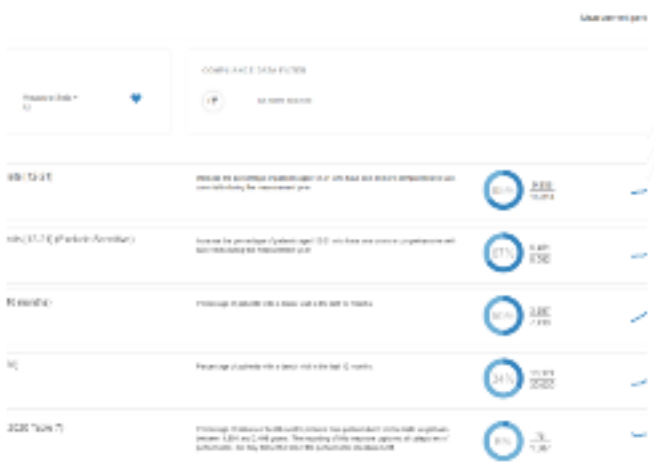
ANALYTICS FOR OUTCOMES MEASUREMENTS

- Develop data dashboard

MTM Qualifiers



El Rio Practice Model Experience



- What services made sense?
- Where were services needed?
- How productive are staff and mode of service delivery
- Clinical impact

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Questions?

ARE YOU LOOKING FOR RESOURCES?

Please visit our website www.healthcenterinfo.org



**HEALTH CENTER
RESOURCE
CLEARINGHOUSE**

Q&A

Submit focus topic ideas to
bljones@nachc.org or
tmallett@340Basics.com

**Evaluations will be sent to attendees
following the session**