THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUN 19 2014

The Honorable Carl Levin
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report is in response to House Report 113-113, page 277, accompanying H.R. 2397, the Department of Defense (DoD) Appropriations Bill, 2014, requesting the Assistant Secretary of Defense for Health Affairs provide a report detailing the progress of including pharmacists in the care teams provided by the Patient Centered Medical Home (PCMH), the success rate of patients in properly adhering to medicine treatment and prescription levels, and whether there have been cases in which the inclusion of a pharmacist in the PCMH has contributed to reducing the level of medication taken by patients who may have been overmedicating.

The value of including clinical pharmacists on the PCMH team is well documented in the literature as delivering improved outcomes, better medication adherence, and supports the tenets of health care reform, including enhanced access, improved quality, reduced cost, and enhanced patient safety. The Military Health System (MHS) recognizes similar contributions on PCMH teams when supported by clinical pharmacists. The inclusion of pharmacists in PCMHs continues to grow and expand in military treatment facilities across the DoD. Clinical pharmacists play a critical role in the success of care provided through the PCMH model and have clearly shown the relationship between pharmacist involvement and positive patient outcomes, especially in the optimization of medication therapy, medication adherence, and the reduction in the number of users taking multiple medications. The adoption of this expansion is challenged by available funding as other initiatives compete for limited MHS resources.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter has been sent to the Chairmen of the other congressional defense committees.

Sincerely,

Jonathan Woodson, M.D.

Enclosure:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUN 19 2014

The Honorable Howard P. "Buck" McKeon
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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Jonathan Woodson, M.D.

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

The Honorable Richard J. Durbin
Chairman
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

JUN 19 2014

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Sincerely,

Jonathan Woodson, M.D.

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Vice Chairman

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

The Honorable Rodney Frelinghuysen
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

JUN 19 2014

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Sincerely,

Jonathan Woodson, M.D.

Enclosure:
As stated

cc:
The Honorable Peter J. Viscolsky
Ranking Member

Report to Congress

on

The Department of Defense Review of Impact of Pharmacists in Patient Centered Medical Homes on Prescription Drug Abuse

In

Fiscal Year 2014

Preparation of this study/report cost the Department of Defense a total of approximately $7,100 for the Fiscal Year.

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REPORT TO THE CONGRESSIONAL COMMITTEE ON APPROPRIATIONS

The Department of Defense
Review of Impact of Pharmacist in Patient Centered Medical Homes on
Prescription Drug Abuse

EXECUTIVE SUMMARY: The value of including clinical pharmacists on the Patient Centered Medical Home (PCMH) care team is well documented in the literature as delivering improved outcomes, better medication adherence, and supports the tenets of healthcare reform including enhanced access, improved quality, reduced cost, and enhanced patient safety. Similar contributions have been recognized by PCMH teams within the Military Health System (MHS) fortunate to be supported by clinical pharmacists. In recognition of these contributions, the MHS is making progress to expand the inclusion of clinical pharmacists on PCMH care teams. This expansion is challenged by available funding and competing priorities for resources.

The monitoring of medication adherence is an important tool for all clinicians within the PCMH to optimize intended medication therapy outcomes. The application of medication adherence monitoring at the patient level is in development with testing by clinical pharmacists scheduled this summer at several military treatment facilities (MTFs). This capability will provide clinicians with another valuable tool in monitoring patients' medication use. Population based medication adherence calculations for cholesterol-lowering agents have been benchmarked for the entire MHS population, with follow on plans to calculate medication adherence for hypertensive and diabetic medications.

The Department of Defense (DoD) has made great strides in the use of pharmacists in PCMH and the results are evident. Optimizing the use of medications through pharmacist interaction as part of a PCMH care team is best exemplified by their work within the Wounded Warrior Clinics. These Warrior Clinics are modeled after PCMHs in support of Wounded Warriors, where clinical pharmacists manage complex medication regimens and mitigate risks for Wounded Warriors. The value of clinical pharmacists embedded in Warrior Clinics can be correlated to a recent analysis that noted a significant reduction in the rate of use of multiple medications including opioid analgesic and psychotropic /Central Nervous System (CNS) sedating medications.

BACKGROUND: House Report 113-113, page 277, accompanying H.R. 2397, the DoD Appropriations Act for Fiscal Year 2014, requested the Assistant Secretary of Defense for Health Affairs to provide a report not later than 180 days after enactment to the congressional defense committees detailing the progress of including pharmacists in the care teams provided by the PCMH, the success rate of patients in properly adhering to medicine treatment and prescription levels, and whether there have been cases in which the inclusion of a pharmacist in the PCMH has contributed to reducing the level of medication taken by patients who may have been overmedicating.

DISCUSSION: In 2008, MHS leadership identified the PCMH model for primary care as a key enabler of the Quadruple Aim. The MHS Quadruple Aim is a strategic plan intended to describe the optimal health care system for military families balancing the four priorities of Readiness, Population Health, Experience of Care, and Responsibly Managing the Total Health Care Costs. Pharmacy and medication therapy management is a key component of the medical home model. The PCMH enables pharmacists to contribute to the healthcare team through services focused on comprehensive medication management and in improving patient health outcomes while lowering total healthcare costs. By redesigning traditional health care delivery centered on the patient, starting with a multi-disciplinary team approach that includes the pharmacist, primary care truly becomes the foundation of readiness and for moving from health care to health.

This transformation to PCMH model is complex and far-reaching with fundamental changes to the primary care health delivery model. The health care teams are organized and trained, and primary care is integrated with the broader health care system to ensure delivery of safe, effective, comprehensive, and coordinated care. The pharmaceutical care component is integral to this transformation.

The staffing model developed during initial PCMH implementation addressed only core PCMH team members required for the delivery of primary care, along with embedded behavioral health specialists. Clinical pharmacists and other ancillary clinical team members were not included in the initial implementation due to incomplete business case analyses. Since 2012, several embedded clinical pharmacist pilots were implemented; the business case analyses on these pilots demonstrated both an improvement in patient outcomes and positive return on investment. Tri-Service clinical pharmacist requirements were developed on the basis of the business case analyses.

Within the Army Medical Command, beneficiary enrollment supports a staffing requirement of 212 clinical pharmacists. Significant progress has been achieved over the past few years with 78 clinical pharmacist currently embedded within PCMHs, Soldier Centered Medical Homes and Warrior Clinics, with a Request for Personnel Actions for additional clinical pharmacists to meet staffing ratio requirements. The Navy currently has 28 full-time or part-time clinical pharmacist supporting 19 PCMH care teams. The Air Force has clinical pharmacists supporting 9 PCMH care teams. There are also many other clinical pharmacists in specialty clinics, such as anticoagulation services, supporting multiple PCMHs across the military services. The Services are currently assessing requirements and gaps which would result from including the pharmacist on all PCMH care teams. The Defense Health Agency (DHA), Pharmacy Shared Service Workgroup, has established a staffing ratio of one clinical pharmacist for every 6,500 enrolled beneficiaries (1:6,500) as a key metric for each PCMH.

As national health plans, including the MHS, continue incorporating PCMH into the healthcare system, quality has been incorporated into the *Joint Principles of the Patient-Centered Medical Home*. In 2009, the National Quality Forum endorsed medication adherence as an indicator of quality in medication management. In alignment with national quality organizations and the Centers for Medicare and Medicaid Services, medication adherence is a DHA Pharmacy Quality Measure focusing on medication therapy for the management of three chronic conditions: high cholesterol; hypertension; and, diabetes. In alignment with the Pharmacy Quality Alliance, the

DoD adopted the Proportion of Days Covered as the metric to calculate medication adherence, leading to the development of an algorithm that uses prescription data to estimate medication adherence. With an initial focus on the DHA Pharmacy Quality Measure, medication adherence calculations for cholesterol-lowering therapy show 74% for the MHS population, establishing a baseline for future comparisons. A global medication adherence measure helps us evaluate this aspect of medication-related quality for our overall population on the targeted therapy over a longer (e.g., 1 year) period of time.

A DoD retrospective cohort database study, presented at the International Society of Pharmacoeconomics and Outcomes Research Conference in 2012, examined medication adherence to lipid lowering therapy. The study showed adherence and persistence rates declined over the 18-month study period, reinforcing the need to monitor medication adherence within our population over time and need for parallel efforts to provide adherence monitoring tools for MHS healthcare providers. In addition to the initial focus on a MHS measure, there is clinical utility in providing medication adherence information for a patient to their healthcare provider as part of their care. The long-term vision for the medication adherence measure includes narrowing the focus from MHS wide to beneficiaries receiving care from MTF-based PCMH teams and incorporating medication adherence information into clinical systems for use by healthcare providers as part of direct patient care. The medication adherence algorithm currently calculates patient-specific adherence in order to produce the MHS-wide measure. The use of refined medication adherence information by healthcare providers is currently scheduled for testing with MTF-based clinical pharmacists this summer.

Integrating clinical pharmacists into PCMH supports the achievement of National Committee for Quality Assurance standards and elements for PCMH certification in the improvement of medication adherence and related health outcomes and reducing the risk of the use of multiple medications, known as "polypharmacy." The Polypharmacy Medication Analysis Reporting Tool (Poly-MART), developed by the DHA, supports the comprehensive monitoring of complex medication therapies, by applying polypharmacy criteria to pharmacy prescription data to identify candidates for follow-up with a healthcare provider. Candidate information is proactively provided to pharmacy and/or medical staff representing each Army MTF and/or operational unit. Polypharmacy candidates identified by the tool are referred to a clinical pharmacist for a comprehensive medication therapy review (MTR). The MTR includes, but is not limited to, a complete and accurate list of current medications, including over-the-counter medications and nutritional/herbal supplements, assessment of overuse or underuse, medication adherence, and drug-drug interaction. Since its inception, in June 2013, over 250 Poly-MARTs have been provided to medical staff covering the entire active duty Army population. Use of the Poly-MART has been incorporated into Army policy.

Optimizing the use of medications through clinical pharmacist interaction as part of a PCMH care team is best exemplified by their work within the Wounded Warrior Clinics. Of the 26 Warrior Clinics, supporting Warrior Transition Units, 22 Clinics are currently supported by approximately 22 clinical pharmacist and 3 pharmacy technicians, with an ultimate goal of providing clinical pharmacist coverage for all units. These Warrior Clinics are modeled after PCMHs in support of Wounded Warriors, where clinical pharmacists manage complex medication regimens and mitigate risks for Wounded Warriors. The value of clinical pharmacists embedded in Warrior Clinics can be correlated to a recent analysis that noted a

significant reduction in the rate of use of multiple medications including opioid analgesic and psychotropic/CNS-sedating medications.

CONCLUSION: The value of including clinical pharmacists on the PCMH care team is well documented in the literature as delivering improved outcomes, better medication adherence, and supports the tenets of healthcare reform including enhanced access, improved quality, reduced cost, and enhanced patient safety.

The inclusion of pharmacists in PCMHs continues to grow and expand in MTFs across the DoD. Clinical pharmacists play a critical role in the success of care provided through the PCMH model. Utilizing clinical pharmacists has clearly shown the relationship between pharmacist involvement and positive patient outcomes especially in the optimization of medication therapy, medication adherence, and the reduction in polypharmacy users.

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