UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

The Honorable Thad Cochran
Chairman
Subcommittee on Defense
Committee on Appropriations
Unitied States Senate
Washington, DC 20510

JUN 26 2015

Dear Mr. Chairman:

The enclosed report is in response to House Report 113-473, page 286, accompanying H.R. 4870, the Department of Defense (DoD) Appropriations Bill, 2015, requesting 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 supporting the tenets of health care reform, including enhanced access, improved quality, reduced cost, and enhanced patient safety. The Military Health System recognizes similar contributions on PCMH teams when supported by clinical pharmacists. The Military Services actively support this evolution as 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 they have clearly shown the relationship between pharmacist involvement and positive patient health outcomes. This is especially true in the optimization of medication therapy, medication adherence, and reduction in the number of users taking multiple medications.

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 other congressional defense committees.

Sincerely,

Brad Carson
Acting

Enclosure:
As stated

cc:
The Honorable Richard J. Durbin
Vice Chairman

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JUN 26 2015

The Honorable John McCain
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

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Sincerely,

Brad Carson
Acting

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JUN 26 2015

The Honorable William M. "Mac" Thornberry
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report is in response to House Report 113-473, page 286, accompanying H.R. 4870, the Department of Defense (DoD) Appropriations Bill, 2015, requesting 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.

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Sincerely,

Brad Carson
Acting

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JUN 29 2015

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

Dear Mr. Chairman:

The enclosed report is in response to House Report 113-473, page 286, accompanying H.R. 4870, the Department of Defense (DoD) Appropriations Bill, 2015, requesting 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.

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Sincerely,

Brad Carson
Acting

Enclosure:
As stated

cc:
The Honorable Peter J. Visclosky
Ranking Member

The Department of Defense Report to the Congressional Defense Committees
House Report 113-473, page 286, Accompanying H.R. 4870 Department of Defense Appropriations Act, 2015
On Prescription Drug Abuse

The estimated cost of this report or study for the Department of Defense is approximately $7,350 for the 2015 Fiscal Year. This includes $200 in expenses and $7,150 in DoD labor.
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REPORT TO THE CONGRESSIONAL DEFENSE COMMITTEES

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, improving medication adherence, and supporting 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) 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.

Monitoring medication adherence is an important tool for all clinicians within the PCMH to optimize intended medication therapy outcomes. The Defense Health Agency (DHA), Pharmacy Operations Division, successfully developed and tested a medication adherence algorithm at several military treatment facilities (MTFs) in 2014. The initial roll out of this tool will provide adherence metrics for three specific drugs classes for the MHS with a drill down capability to the MTF, while exploring pathways to present real-time patient level medication adherence data to providers at the point of care. This capability will provide clinicians with another valuable tool in monitoring patients' medication use. Population-based medication adherence calculations have been benchmarked for the entire MHS population for cholesterol-lowering agents, a specific hypertensive class of drugs, and diabetic medications.

The Department of Defense (DoD) has also created and deployed a standardized template in Armed Forces Health Longitudinal Technology Application (AHLTA), DoD's electronic health record. This template documents clinical pharmacist patient encounters as a means of capturing clinical and economic outcomes resulting from pharmacist-specific care.

The DoD recognizes the role of clinical pharmacists in reducing the risks of prescription drug abuse, dependence, withdrawal, and impaired thinking posed by increased medication use and polypharmacy. DoD has made great strides in the use of pharmacists in PCMHs to mitigate the risk of medication overuse or abuse, 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 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 these 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. Based on this success, the Services are expanding clinical pharmacist coverage in their PCMHs commensurate with available resources to meet the needs of their patient populations as the PCMH model matures.

BACKGROUND: House Report 113-473, page 286, accompanying H.R. 4870, the DoD Appropriations Act, 2015, 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 if 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.

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. Pharmacists and medication therapy management are key components 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.

DISCUSSION: Transformation to the 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 have been implemented; the business case analyses on these pilots demonstrated both an improvement in patient health outcomes and positive return on investment. Tri-Service clinical pharmacist requirements were developed on the basis of the business case analyses.

Currently, a pilot program is being conducted at Tripler Army Medical Center, Hawaii, to assess the value of clinical pharmacists embedded in PCMHs. Ten (10) clinical pharmacists are embedded in PCMH teams in the Oahu market in the following clinics: Family Medicine (5), Internal Medicine (3), and Solider Centered Medical Home (2). A newly created and deployed AHLTA Tri-Service Work-Flow Alternative Input Method (TSWF Clin Pharm Aim) template is being used to document pharmacist encounters and capture clinical and economic outcomes resulting from pharmacist-specific care. Results from this multi-clinic pilot utilizing standardized processes of care delivery and documentation are expected to be available in 2016.

The opportunity to further validate the value of including clinical pharmacists in medication therapy management in the MHS has been provided through Section 726 of the Carl Levin and

Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015. This provision prescribes the requirements for the pilot program to evaluate the feasibility and desirability of including medication therapy management as part of the TRICARE program. The pilot will be carried out in three locations: a military treatment facility pharmacy in which the patients participating in the pilot generally receive primary care services from within the facility; a military treatment facility pharmacy in which the patients participating in the pilot do not generally receive primary care services from within the facility; and at a pharmacy located outside a military medical facility. The design of the pilot will consider best commercial practices and will be focused on improving medication use and outcomes of prescription medications.

Within the Army Medical Command, beneficiary enrollment supports a staffing requirement of 199 clinical pharmacists. The Army doubled the number of clinical pharmacists over this past year, with 156 clinical pharmacists now embedded within PCMHs, Soldier Centered Medical Homes and Wounded Warrior Clinics, with a Request for Personnel Actions for additional clinical pharmacists to meet staffing ratio requirements. The Navy has increased the number of full-time or part-time clinical pharmacists from 28 the previous year to 40 pharmacist supporting 20 PCMH care teams. The Air Force has clinical pharmacists supporting 9 PCMH care teams and has begun implementing an initiative which adds 11 more clinical pharmacists dedicated to support PCMHs full-time. The results of the initiative will be evaluated at the six; and twelve; month points to validate expansion to all PCMH teams at Air Force facilities. 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 DHA, Pharmacy Shared Service Workgroup, has established a standardized staffing ratio of one clinical pharmacist for every 6,500 enrolled beneficiaries (1:6,500) as a key metric for each PCMH.

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 used to calculate medication adherence, leading to the development of an algorithm that uses prescription data to estimate medication adherence.

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. DoD successfully developed and tested a medication adherence algorithm at several MTFs in 2014. The initial roll out of this tool provides adherence metrics for three specific drug classes for the MHS and Services with a drill down capability to the MTF, while exploring

pathways to present real-time patient level medication adherence data to providers at the point of care. This capability will provide clinicians with another valuable tool in monitoring patients' medication use. Population-based medication adherence calculations have been benchmarked for the entire MHS population for cholesterol-lowering agents, a specific hypertensive class of drugs, and diabetic medications.

Integrating clinical pharmacists into PCMHs 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. The Poly-MART reports initially focused only on active duty service members. The successful use of this tool in identifying candidates for medication intervention and reductions in medication use, coupled with the addition of more clinical pharmacists into the PCMHs, creates an opportunity to expand the Poly-MART for all beneficiaries enrolled to the MTFs.

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. The rate of chronic opioid use among Army active duty service members dropped from 4.5% in 2009 to 3.7% in 2013.

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.