

# Advancing Pharmacy-Related Interventions to Control Hypertension and Manage Cholesterol



## Workshop Summary May 19 - 20, 2020

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## Introduction and Outcomes

On May 19-20, 2020, NACDD's Cardiovascular Health Team, in collaboration with the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention (CDC), hosted a two-day virtual workshop with state teams from **Colorado (CO)**, **Georgia (GA)**, **Missouri (MO)**, **Texas (TX)**, and **Virginia (VA)** as part of the Advancing Pharmacy-Related Interventions to Control Hypertension and Manage Cholesterol Learning Collaborative. The intent for this unique learning opportunity was to support the priorities of 1817 by focusing on innovative team-based approaches to hypertension control and cholesterol management. Each team was comprised of health department staff working with 1817 pharmacy strategies and one to two pharmacy partners, including local colleges of pharmacy, state pharmacy associations, and quality improvement organizations. Together, the Learning Collaborative teams participated in presentations led by subject-matter experts, workplan development, and peer exchange.

The desired outcomes of this workshop and follow-up activities include taking actions to:

- Provide methods and resources for public health practitioners to engage pharmacy partners;
- Use the CDC Identify-Assess-Act Framework for developing targeted evidence-based interventions to promote medication adherence;
- Identify the data sources and types of data that will be most convincing to the community, payor, prescriber and/or pharmacy point of contact.
- Prepare teams to serve as experts within their state/ jurisdiction to the identified audience;
- Discuss sustainable pharmacy practice models; and
- Enable teams to be champions and resources in their regions for implementing and supporting increased blood pressure and cholesterol medication adherence.

The workshop was originally intended to be held in-person but was modified due to COVID-19 travel and safety guidelines. On Day One, state teams participated in lively discussion on partnerships and sustainability with presenters including pharmacy experts Troy Trygstad, PharmD, MBA, PhD and Marialice Bennett, RPh, FAPhA, while also advancing their workplans in virtual team breakout sessions.

On Day Two, participants split up into breakouts for public health and pharmacy partners to have their own discussions. Questions centered around opportunities and barriers encountered in partnering with each other; how they foresaw their partnerships with public health or pharmacy changing as a result of COVID-19 – either related to this project or beyond; and how both fields could help to reinforce the need for hypertension and cholesterol patients to continue to stay adherent to their medication. Lessons learned from this project are likely to apply to health department and pharmacy collaborations addressing other chronic diseases.

State teams will continue to implement their workplans with support from NACDD, CDC, and pharmacy content experts. Plans for an in-person workshop had not been finalized at the time of this publication.

## Key Themes

- Public health is an important partner in helping pharmacists frame themselves as an integral part of supporting patient health to providers, patients, and families. There are opportunities for public health and pharmacy to work together on advocating for reimbursement; helping to define roles and protocols; and communicating within and beyond the practice.
- Public health can increase awareness of the role of pharmacists through promotion of team-based care, training, and supporting models that broaden pharmacists' ability to be compensated for their time.
- Pharmacy and public health can collaborate to address wider systems change and work with additional partners to develop sustainable models that go beyond a grant or project.
- Pharmacists can look to public health to promote their services and resources, helping to identify stakeholders and better understand their needs. Public health can also help in identifying physician champions and finding opportunities for collaboration.
- Challenges identified:
  - Spreading and scaling sustainable collaborative models while also ensuring quality.
  - Working with communities beyond a single project.
  - Data collection.
  - Understanding reimbursement.
  - Creating universal definitions for the variety of pharmacist tasks and roles.

## Presentations and Discussion

On Day One of the workshop, subject-matter experts from partner organizations presented on seeking sustainability and building partnerships. At the end of Day Two, a CDC staff person from the Applied Research and Evaluation Team within the Division for Heart Disease and Stroke Prevention provided a guest presentation with updates on CDC's Pharmacist Medication Therapy Management (MTM) Coverage and Reimbursement Study.

### Seeking Sustainability: Reimbursement Including Credentialing – Troy Trygstad

This presentation addressed:

- Who is the “payor” and what are they looking for?
- The community pharmacy dilemma – most accessible, least value realization
- Who is the “biller” and how to “bill”?
- How to document care?
- Accountable pharmacy and value-based purchasing

#### Who is the payor?

The pharmacy world is used to thinking of the payor as the pharmacy benefit manager. But plans can pay for dispensing and services. Employers can pay for the plan (and dispensing/services under it) or services. The patient/consumer can also pay direct for

services. The payor should be looked at broadly – consider all potential purchasers when considering sustainability.

### What is a payor looking for?

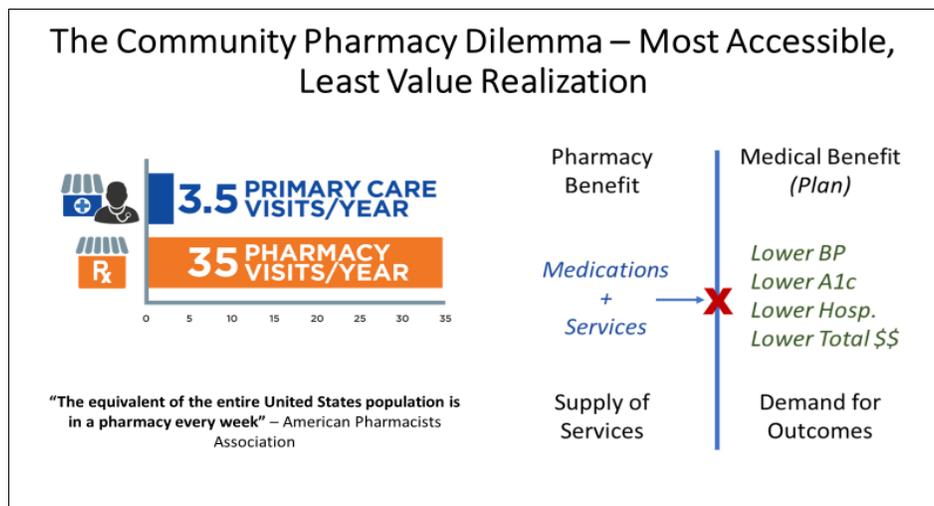
Payors are looking for accountability. Population management requires accountability pre-encounter, during the encounter, post-encounter, and through the point of disengagement. Fee-for-service only requires accountability during the encounter. For a pharmacy, population management is the biggest value-based proposition. Most filled prescriptions are related to patients with chronic illnesses.

### What are the motivations of payors?

Payors are large organizations – what motivates one person in an organization may be completely different from another. People may have different report-ups or being in different buildings/cities. CPESN has found that payor-side medical and quality divisions have consistently responded well to Accountable Pharmacy Organization engagements. Different payor types have different value needs based on different patient populations, different demographics, different case-mix, different social-determinants, and/or different needs. A common driver of payors is market share and the prospect of gaining enrollees.

### The Community Pharmacy Dilemma – Most Accessible, Least Value Realization

Community pharmacists want to work with health systems, health systems want to work with pharmacies, but the payment system is not set up to support these partnerships. Pharmacists need to identify the health system’s quality measures that match up with what they are trying to accomplish.



### Who is the biller?

There are two different billing systems for services and medication dispensing. When looking at billers, consider if the pharmacist is billing or the pharmacy facility is billing.

### How do we document care?

There are four general types of systems:

1. Standalone system – contains pharmacotherapy encounter data
2. Integrated pharmacy management system – contains pharmacotherapy encounter data and fill data
3. Embedded pharmacy management system – contains pharmacotherapy encounter data and fill data
4. Electronic medical record – contains medical encounter data

Pharmacy is very adept at interoperability for medication dispensing. However, a lot is lacking when it comes to pharmacists providing services. Systems 1, 2, and 3 above are interoperable. System 4 is noninteroperable.

### **Care Plans**

All paid interventions require an electronically documented care plan inclusive of:

- Patient goals
- Health concerns
- Active medication list
- Medication related problems
- Plan of care
- Vitals
- Labs

### **Accountable Pharmacy and Value-Based Purchasing**

Pharmacists need to think in terms of improving the standard of care. We need to raise the bar amongst 65,000 pharmacies in the country. In fee-for-service or FFP the lowest common denominator prevails. But states should start with enough scale that is meaningful and support accountable pharmacy organizations that can bring innovation to the marketplace.

### **Measures and Data**

Consider alignment between pharmacy and the rest of the health system: what are the conventional pharmacy measures (e.g. PDC, CMR), and what are the clinical measure that pharmacy influences (mmHG, A1c, LDL, PHQ/GAD7, ACT/CAD)? Additionally, what are the additional global measures that pharmacy influences (hospitalization/re-hospitalization, emergency department visits, total cost of care)? What data can support payor, purchaser, or partner needs?

### **Questions to Consider:**

- Who is your post-implementation “payor”?
- Why is your program scalable?
- Who is your “biller”?
- What is your clinical documentation method and means?
- How do you keep your providers from “regressing back to the mean”?

### **Building Collaborative Relationships with Prescribers – Marialice Bennett**

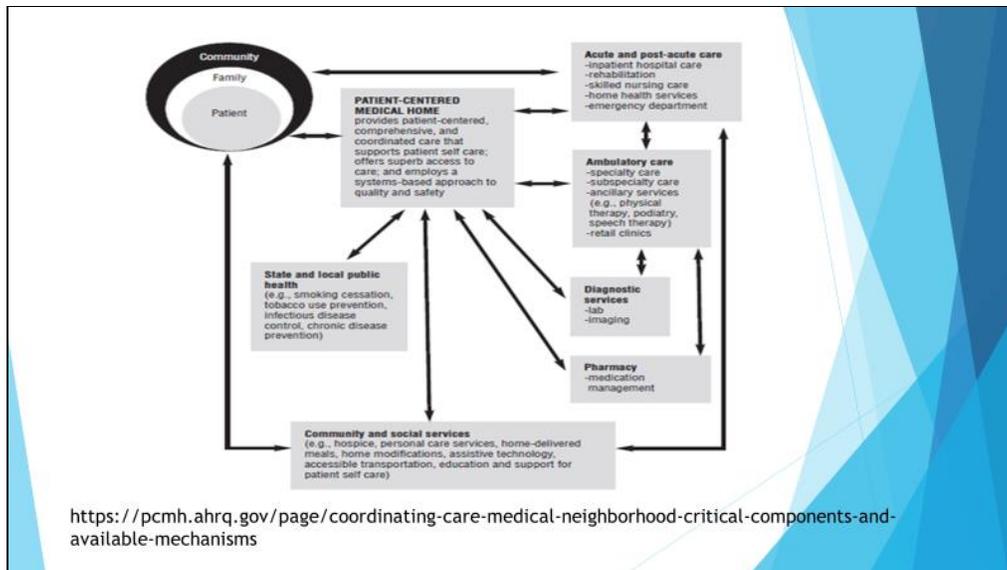
This presentation addressed:

- Building relationships with potential provider partners.

- Addressing, identifying, and overcoming the barriers as they arise in partnerships.
- Communicating seamlessly and with interoperability with providers.

## Medical Neighborhood

There are different ways to think about primary care, the current model and the Patient-Centered Medical Home. The [Medical Neighborhood](#) is a concept that pharmacy partners and state health departments can use to rethink how pharmacy, primary care and public health interact.



*“I learned that public health can be the neighbor who connects where we live, work, play and pray. These projects really live in that concept and connect us all. We need to keep thinking about the Medical Neighborhood diagram.”*  
 - Marialice Bennett

## Establishing Relationships with Providers

When pharmacy and public health partners approach new partners, they should understand the needs of providers and other stakeholders. Below are strategies they can consider prior to approaching partners:

- Identify unmet needs in the community or medical neighborhood
- Review the state pharmacy practice act and understand the scope of practice
- Connect with what is already happening in the state through:
  - state and national pharmacy organizations
  - state and national prescriber associations
  - state colleges of pharmacy
  - state public health departments
- Identify ways to connect within prescribers’ clinical processes

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*“As you move into relationships, make sure you understand the scope of practice for pharmacists in your state. People like you who need to be the champions for improving practice.”*

*- Marialice Bennett*

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## **Be Able to Tell Your Story**

Medicare Part D is only a small portion of what pharmacies can do. Beyond Medicare Part D, pharmacists provide a host of other services. When pharmacy and public health teams are sharing stories, also discuss the benefits of collaboration such as enhanced quality of care, increased patient engagement, improved patient safety, reduced healthcare spending and better use of resources. Most clinics that use team-based care see an increase in both staff satisfaction and also patient satisfaction. For more information, visit [here](#).



When state teams are presenting references and data to physician partners, they should:

- provide stories of pharmacists and prescribers working together in their community or similar communities to show that this not new;
- provide connections to existing pharmacist/prescriber practices;
- provide published data from pharmacist/prescriber partnerships,
- provide data from other studies but also from their own practice, even if data are not published. Local and anecdotal data can come across as more relevant than published data.

When identifying potential champions, it is important to keep in mind proximity to the pharmacy, prescription records, personal and professional connections and having champions for each stakeholder. They should look for opportunities where pharmacists can support the work of physicians such as:

- reducing hospital readmissions and ED visits;
- drugs with narrow therapeutic index;
- therapy requiring consistent monitoring;
- drugs or populations associated with nonadherence;
- high cost therapies;
- chronic disease states impacting QOL.

Knowing the unmet needs of stakeholders is key and will vary depending on the target population, other health care professionals, insurers, and employers. Physicians and prescribers also need to meet the needs of third party payors. Public health and pharmacy partners can work together to meet their needs to align with quality measures by looking at core quality measures and the accreditation process to see where pharmacists can help meet accreditation for PCMH or others.

## Creating a Relationship

When creating relationships, the following are key components to consider:

- shared values and shared motivators;
- establishing trust;
- the various stages of relationships;
- and defining roles.

However, there are many challenges to collaboration such as reimbursement, lack of staff and time for investment in coordination, perceptions of role boundaries, and ultimate authorities. There are opportunities for public health and pharmacy to work together on advocating for reimbursement, helping to define roles and protocols, and communicating within and beyond the practice.

## Interoperable Communications

There is a necessity to coordinate care across many different practitioners and across many different locations. There is a need for common dashboards or a registry. However, there is limited IT infrastructure and interoperability.

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*“We don’t always have the technology we need so we need to find other ways of being interoperable.”*  
- Marialice Bennett

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## Partnership Discussion

States shared the following lessons they had learned from attempting pharmacy-provider connections:

- Providers have a workflow with their system. In order to adapt to a pharmacy partnership, they need to know what information they’ll need, how to pull it from their EHR, what information will be provided to them, etc. They need to see how to pivot. A nurse or office manager may be a key gatekeeper in winning support
- Listen rather than talk to providers.
- Short trials work well because the providers can see a beginning and an end and do not expect that it will be seamless.
- The image Troy shared of a bridge can be used to explain how if providers wait for the bridge to be built, they will miss the opportunity, and the fun to build it together.

## Update on Coverage and Reimbursement of Pharmacist Medication Therapy Management (MTM) – Colleen Barbero

This presentation focused on the Pharmacist MTM Coverage and Reimbursement Study to:

- Provide results of 50-state and D.C. analysis of pharmacist provided MTM in Medicaid FFS & Managed Care

- Present planned studies of integrated care models including pharmacist MTM and expanding pharmacist role during COVID-19

### Medication Therapy Management Operational Definition

For the purpose of this study, CDC used the APhA v2 2008 definition of Medication Therapy Management (MTM) which includes [five core elements](#):

- Medication therapy review;
- Personal medication record;
- Medication-related action plan;
- Intervention and/or referral; and
- Documentation and follow-up.

While ideal MTM programs include all five core elements, payors may also offer variations of MTM that provide coverage and reimbursement for a smaller subset of the core elements.

### Study Results

- 11 state Medicaid programs cover MTM in some capacity. Of these:
  - 4 states require MTM in Medicaid FFS programs
  - 6 states require Medicaid Managed Care Organizations to offer MTM services
  - 1 state requires both
- 9 other states have some other variation of MTM.

### Suggestions

Based on the analysis, CDC suggests that states interested in incorporating MTM services into their Medicaid programs:

- Assess current MTM activities in the state;
- Consider including pharmacist provided MTM services as a benefit in state plans;
- Consider including pharmacist provided MTM activities within standard contract language for MCOs and/or covering in another benefit/initiative; and
- Educate Medicaid enrollees and providers about MTM.

## Break Out Sessions

### Pharmacy Breakout - Facilitated by Marialice Bennett

#### *Thinking about the presentations from yesterday, what struck you?*

- **Engaging Partners:** Let payors take the lead in telling pharmacists what they want them to concentrate on and what services they want provided. Pharmacists said they may go in with a mission, but they *need to meet the needs of their stakeholders*.
- **Hospitalizations and Readmissions:** Hospitals want this data but it is difficult to get this data from a community pharmacist. Virginia noted that QIOs may have this information.

- **Data:** Although pharmacists feel like they have to prove themselves, it is challenging for the pharmacy to own the data or possess the *data to track what they are doing* so they can go to insurance companies to show the impact. The insurance company is focused on quality of care but mostly to save money.
- **Communications:** Pharmacists need to *shift how they communicate*. Part of that shift is how they collect the data. Any time they are moving into a new arena, it is important to be a good listener and identify where partners can use them. Virginia has been able to start with one trial and one practice and where the partners own what they do. They learned to *engage and empower those working with patients* to improve patient outcomes.
- **Technology:** One example is the *Ecare platform*. States can mirror that until they get their system set up as this is the information they need down the road.
- **Partnerships:** A great collaboration with the Quality Improvement Organization (QIO) enabled states to get hospital and ER data for free. It aligned within the QIO's scope of work. The new *QIO contract has chronic care management, hypertension, diabetes*. Cindy (from Virginia) would like to connect with states interested in working with their QIO.

***How might your organization support ongoing partnerships between public health and pharmacy?***

- **Champions:** In Colorado, the *state health department has been a great champion* in connecting to state agencies and being a champion. Public health is a great connector and has knowledge of areas many pharmacists may not know well.
- **Triage:** Pharmacy is a great place to triage, especially around immunizations, working with Community Health Workers (CHWs) and exploring ways to handle behavioral health.
- **Population Health:** Georgia has a substantial burden of CVD. The pharmacy partner is looking forward to a longer-term relationship with public health to address chronic diseases. A lightbulb moment for them was seeing the same thing every day like non-adherence, realizing they *need a public health person to help them in linking commonalities* that may affect a group of people and to look at it from a population perspective.
- **Sustainability of projects:** Sustainability would help in a community pharmacy setting. Projects need to be practical and useful but also profitable and provide good care. As pharmacists think about negotiating contracts with payors, partnering with public health gives them the population management piece.

***What barriers do you typically encounter in partnering with public health agencies? How have you overcome these barriers?***

- **Vocabulary:** Pharmacists and public health may have vocabulary differences that need to be overcome.

- **Educating each role on shared responsibilities and roles:** Something may seem easy to public health but may be hard to implement in the community pharmacy.
- **Opportunity:** Public health should partner with pharmacy and provide incentives for their work.

***How do you foresee your partnership with public health changing as a result of COVID-19 – either related to this project or not?***

- **Current tracing and testing needs:** Pharmacy partners hope that they will be part of the testing solution and hopefully the vaccination solution.
- **Reimbursement:** Access to and demand for COVID-19 testing and the vaccine when available will continue to increase. Pharmacies can help meet the demand and be extremely accessible. Reimbursement models will need to be in place to make these services sustainable. Pharmacists can build upon the strong relationships they already have with public health to support these services and to seek sustainability.
- **Telehealth:** Live visits are tough but for virtual visits pharmacists see almost 100% show rates to help monitor patients on complicated medications. This alleviates the need for patients to travel. Many expect that this form of telehealth will evolve due to COVID.
- **Engaging patients:** Pharmacists may see early indications of patient disengagement before providers do. Non-adherence may be an indicator. Pharmacists can catch patients before they are not taking their medications and can encourage patients to have an encounter with their provider.

***In the context of COVID, how can your organization help to reinforce the need for hypertension and cholesterol patients to continue to take care of themselves and take their medication?***

- **Texas:** All the interventions are on the phone. Some sites have started and some have not but they are getting high rates on the phone for non-adherence. Early data is showing good rates.
- **Colorado:** They continue to fight for reimbursement. Telemedicine reimbursement does not always take pharmacists into account. It could make a huge impact if public health advocated for this.
- **Virginia:** Meds to Beds now has to deliver to patients' homes and not to the hospital. They have seven pharmacy technicians that are going through the CHW training to help connect patients to their community and hoping to be done by June. Chronic conditions are too complicated to be fully addressed in one visit. What has been highlighted as everyone is staying home is that someone is contacting the patient to make sure that their levels are being maintained.

- **Georgia:** Barbershop was a safe space where many black men gathered. Due to social distancing these services are now one-at-a time and everyone is wearing a mask. The state is trying to figure out how to approach the barbers given this challenging situation, which may involve refocusing efforts.

## Public Health Breakout – Facilitated by Ian Kahn (CO)

### ***What strategies have you implemented (successfully or unsuccessfully) to engage pharmacy partners in your work?***

- **Regional pharmacy and physician engagement meetings** that included local pharmacists and physicians. Virginia provided presentations on MTM and chronic disease management, breaking out the groups based on proximity of pharmacists and providers. They strategized on how to identify patients using a team-based approach. Primary care providers were attracted to the idea of having additional support in meeting chronic disease management needs of patients, while pharmacists were attracted to the idea of potential funds that could come in for chronic care billing.
- **Presentation at state annual pharmacy meeting.** Georgia is working on motivating providers to collaborate with pharmacists and have identified some provider champions to do presentations to their health system. One health system in GA was already on this track and GPH has supported their work. They have an internal medicine physician that has hired a pharmacist to do CPA work. The Georgia team has also tried to promote the [American Medical Association module on embedding pharmacists](#) into primary care work and want to do more to foster relationship between rural community pharmacists and providers.
- **Community gatekeepers** to help make connections locally.
- **Annual summit with American Heart Association (AHA).** At this event, Texas and AHA have promoted accurate BP checks among providers and clinics and are now working on incorporating pharmacists into this protocol. Pharmacists are on board and the pharmacy associations are on board. However, provider engagement has been more challenging. They are learning it will take time and the approach needs to be tailored to each partner/each clinic.

### ***What data do you have/need to provide to your partners to support intervention implementation?***

- As stated in Troy's presentation, pharmacists have said that local data resonate more than national data or case-study data from other states.
- A cost-benefit analysis of embedding pharmacists into the clinic, especially in a Federally Qualified Health Center (FQHC) setting where the pharmacist is across the street from or housed within the clinic.

- Piloting physicians to work with a pharmacist to address ten complicated chronic disease patients to see how it goes for a few months. They can be convinced with their own data.
- A range of how much revenue providers gained to increase the amount of MTM and cross-collaboration.
- States may benefit from the Health Quality Innovators (HQI) Chronic Care Management Implementation Guide, which Virginia Department of Health developed with HQI: <https://www.hqi.solutions/resource-center/ideas-work-chronic-care-management-2/attachment/ccm-implementation-guide/>.
- Data that show how pharmacists complement rather than take over the role of providers.

***Thinking about the presentations yesterday, how do you see your partnership with pharmacies moving forward, both on this project and beyond?***

- **Mechanisms like a provider-pharmacy summit to bring pharmacists and providers together.** Physicians are concerned about pharmacists taking their job and interfering with patient management. Public health and pharmacy teams should think about what providers need and what their perceptions of the pharmacist-provider collaboration are in order to tackle this. Patients seem to like the idea of working with pharmacists.
- **Framing possible roles of pharmacists in working with providers.** Building personal relationships is very important. Providers can envision partnerships better when they know with whom they will be working. They need to see it not as someone else providing care but as someone filling in the holes.
- **Supporting the implementation of Collaborative Practice Agreements (CPAs):** CPAs are still fairly new. Public health could provide CPA templates that would be helpful in framing the role of pharmacists as part of team-based care and other technical assistance. Texas passed legislation in June that pharmacists can be reimbursed.
- **Creating materials and templates** that could serve as a framework and be customized as needed.

***To what extent has your state had discussions about the importance of managing chronic conditions, especially hypertension and cholesterol, amid the pandemic?***

- **BP Monitors:** There are lots of providers looking to get blood pressure monitors for patients to self-monitor at home.
- **Kits to check weight** for patients with congestive heart failure.
- **Telehealth:** More partners are trying to use telehealth. Some pharmacists have started telephonic MTM especially in rural communities. They have also shared the [NACDD Chronic Disease and COVID-19 resource page](#).

- **Stress:** In some states, the CHW associations have been discussing the impact of stress on communities. People who are not tech savvy have difficulty with some online resources. COVID is adversely impacting already stressed communities.

***What are your next steps for working with your pharmacy partners, and how do you see these playing out over the next few months?***

Public health partners will:

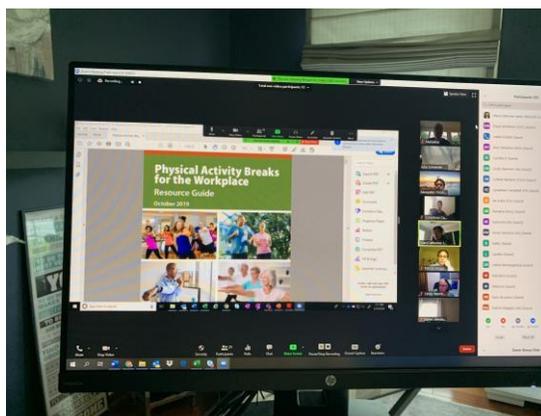
- Find out what better care means to providers.
- Reach out to physicians who will be ready to partner.
- Find pharmacies that are ready to partner and try to forge relationships.
- Share CDC and the American Medical Association resources on the collaborative practice agreement toolkit.

***How can NACDD support these efforts—is it helpful for us to plan times for your teams to convene, check in with you and/or your pharmacy partners on a regular basis, etc.?***

- Highlight what they have learned to all states.
- Develop a success story template that states can use with their providers. Make this template readily accessible.
- Disseminate how other states who have worked through challenges with pharmacy partners have overcome barriers.

## **Wellness Breaks**

Participants were encouraged to stretch and move around at various points throughout the virtual meeting. Stretch breaks were led by state health department leads and incorporated ideas from resources like the CDC Physical Activity Breaks for the Workplace.



## Key Takeaways and Next Steps for State Teams

### Colorado

Key Takeaways	Partnership Development Next Steps
<ul style="list-style-type: none"> <li>• How to approach payors</li> <li>• VA's idea to convene pharmacy partners with local providers via regional meetings</li> <li>• Provider relationships are key</li> </ul>	<ul style="list-style-type: none"> <li>• Approach two payors, one commercial and Medicaid</li> <li>• Academic detailing with providers</li> <li>• Work with students on marketing materials and workflows</li> </ul>

### Georgia

Key Takeaways	Partnership Development Next Steps
<ul style="list-style-type: none"> <li>• Engage physicians more efficiently i.e. regional dinners, provider information sessions, starting locally etc.</li> <li>• Engage more payors about the intervention.</li> <li>• Know the Gatekeepers of the medical practices to facilitate relationships.</li> </ul>	<ul style="list-style-type: none"> <li>• Reach out to local PCP's in the pilot area to assess the implications of COVID on their practice and patients.</li> <li>• Landscape analysis of the local barbershops (i.e., if they are open, what would they need, etc.)</li> <li>• Tailor the intervention to meet the community needs during COVID disruptions, i.e., identifying gaps in care.</li> </ul>

### Missouri

Key Takeaways	Partnership Development Next Steps
<ul style="list-style-type: none"> <li>• Need to engage and facilitate discussions between pharmacists and payor</li> <li>• Need for overall increase in communication across providers, health care settings, and patients and their care team/families</li> <li>• Need to address barriers for pharmacists to provide sustainable and scalable enhanced clinical services and continue to involve pharmacists in population health initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>• Payor Engagement - Continue discussions and advocate for increased enhanced services and medical billing/provider enrollment of pharmacists with Missouri Medicaid.</li> <li>• Communication - Partner with other provider organizations to increase collaboration and communication across health care settings and various provider types. Begin development of EHR pilot between community pharmacies and FQHC</li> <li>• Population Health Data - Utilize CHW/pharmacy technician teams to collect data on SDOH (ICD-10 z-code data) -- connected with EHR pilot.</li> </ul>

### Texas

Key Takeaways	Partnership Development Next Steps
<ul style="list-style-type: none"> <li>• Focus on small projects and build from there</li> <li>• Work on viewing things from a payor perspective</li> <li>• The importance of leveraging better relationships with pharmacy associations and bridging the gap</li> </ul>	<ul style="list-style-type: none"> <li>• Partner with physician-clinics to bridge the gap between clinics and community pharmacies</li> <li>• Use data from learning collaborative project to engage with payors and community pharmacies</li> <li>• Develop a medication adherence/MTM brief template</li> </ul>

## Virginia

Key Takeaways	Partnership Development Next Steps
<ul style="list-style-type: none"><li>• Pharmacists have a <u>critical role(s)</u> in the Medical Neighborhood model. They must tailor the Medical Neighborhood model to incorporate the capacity, resources, and skills of all stakeholders.</li><li>• Each payor has a particular interest or need regarding the patient population served and how pharmacy interfaces and improves patient outcomes. Payors must be engaged for long-term sustainability and access to needed pharmacy services.</li><li>• State Health Departments can help bridge the opportunities for collaboration between payors, pharmacists, and prescribers to impact patient outcomes.</li></ul>	<ul style="list-style-type: none"><li>• Utilize the PowerPoint slides and information from the subject matter experts to develop tailored strategies to effectively communicate the value of pharmacists to payors / payors to pharmacists.</li><li>• Facilitate strategic collaborative meetings between pharmacists, payors, and prescribers to test team-based care approaches toward collective impact in a Medical Neighborhood model.</li><li>• Collect local impact / success stories that incorporate both quantitative and qualitative data from pharmacist-provider-payor collaborative efforts and interventions in Virginia.</li><li>• Continue engagement and interactions with other states to share best practices and resources.</li></ul>

## Workshop Evaluation

Workshop participants were sent an evaluation shortly after the meeting to provide feedback on the organization of the virtual meeting, the various presentations, and breakouts. Respondents reported that they were highly satisfied with the workshop. Below are a few comments that were shared:

*“It was nice to have a good block of time to work with our teams. Sometimes we are jetting from one meeting to another but having the specified time blocked off was a huge benefit.” (Pharmacy partner)*

*“I love the mix of presentations from SMEs and time for State Teams to interact with each other or within their teams.” (Health department partner)*

## Resources

The following resources were shared during the workshop:

- “My Pharmacist”: Creating and maintaining relationship between physicians and pharmacists in primary care settings  
<https://www.sciencedirect.com/science/article/pii/S1551741119300671?via%3Dihub>
- The Medical Neighborhood: What, Why, and How  
<https://innovation.cms.gov/files/x/tcpj-change/pkgmod-medicalnbrh.pdf>
- CDC Creating Community-Clinical Linkages Between Community Pharmacists and Physicians  
<https://www.cdc.gov/dhdsp/pubs/docs/ccl-pharmacy-guide-high-res.pdf>
- CDC Pharmacy Resources: <https://www.cdc.gov/dhdsp/pubs/toolkits/pharmacy.htm>

- Collaborations Between Pharmacists and Physicians: Steps for Building More Effective Working Relationships  
<http://courses.washington.edu/pharm445/collaborations.pdf>
- AMA: Embedding Pharmacists Into The Practice  
<https://edhub.ama-assn.org/steps-forward/module/2702554>
- Virginia Chronic Care Management Implementation Guide  
<https://www.hqi.solutions/resource-center/ideas-work-chronic-care-management-2/attachment/ccm-implementation-guide/>
- Core Quality Measures Collaborative  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Core-Measures>
- Primary Care Measure Set  
[file:///C:/Users/Marialice/Downloads/aco\\_and\\_pcmh\\_core\\_measure\\_set.pdf](file:///C:/Users/Marialice/Downloads/aco_and_pcmh_core_measure_set.pdf)
- NCQA accreditation  
<https://reportcards.ncqa.org/#/programs>

## Workshop Participants

### Subject Matter Experts

Marialice S. Bennett, RPh, FAPhA  
Professor Emeritus  
The Ohio State University  
College of Pharmacy

Troy Trygstad, PharmD, MBA, PhD  
Pharmacy Content Expert

### NACDD Consultants

Hannah Herold, MPH, MA, MCHES  
MaryCatherine Jones, MPH  
Miriam Patanian, MPH  
Julia Schneider, MPH

### CDC Division of Heart Disease and Stroke Prevention

Camillia Easley, MPH  
Lazette Lawton, MS  
Chris Jones, PhD  
Colleen Barbero, PhD

Additional CDC staff representing the Program Development and Services Branch of DHDSP attended portions of the workshop to observe presentations and listen to discussions.

## State Teams

The state teams consist of the following state departments of public health and their pharmacy partners. Additional public health and pharmacy partners from each state were invited to join the virtual workshop.

State	State Health Department	Pharmacy Partners	
CO	<b>Ian Kahn, MPH</b> <i>Integration Coordinator</i> Diabetes and Cardiovascular Disease Prevention and Management, Colorado Department of Public Health and Environment	<b>Gina Moore, PharmD, MBA</b> <i>Assistant Dean, Associate Professor</i> University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences	<b>Kathy Muller</b> <i>Director</i> Rx Plus Pharmacies
GA	<b>Monyette Childs, MD, MPH</b> <i>Cardiovascular Health Program Manager</i> Georgia Department of Public Health	<b>Gina Ryan, PharmD</b> <i>Clinical Professor and Chair</i> Mercer University	<b>Amanda Gaddy, RPh</b> <i>Director of Clinical Services</i> Academy of Independent Pharmacy, Georgia Pharmacy Association
MO	<b>Amy Hampton</b> <i>Program Coordinator</i> Missouri Actions to Prevent Chronic Disease and Control Risk Factors	<b>Anne Eisenbeis, PharmD</b> <i>Director of Practice Development</i> Missouri Pharmacy Association	
TX	<b>Jessica Hyde, MS, CHES</b> <i>Chronic Disease Branch Manager</i> Texas Department of State Health Services <b>Cymphoni Campbell, MPH, CPH</b> <i>Team-Based Care Specialist</i> Heart Disease and Stroke Program, Texas Department of State Health Services	<b>Leticia Moczygemba, PharmD, PhD</b> <i>Associate Professor</i> Health Outcomes and Pharmacy Practice Division, University of Texas College of Pharmacy <i>Associate Director</i> Texas Center for Health Outcomes Research and Education	<b>Takova D. Wallace-Gay, PharmD</b> <i>Clinical Assistant Professor</i> Department of Clinical Services-Pharmacy, University of Texas - Tyler
VA	<b>Patrick Wiggins, MPH</b> <i>Disease Prevention Strategist</i> Division of Prevention and Health Promotion, Virginia Department of Health	<b>Karen Winslow, PharmD</b> <i>Grants Manager</i> Virginia Pharmacy Association	<b>Cindy L.W. Warriner, BS, RPh, CDE</b> <i>Pharmacist</i> Health Quality Innovators

## Contact

For more information, please contact:

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