

Advancing Arthritis Public Health Priorities through National Organizations TA/Peer Sharing Webinar Series

December 6, 2022 @ 2:00 p.m. ET

Partnering With Pharmacists to Advance Chronic Disease Prevention Efforts

Webinar Notes and Resources

- Materials available on the Action on Arthritis website: <u>https://actiononarthritis.chronicdisease.org/monthly-webinars/</u>
- Meeting Recording: <u>https://vimeo.com/778620584</u>

Presenters

- Barry Bunting American Pharmacists Association
 - <u>bbunting@aphanet.org</u>
 - <u>https://www.pharmacist.com/</u>
 - Link to additional information about the current work of the American Pharmacists Association <u>https://www.aphafoundation.org/our-work</u>
 - Link to information about the Asheville Project. This project is an innovative employer/payer-driven model where pharmacists provided patient care services in their community through community pharmacies. <u>https://www.aphafoundation.org/asheville-project</u>
 - Link to information about the Diabetes 10 City Challenge. This is an employer effort to reduce healthcare expenditures for employees, dependents and retirees with diabetes.
 - https://www.aphafoundation.org/diabetes-ten-city-challenge
- Aaron Dunkel Kansas Pharmacists Association
 - Kansas Pharmacists Association website: <u>https://kansaspharmacistsassociation.wildapricot.org/</u>
 - o <u>Aaron@ksrx.org</u>
- Courtney Johnson Kansas Pharmacists Association
 - <u>CourtneyJ@hesstonpharmacy.com</u>
- Kirsten Ambrose Osteoarthritis Action Alliance
 - OACareTools Lunch & Learn: <u>https://youtu.be/1KF94WbzLMI</u>
 - September Arthritis Council Presentation: <u>https://vimeo.com/747024536</u>
 - OAAA Online Resource Library: Living Better with Osteoarthritis <u>https://oaaction.unc.edu/JointPain</u>
 - Link to a fact sheet that outlines more about the tools and resources available through OACare Tools: <u>https://oaaction.unc.edu/wp-</u> <u>content/uploads/sites/623/2022/03/OAAA 19 Toolkit-Overview-</u> <u>Trifold WEB.pdf</u>

Participants

- 40 total participants (including presenters)
 - o 15 states (AR, IA, IL, KS, MA, MN, MT, NC, NY, OR, RI, UT, WA, WI)
 - 6 national partners (APhA, CDC, NACDD, NRPA, OAAA, Sound Generations)

Question and Answer:

- **Question for Barry**: Have you had any legislative push back or physician push back? Or both?
 - **Answer:** We had some pushback in the early days of the Asheville Project from physicians but worked with the county medical society to get the word out about what we were (and were not) doing. We also looked at the city data which told us that this managed group was now seeing their primary care physician over twice as often as they had been prior to entering the program. Once the City shared that data with the physicians (through the Medical Society) the resistance virtually disappeared!
 - **Comment:** If they can be paid, are pharmacists excited about engaging this way?
 - Comment: Yes, many are excited the ones that want to provide these types of services. Not all will but knowing they can get paid is the key to finding those who will provide such services.
- **Question for Barry:** Is the pharmacist involvement with <u>1705</u> what I read about: pharmacists trained to be able to prescribe "hold over" insulin (and instructions for administering)?
 - Answer: No, DPP is different. DPP (Diabetes Prevention Program) is a CDC Lifestyle Change Program where a trained coach (in our case a pharmacist or pharmacy technician) provides a series of classes (can be group or individual) to help individuals who are at risk of developing diabetes prevent it. Focus is on eating healthier, moving more, losing some weight.
- **Question for Barry:** Was the Asheville Project started after there was an insurance reimbursement mechanism through Medicare and Commercial insurance already in place?
 - **Answer:** Regarding Asheville Project insurance reimbursement, the city has a "self-funded" plan, so they can make the decision to add this as a covered benefit, and to pay the pharmacists for the service, and to provide the waived co-payment on their prescriptions.
- **Question for Barry**: Are you aware of any pharmacies that have engaged with their state's Health Information Exchanges to refer patients to evidence-based interventions?
 - **Answer**: This is an exciting opportunity; however, I haven't seen consistent uptake yet.

Resources:

- Links to more information about current efforts to partner with pharmacists around medication therapy management
 - Best Practices for Heart Disease and Stroke: A Guide to Effective Approaches and Strategies.

https://www.cdc.gov/dhdsp/pubs/guides/best-practices/pharmacistmtm.htm

- Pharmacist-Provided Medication Therapy Management in Medicaid. <u>https://www.cdc.gov/dhdsp/docs/MTM_in_Medicaid-508.pdf</u>
- Billing for MTM Services: Tips for Pharmacists. <u>https://aphanet.pharmacist.com/sites/default/files/files/mtm_billing_tips.pdf</u>
- Humana Medication Therapy Management program. <u>https://www.humana.com/provider/pharmacy-</u> <u>resources/tools/medication-therapy-management</u>
- Some additional links to webinars hosted as part of the Diabetes Pharmacy Network. These calls explore ways that State Health Departments can partner with pharmacy staff and pharmacy schools to promote and implement the National Diabetes Prevention Program and Diabetes Self-Management Support and Education.
 - Diabetes Pharmacy Network Call Sept. 22, 2022. <u>https://vimeo.com/753026750</u>
 - Diabetes Pharmacy Network Call, November 16, 2022. <u>https://vimeo.com/773355942</u>
 - Diabetes Pharmacy Network Schools of Pharmacy Affinity Group Call, October 2022. <u>https://vimeo.com/760055245/afd159244c</u>

Announcements:

 The NACDD/CDC Active People Healthy Nation Walkability Virtual Academy (WVA) is now live! Access this wonderful RFA opportunity and all supporting documents. NACDD/CDC will select up to eight local/regional interdisciplinary teams and will provide funding in the amount of \$5,000 each for WVA participation and initiating action plan implementation strategies. This is an easy application process. All applications are due via email to Karma Edwards, kedwards_ic@chronicdisease.org, by 11:59 pm ET on Friday, January 13, 2023. An FAQ document will be updated regularly. Please direct any questions to Karma Edwards by email or phone (904-608-8315). https://chronicdisease.org/page/wai/

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Key Take-aways:

- Work with state pharmacy associations to help identify pharmacies willing to partner in chronic disease initiatives
- Work with state pharmacy associations and/or schools of pharmacy to develop continuing education programs for pharmacists that exposes them to arthritis-appropriate evidence-based interventions
 - $\circ~$ Perhaps some pharmacies could become referral sites for AAEBIs
- Consider opportunities to connect with a pharmacy regional clinical manager (e.g., chain pharmacies)
- Consider a pilot program using the appointment-based Asheville Model to address arthritis

Evaluation:

- **Poll Question**: I gained skills related to my organization's ability to partner with social health access referral platforms to enhance arthritis public health efforts
 - $_{\circ}$ 100% Strongly Agree or Agree
- **Poll Question**: Please provide additional information on the specific skills that you gained because of attending todays webinar. (Select multiple options)
 - 63% New partners to engage with to address arthritis
 - 63% Knowledge about tools that can be used to advance our work
 - 50% New ideas/ways of thinking about my programs current approach to increase arthritis public health strategies
 - 44% Strategies to sustain arthritis efforts
 - 0% Other