

August 4, 2010

Re: Letter of support for service reimbursement for clinical pharmacists

Dear Mr. Downing,

The future of medicine is changing. There is a shortage of primary care providers, especially in rural America. The Yakama Indian Health Service acknowledges the value of pharmacists in direct patient care. Utilizing funding from the Special Diabetes Programs for Indians (SDPI) grant, we seized the opportunity to expand the pharmacist role in providing health care and demonstrated positive data on the successfulness of pharmacists as clinical case managers. The clinical pharmacist at Yakama Indian Health Service is now an intricate part of our health care delivery.

The Yakama Indian Health Service is currently employing and utilizing 2.5 full time employees (FTE) Clinical Pharmacy positions for direct patient care. The initial positions were developed with funding from the Special Diabetes Program for Indians Healthy Heart competitive grant process starting in 2004. As program director I have worked closely with the pharmacy staff to develop their skills to provide direct patient care, in essence, a residency program. The medical providers are in full support of pharmacists providing direct patient care.

The Healthy Heart program funds 1.5 FTE for Diabetes management. The one FTE is shared by the staff pharmacists with each one conducting ½ day to a full day clinic providing 32 hours of direct patient care per week. Each pharmacist case manages 25-50 patients with collaborative practice agreements in place for the management of glucose, lipids, and hypertension. The medical staff refers patients to the program as well as self referrals from current participants and family members. The ½ FTE is our program coordinator and conducts direct patient care, provides staff support and development and updates the Collaborative Practice Agreements (CPA).

The success of the Yakama Healthy Heart Program is demonstrated in the following. Currently, the clinical pharmacists are managing approximately 300 Diabetic patients. The other 700-800 are managed in the traditional medical model. The Healthy Heart cohort of patients has clinical outcomes demonstrating improved control of glycemia, hypertension, and lipid management. In addition, our pharmacists have been trained in immunizations, colon cancer screening (FOBT), mammogram referrals, and foot exams. All measurements of care by the Diabetes registry have superior outcomes over the traditional medical model with the pharmacy managed cohort meeting or exceeding Government Performance Results Act (GPRA) and transparency goals consistently.

The other FTE is funded by the Yakama Indian Health Service because of the success of the Healthy Heart program. The new position was developed with a CPA for Congestive Heart Failure, Anticoagulation Clinic, and continuation of Diabetes management (Healthy Heart).

The Yakama Indian Health Service has a user population of approximately 14,000 patients, 29,000 medical provider visits/year, with a diabetes registry of 1100 patients. The medical staff is comprised of 5.5 FTE physicians and 5 mid-level providers and 1.5 full-time Clinical Pharmacist.

The value of these pharmacy clinical programs was revealed in the past year. We were down 3 physicians and patients enrolled in these programs did not have interruptions in their medical care as the pharmacists stepped forward to provide continuity while we were hiring new medical providers. They also assumed responsibility of provider patient panels for those providers that had retired or departed from their current position.

The other valuable aspect has been in recruitment and retention of qualified pharmacists. Prior to the development of the clinical practice we historically had multiple openings and difficulty in hiring pharmacists. Currently, we are fully staffed and all staff pharmacists are involved in direct patient care. The clinical practice has been a valuable recruitment and retention tool. We are currently working on a CPA for Asthma and hope to have it up and running by September 2010.

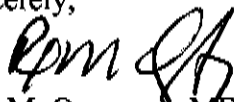
Healthy Heart program was made possible by grant money which paid for two-thirds of our pharmacy's clinical services at our service unit. With little reimbursement from third party agencies; we rely heavily on grant money to support our clinical services. Our clinical pharmacists are utilizing specialized knowledge and skills to educate the patient, relieve patient work load on providers, and reduce emergency room visits. These should be reasons enough for third party agencies to consider reimbursement for pharmacy clinical services.

In summary, the role of clinical pharmacist in providing direct patient care services at the Yakama Indian Health Service has improved multiple areas within our system. We have demonstrated improvement in patient outcomes in CHF, improvement in measurements of Diabetes care, increase patient satisfaction and access to care, and success in recruitment and retention of professionals.

You have my support in aggressively utilizing the roles of pharmacists in direct patient care.

Attached with this letter is Yakama Indian Health Service's 2009 audit on diabetes, hypertension, and cholesterol. The audit compares clinical pharmacist care (HH) versus provider care. Most of the results prove favorably for clinical pharmacist care.

Sincerely,



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Program Director Yakama Healthy Heart

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Aug 03, 2010

*** HEALTH STATUS OF DIABETIC PATIENTS (2010 AUDIT) ***

YAKAMA HEALTH CENTER IHS

Reporting Period: Jan 01, 2009 to Dec 31, 2009

HH = Healthy Heart clinical pharmacist

	HH PATIENTS		PROVIDER PTS	
	Number	Percent	Number	Percent
Patients reviewed	257		786	
Gender				
Female	133	52%	422	54%
Male	124	48%	364	46%
Blood Sugar Control				
HbA1c <7.0	97	38%	270	34%
HbA1c 7.0-7.9	60	23%	121	15%
HbA1c 8.0-8.9	44	17%	73	9%
HbA1c 9.0-9.9	18	7%	74	9%
HbA1c 10.0-10.9	15	6%	40	5%
HbA1c 11.0 or higher	18	7%	110	14%
Undocumented	5	2%	98	12%
Mean Blood Pressure				
<120/<70	33	13%	71	9%
120/70 - <130/<80	96	37%	187	24%
130/80 - <140/<90	76	30%	189	24%
140/90 - <160/<95	35	14%	109	14%
160/95 or higher	14	5%	47	6%
BP category Undetermined	3	1%	183	23%
Tobacco use				
Current Tobacco User	56	22%	278	35%
Counseled - Yes	11	20%	14	5%
Counseled - No	45	80%	264	95%
Counseled - Refused	0	0%	0	0%
Not a current tobacco user	201	78%	506	64%
Tobacco use not documented	0	0%	2	0%
ANTIPLATELET THERAPY (Over age 40)				
Aspirin or other Antiplatelet Rx	227	96%	472	74%
None	8	3%	147	23%
Refused or Adverse reaction	2	1%	15	2%
EXAMS - Yearly				
Foot Exam - Neuro & Vasc	202	79%	381	48%
Eye Exam - Dilated	195	76%	376	48%
Dental Exam	201	78%	335	43%
IMMUNIZATIONS				

Seasonal Flu Vaccine during audit period	227	88%	442	56%
Pneumovax - ever	251	98%	662	84%
Td or Tdap (q 10 yrs)	237	92%	696	89%
LDL Cholesterol obtained during audit period				
LDL <100 mg/dl	183	71%	327	42%
LDL 100-129 mg/dl	48	19%	208	26%
LDL 130-160 mg/dl	16	6%	82	10%
LDL >160	2	1%	39	5%
Not tested/unknown	8	3%	130	17%
HDL Cholesterol obtained during audit period				
HDL <35 mg/dl	34	13%	77	10%
HDL 35-45 mg/dl	87	34%	193	25%
HDL 46-55 mg/dl	65	25%	125	16%
HDL >55	46	18%	89	11%
Not tested/unknown	25	10%	302	38%
Triglycerides obtained during audit period				
TG <150 mg/dl	80	31%	142	18%
TG 150-199 mg/dl	62	24%	93	12%
TG 200-400 mg/dl	77	30%	192	24%
TG >400 mg/dl	13	5%	61	8%
Not tested/unknown	25	10%	298	38%
Urine protein tested during audit period				
Yes	238		637	
No	19		147	
Refused	0		2	
	the 238 pts tested:		Of the 637 tested	
Urine Albumin:Creatinine Ratio (UACR)	223	94%	507	80%
Electrocardiogram (Age 30 and above)				
Performed in past 3 years	135	53%	187	25%
Performed in past 5 years	172	68%	297	40%
Ever performed	221	87%	477	64%