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Robert Dannenhoffer, M.D. CEO Umpqua Health Alliance 1813 W Harvard, Ste 448 Roseburg, OR 97471

Re: Clinical Pharmacy Services (CPS)

## Dear CCO Administrators and Board Members:

The Oregon Pharmacy Coalition has provided us a recent update on the use of Clinical Pharmacy Services. As such I am writing to make you aware of these services and if you are not already doing so to encourage you to integrate Clinical Pharmacy Services (CPS) into your CCO healthcare teams to help you reduce your overall healthcare costs.

CPS is a health science discipline in which pharmacists provide direct patient care and other medication management services that optimize drug therapy and promote patient health, wellness, and disease prevention, while reducing overall health costs. Medications are involved in 80% of all treatments, and drug-related morbidity and mortality costs this country almost \$200 billion annually. Clinical Pharmacy encompasses a wide range of services that include:

- Enabling access to medications
- Patient counseling and self-management support
- Preventive care programs
- Drug information services to patients and providers
- Medication reconciliation
- Prospective and retrospective drug utilization review
- Quality improvement
- Medication Therapy Management (MTM)
- Disease management through Collaborative Drug Therapy Management (CDTM) programs
- Comprehensive Medication Management (CMM)

As noted in a 2011 report to the U.S. Surgeon General, many research studies have shown that integrating CPS into patient care teams leads to favorable outcomes across the continuum of care —reducing hospitalizations, ED visits, and adverse drug events. This report identified an overall average return on investment (ROI) of \$10.07 for each dollar invested in CPS. The Patient-Centered Primary Care Collaborative indicates the ROI for CPS services (including reduction in hospital admissions, use of unnecessary or inappropriate medications, ED admissions and overall physician visits) is as high as 12:1. CPS is already being provided throughout Oregon with excellent results. For example, CDTM programs have been in place for over a decade allowing pharmacists to help providers successfully manage patients with complex treatment regimens and ensure safe medication use. CPS also supports primary care clinic goals to meet Meaningful Use and to be eligible for enhanced reimbursement through Patient-Centered Primary Care Home Certification.

Sustainable implementation of CPS services across all CCOs will support providers in delivering quality care at a lower cost. To facilitate further discussion of potential implementation plans, pharmacy representatives will be reaching out to your respective organizations to discuss best practices for integrating CPS into your CCO. There are model communities in Oregon and nationally already demonstrating how CPS can be integrated efficiently and effectively that we can draw from to support you. If your organization is currently providing some aspects of CPS and would like to learn more, establish criteria or fully integrate such services, please contact the Oregon Pharmacy Coalition at info@oregonpharmacy.org

It is my belief that including Clinical Pharmacy Services in a uniform and comprehensive manner within your CCO can help achieve our triple aim of providing better health, better care and lower overall costs.

Sincerely,

Bruce Goldberg, MD

Director

CC: Representative Jim Thompson

Cory Huot, RPH, MBA, Manager, Pharmacy Services

Tom Burns, Oregon Health Authority

<sup>&</sup>lt;sup>1</sup> HRSA Patient Safety and Clinical Pharmacy Services Collaborative (PSPC)

Improving Patient and Health System Outcomes through Advanced Pharmacy Practice A Report to the U.S. Surgeon General 2011

Improving Patient and Health System Outcomes through Advanced Pharmacy Practice A Report to the U.S. Surgeon General 2011

iv Patient-Centered Primary Care Collaborative Resource Guide. The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes. Second Edition, June 2012