

# Population Health Trust Advisory Committee Meeting

**Skagit County Board of Health**  
**November 5<sup>th</sup>, 2015**



**Skagit County Board of Health - Population Health Trust**

*"Always working for a safer and healthier Skagit County"*

*Kenneth A. Dahlstedt, Chair  
Lisa Janicki, Commissioner  
Ron Wesen, Commissioner*

# Agenda

- Welcome and Introductions and Notes
- Weighing the Data Indicators
- Break
- Community Forums planning
- Forming a Web Site Data Indicator Ad-Hoc Committee
- Forces of Change Presentation – Randy Elde
- Transition to Planning
  - Retreat?
  - Skill enhancement
  - Elect new members in preparation
- Summary, next steps and closing



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# Data Indicators Weighting

- Congratulations to ALL
- Thanks to Maureen Pettitt
- Comments about Data Carousel process/outcomes?
- Discussion: What data is missing?
- Process to include missing data
- Collaborative Data Weighing Work
  - Size rating
  - Seriousness
  - Effective intervention
  - Community value



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	Size of Pop Affected (A)= Actual (P) = Potential	Size Rating (Magnitude)			Seriousness			Effective Intervention (BP)		Community Value (collaboration, funding, FoC, ACH)			Total (1-3)
		S	M	L	Low	Medium	High	Yes	No	Low	Medium	High	
h d ( :)	(A) = 955 (P) = 3,091 (EP) = 21,023 (all school-aged youth at risk)		2			2		✓			2		6
	(A) = 242 (P) = 2,662 (EP) = 11,875 (all youth in a romantic relationship at risk)	1					3	✓			2		6
t 00	(A) = 909 (P) = 3,072 (EP) = 27,097 (all youth 17 and under at risk)	1					3	✓				3	7
te	(A) = 34,642												



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# 15 Minutes



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# Community Forums Planning

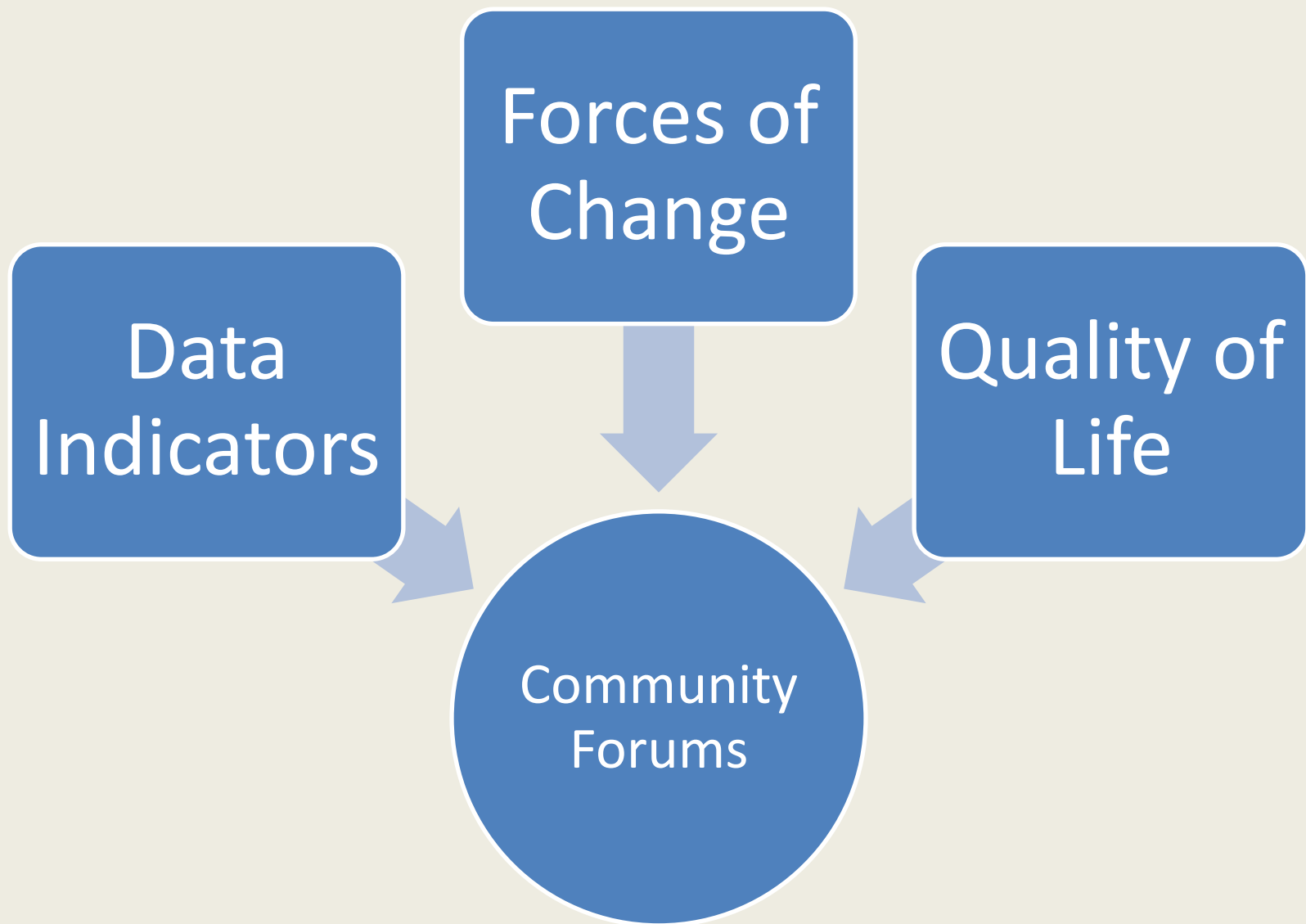
- SCCFC November 18 (pilot)
- Dec 1st, 9th, and 15th (Flyer) Forums
- Guidance and facilitation from PHT members
- Sample forum information handout



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Does this fit with your perception?

What adjustments should be made?

What are your priorities?

Shall we move forward?



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# Forming a Web Site Data Indicator Ad-Hoc Committee



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# Randy Elde



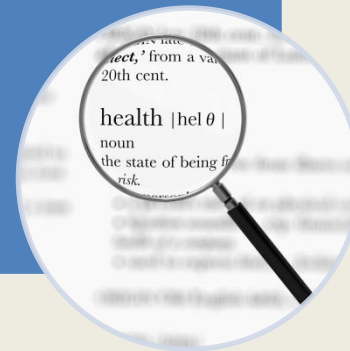
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- Transition to Planning
- Retreat?
- Skill enhancement
- Elect new members in preparation
- Location for 2016?

# 2016



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# Closing Remarks

- **Next meeting December 3<sup>rd</sup>**
- **Northwest Career & Technical Center**
- **Time: 9:00 to 12:00**



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# Forces of Change

Community Pharmacy

By Randy Elde

pharmacist/diabetes educator

Not part of our scope of practice!



# Pharmacist as provider legislation





# Pharmacist as provider

- Washington State is first and only state thus far to recognize pharmacists as providers
- Allows pharmacists to be compensated for patient care they provide ***within scope of practice***
- Pharmacists don't diagnose, don't replace docs role in acute care – but do have highly specialized knowledge in medication management
- Advisory group will work to establish policies for provider accreditation & implementation
- Changes begin in hospital systems & clinics in 2016 – more broadly in 2017

# Pharmacist as provider (cont'd)

## National scene

- Medicare Prescription Drug, Improvement, & Modernization Act of 2003
  - Implemented in 2006
  - Most notable for adding prescription drug benefit (Medicare Part D)
- Also mandated MTM (Medication Therapy Management) to be an additional benefit to Medicare enrollees
  - patient with one or more chronic diseases
  - polypharmacy

# Pharmacist as provider (cont'd)

- PHT goals and objectives
  - Chronic disease focus
    - Diabetes
    - Hypertension
    - Obesity
  - Most accessible HCP

# Affordable Care Act implications for pharmacy

- Medicare Star rating system for health plans
  - Effort to define, measure, and reward quality health care
  - Quality measures that can be improved through collaboration between health plans and community pharmacy
  - Health plans with higher ratings get marketing advantages and possible bonus payments
  - Pharmacies that show they improve patient care and help boost plan ratings may be more likely to be chosen for preferred networks or get bonuses in pay-for-performance programs



# ACA (cont'd)

- Five key measures related to medication use
  - High-risk medication (plan members 65 years of age and older who received prescriptions for certain drugs with a high risk of side effects, when there may be safer drug choices)
  - Diabetes treatment (using the kind of blood pressure medication that is recommended for people with diabetes)
  - Part D medication adherence for oral diabetes medications (taking oral diabetes medication as directed)
  - Part D medication adherence for hypertension (taking blood pressure medication as directed)
  - Part D medication adherence for cholesterol (taking statins as directed)

# Immunizations in community pharmacy

- Pharmacists play a major role especially in flu shots
- Pneumonia and shingles growing rapidly
- Childhood immunizations lagging behind but expanding
  - Pre-school age group not served currently
- PHT goals and objectives
  - Does not address pre-school need
  - Adult vaccinations will likely continue to improve

# Substance Abuse & Addiction

- Prescription Opioid Abuse
  - Increased training for prescribers & expanding access to treatment
- State Prescription Monitoring Program
  - Reduces doctor shopping, pharmacy shopping, and diversion
- Medication Assisted Therapy
  - Improved access
- Naloxone intranasal overdose kit
- PHT goals and objectives
  - Increased access to treatment