



“We worked right in the physician’s office, and when we saw the patient, we wanted to get buy-in from the physician.”

Stebbins integrates MTM Core Elements into office-based practice

Helping physicians and patients navigate complexities of health care system, California pharmacist charts new paths for profession

When a headhunter called in 1996 to pitch a pharmacist position to Marilyn Stebbins, PharmD, her initial reaction was not exactly positive. In fact, she recalls thinking, "That sounds like one of the worst jobs I've ever imagined!" A 120-physician group practice in her hometown of Sacramento, Calif., was looking for a pharmacist who could police the group's prescribers and keep them on a drug budget. "Balancing my checkbook was hard enough," Stebbins now jokes. "How was I supposed to keep 120 physicians within budget?"

The position was later broadened to include development of a clinical rotation site from Stebbins' alma mater, the University of California, San Francisco (UCSF), which increased her interest. Finally, after 8 months and a few appeals from her school of pharmacy professors, Stebbins took the bait, and she's never looked back. For more than a decade now, she has been able to leverage the financial focus of the group—and related monetary concerns of many of her patients—to develop a full-fledged medication therapy management (MTM) practice that is engaged in all the clinical, humanistic, and economic outcomes of pharmacotherapy. In the process, she has both learned from and contributed to the profession's MTM Core Elements, including the second version being released this month

by APhA and other national pharmacy organizations (see related article beginning on page 64).

Cutting teeth at VA

Born the sixth of nine children in the Hedges family, Stebbins was influenced by her dad, a family practice physician, and her mom, a nurse. After finishing high school, Stebbins was off to the University of California (UC) at San Diego, where her intent was to follow her father's footsteps into a medical career. About midway through her coursework for a bachelor's degree in biochemistry, Stebbins figured out that she didn't really want to be a physician. "I didn't know why I had this sudden change," she recalls, "but I found I enjoyed my French literature minor a great deal more than biochemistry!"

As Stebbins pondered what to do, fate intervened, and a family member who was a pharmacist told her of his experiences in the profession and described a vision of where pharmacy was headed. She began volunteering at a Department of Veterans Affairs (VA) facility and working in a community pharmacy, and she soon found herself in pharmacy school at UCSF. After graduating in 1988, she moved back to Sacramento and completed a pharmacy practice residency at UC Davis. Her goal was a career in acute care and intensive care medicine.

But again, fate had other ideas, and Stebbins' first position was as an ambulatory pharmacist in the VA outpatient clinics in Sacramento. The 7 and a half years she spent there turned out to be great training for her—learning what is possible in a unified health system



Stebbins lectures on Medicare Part D at the UCSF School of Pharmacy.

in which information was beginning to be shared among professionals in geographically dispersed points of care. Her professional development at VA was influenced by Joe Gee, the pharmacy director at the time, and Julio Lopez, then the drug information pharmacist and now the director of pharmacy at that VA facility.

Balancing sense with cents

After moving to Catholic Healthcare West Medical Foundation's Mercy Medical Group (CHW) in 1996, Stebbins' initial efforts were directed at developing physician profiles as a means of giving feedback on prescribing patterns and their impact on the cost of patient care. She started with oral medications and later moved into injectable drugs to help physicians lower costs, and she also began to show prescribers how they could reduce medication errors. Students began rotating through the site in UCSF's new Pathways program, and by 2000, Stebbins was also precepting a pharmacy resident each year.

In 2000, a major shift in the Sacramento health care marketplace brought Stebbins' VA experience to bear in the CHW environment. The town's three major payers with whom CHW worked (the fourth was Kaiser) eliminated beneficiaries' brand-name drug benefit. CHW administration asked, "Marilyn, didn't you used to work in clinics at VA? They didn't use a lot of brand names, did they?" She was asked to set up a process for advising patients on how they could have the lowest out-of-pocket costs for medications under the new rules.

The result was the Pharmacists Review to Increase Cost-Effectiveness (PRICE) clinic, in which Stebbins, one other pharmacist (initially), the resident (later two residents working part-time), and student pharmacists met with patients at CHW's five clinics around the metropolitan area, helped switch them to generic medications that were covered under the plans, and minimized the costs of necessary brand-name products through pill splitting, mail service pharmacy, and any other tactic the pharmacists could think of.

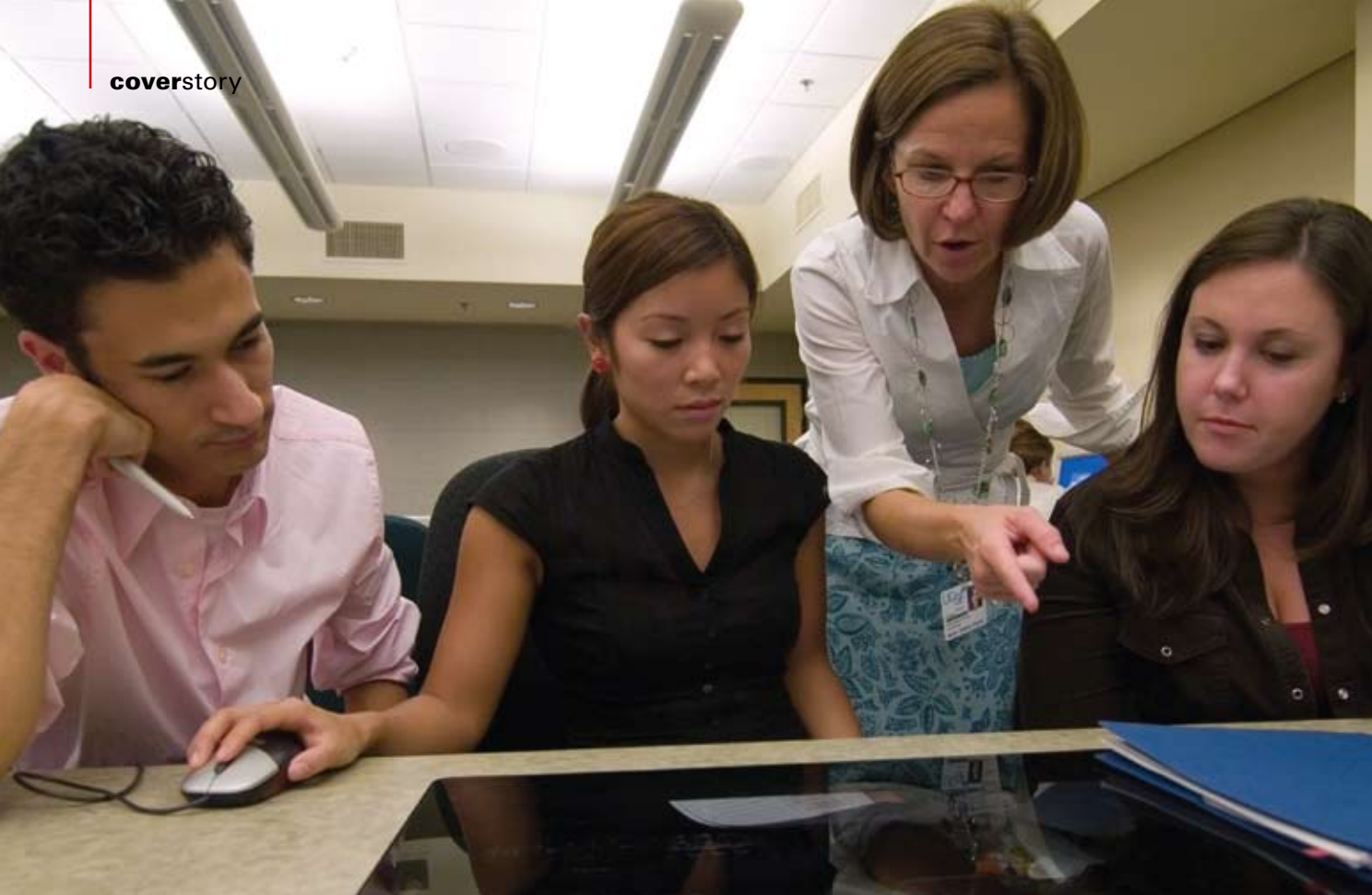
"My main job at CHW had always been to get physicians to prescribe cost-effectively," Stebbins shared with *Pharmacy Today*. "Very interestingly, the best tactic I could ever have employed was starting the PRICE clinic. We chose not to make changes under a collaborative practice agreement—we did not want to make these changes on our own. Instead, we worked right in the physician's office, and when we saw the patient, we wanted to get buy-in from the physician. That way, the patient would go home with an understanding that the plan was the plan, and the physician had signed off on it.

At the same time, the physician was educated as to what we were going to do. For the first 6 months, we did all the interventions—therapeutic interchanges, pill splitting, mail order, you name it. But by then, the physicians had learned all the tricks. It was the

best academic detailing I ever could have done. The physicians learned through their own patients what they should have been doing all along. We then moved very heavily into patient-assistance programs."



Stebbins wondered how student pharmacists could implement MAPs and PMRs during their practice experiences in community pharmacies where patient-specific data were not as plentiful as in the physician office.



In the Partners in D program, Stebbins works with student pharmacists in the delivery of peer-to-peer education to medical, nursing, osteopathic, physician assistant, and other health profession students. Here, Stebbins instructs UCSF student pharmacists (left to right) Troy Drysdale, Sharon Tran, and Kristy Hanson.

Looking for a template for MTM

By 2004, Stebbins and her coworker and colleague Tim Cutler knew that Medicare Part D was coming, and they began to hear in 2005 that patient-assistance programs would be eliminated for Medicare patients. This was a major concern because by then they had 2,500 patients receiving medications through these programs.

Stebbins was soon jetting off to Washington, D.C., to learn what was happening with Medicare Part D and the MTM ramp-up at the national level. She learned that the MTM Core Elements—especially the medication action plan (MAP) and the personal medication record (PMR)—meshed very well with what she was already doing at CHW clinics. Drawing on the process of care defined in the first set of MTM Core Elements, Stebbins refined the services she and colleagues were offering in Sacramento to meet the emerging national standards for just what constituted MTM.

Because of the emphasis her group had placed on patient-assistance programs, Stebbins and Cutler spearheaded educational efforts to get CHW patients ready for Medicare Part D. When it came to drawing Medicare beneficiaries into informational sessions about the prescription drug benefit, Stebbins found that one thing worked: Talk about money. “MTM is a very hard sell to people who don’t know what they don’t know,” she explained. “But the dollar is a pretty great incentive. One of the biggest problems we found early on was that patients were fearful about telling their doctors that they weren’t taking their medica-

tions because of costs, because they didn’t want the doctors to be disappointed in them. But they had no trouble at all telling us. So if they saw a flyer on how to save money, they showed up. Our hook to get them in the door is cost savings. Once we get them in the door, though, our services constitute a full-fledged MTM program that addresses clinical, economic, and quality-of-life concerns.”

“We were trying to implement the core elements in our clinics during this time, and in a very busy clinic, I can tell you that can be difficult,” Stebbins shared. “These were all things we had been doing, but we hadn’t captured them in our data. We changed all our forms and started trying to figure out how to capture this. We spent 2006 refining our forms, as we wanted our interventions to reflect the core elements of MTM and the definition of MTM as approved by the 11 pharmacy organizations.”

Efforts pay off

In the 2 calendar years since Part D took effect, CHW pharmacists’ results have been impressive. Among 320 patients seen in the PRICE clinic in 2007, five interventions per patient have been made on average, and not just simple ones, Stebbins explained. Patients were taking, on average, eight medications and had four chronic diseases. As a result of these pharmacist interventions, patients realized an average out-of-pocket savings of \$165 per month.

In addition, Stebbins added, California is a strong pay-for-performance state, and the PRICE clinic patients do well when such metrics are applied. Studies are under way now to define

the differences in surrogate markers such as glycosylated hemoglobin (A1C) levels and the percentage of patients at target goals and how high users of medications are faring under the MTM services offered at CHW.

One thing Stebbins and her colleagues soon realized was that they were in an ideal situation: They were in the clinics and in physician offices, all of which offered a very data-rich environment. As UCSF refines advanced pharmacy practice experiences

Stebbins applied for and received a \$3.7 million grant from the Amgen Foundation in late 2006. Partners in D (www.partnersind.com) is a 3-and-a-half-year program designed to create a California-wide educational system and collaborative outreach network for student pharmacists and pharmacy faculty members at the state's seven schools and colleges of pharmacy.

The first leg of the grant is getting Medicare Part D education to underserved and vulnerable populations across California.

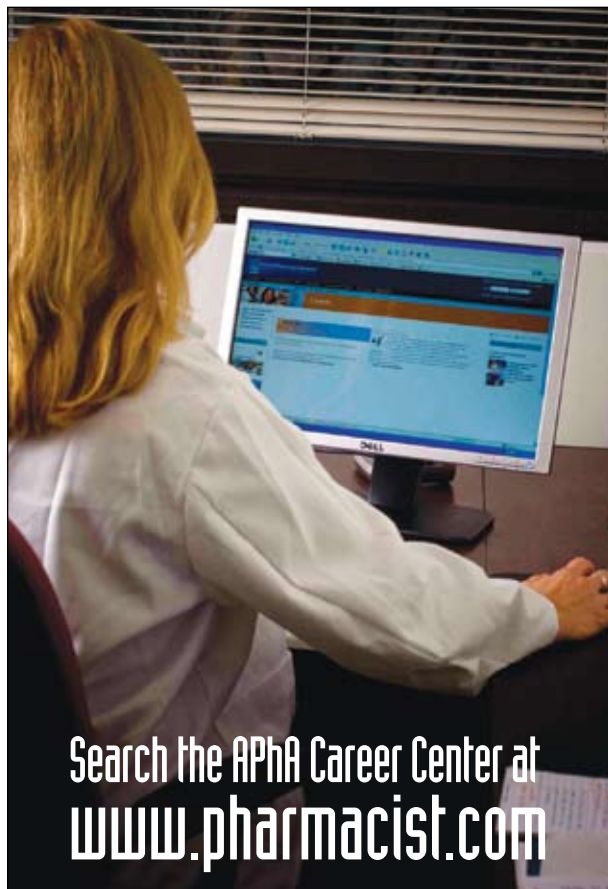
“MTM is a very hard sell to people who don't know what they don't know.”

in community pharmacies, Stebbins thought about how much less information about patients was available in those settings, which are a data-poor environment. How, she wondered, could student pharmacists implement MAPs and PMRs during their practice experiences in community pharmacies in an effective way that was not just Part D related?

Spreading the message statewide

Working with UCSF's Helene Levens Lipton, PhD, a professor of health policy in the School of Pharmacy and a core faculty member in the Institute for Health Policy Studies in the School of Medi-

To accomplish this, three faculty from each California pharmacy school were trained last August and given a turnkey program based on the Medicare Part D elective course offered at UCSF, Stebbins told *Today*. The faculty use the program in their own schools, and the student pharmacists in turn take the program directly to the patients. “Students take computers with broadband cards into neighborhoods that don't have Internet access,” noted Stebbins. “Our students are very diverse, speaking many languages, so at UCSF we are able to provide information in seven different languages. They go out equipped to get people into prescription drug plans, with no ties to any pharmacy.”



Search the APhA Career Center at
www.pharmacist.com

Take Advantage of All the Resources at the APhA Career Center

- ◆ Search **hundreds** of postings through the Career Center.
- ◆ Use a state-of-the-art Résumé Builder.
- ◆ Create your personalized **“My Site”** page—a place to post an updated CV, upload an image, post articles you have written or published, and provide references.

Whether you are a seasoned professional or just beginning your career in pharmacy, the APhA Career Center allows you to explore new opportunities and maximize your potential.

APhA has created the Career Center with the needs of busy pharmacists, and student pharmacists, in mind. Log in today to learn more about career development tools and advanced education opportunities.



08-075

The second leg of the grant involves peer-to-peer education. Stebbins and Lipton are working with student pharmacists to spread the MTM message to medical, nursing, osteopathic, physician assistant, and other health profession students and medical residents at UCSF and soon at nearby Stanford University and UC Davis. "Four students are selected per year to be our ambassadors to these other schools," she said. "As faculty, we help them develop the lectures on Medicare Part D and its policy implications that are pertinent to their audiences. We are now ingrained in the health policy curriculum in the medical and nursing schools at UCSF, and they go out and give lectures from the various stakeholder perspectives—patient, provider, and payer. The evaluations of the lectures are phenomenal. I wish as a faculty member that I had evaluations like those our students are getting. This has really stirred the pot at UCSF; the medical school is now looking for ways its students can teach students in the pharmacy school." This program will be the focus of the next train-the-trainer program for the seven California schools of pharmacy in August 2008.

The third leg of this grant explores an answer to the community pharmacy questions Stebbins had posed about getting the needed MTM data to student pharmacists in community pharmacy practice experiences. She recalled, "For the last year, we have been piloting at our Sacramento site a format and a template that our fourth-year students can use to provide MTM in their advanced community pharmacy practice experiences. This year, we will go live with this program for student pharmacists entering rotations at UCSF. The following year, we will

have a train-the-trainer session for all seven California schools of pharmacy. By applying these skills and knowledge of MTM, the student pharmacists can provide value to the community pharmacy and value to the patient."

On the horizon

A self-described "night owl," Stebbins' current schedule is tiring just to listen to: She doesn't sleep much, she's a soccer mom to her 13-year-old daughter Lindsay, her husband Charlie is a professor of cardiovascular medicine at UC Davis, and she runs 5 or 6 days each week and tries to swim a couple more. Her Bluetooth headset is heavily used as she drives her hybrid between the (now) eight CHW Sacramento-area clinics and west on I-80 and across the Bay Bridge to lecture at UCSF up to one or two times a week.

The result is a complicated life, but one in which Stebbins finds a great deal of personal and professional satisfaction. What sounded like "an awful job" many years ago actually turned out to be the perfect combination of need, challenge, opportunity, and, ultimately, results. Stebbins has excelled in this whirlwind environment of change. As she told *Today*, "When I walked in the door, they had no idea what I did at VA or any concept of pharmacists having practices. I had four heads because I was the 'drug police,' but a few years later, the physicians in the group said, 'Fix this problem and start this clinic, and do whatever you have to do to do it.' It's all about trust, and figuring out what a pharmacist can do."

—L. Michael Posey, BPharm



Your Patients Can Enjoy the Health Benefits of Grapefruit Juice.

Patients don't need to skip this healthy beverage because it has the potential to interact with some medications. Pharmacists can help patients understand that **ONLY CERTAIN DRUGS** interact with grapefruit, and there generally are non-interacting, alternative medications for those that do.

For compelling new research and valuable educational tools on grapefruit–drug interactions, please visit the Florida Department of Citrus' exhibit booth (#840) at the American Pharmacists Association Annual Meeting and Exposition (March 14-17) in San Diego.

Do You Want To Know More About Grapefruit–Drug Interactions?

Visit www.druginteractioncenter.org for a complete listing of drugs that interact with grapefruit, along with non-interacting, alternative drugs, as evaluated by Tufts University and the University of Florida.