STRONGER

vizient. CONNECTIONS SUMMIT

Sept. 19–21, 2022 #vizientsummit

Vizient Pharmacy Executives and Leaders

Peer-to-Peer Meeting

Pharmacy Network Overview

Desi Kotis, PharmD, FASHP
Pharmacy Network Chair
Chief Pharmacy Executive
University of California San Francisco Health
Associate Dean, Clinical Professor UCSF School of Pharmacy

Pharmacy Network | Member-driven

We measure our success by our members' success.

We fuel powerful connections that help members focus on what they do best: deliver exceptional, cost-effective care.

Membership benefits

- Harness powerful insights
- Accelerate performance
- Achieve scale and efficiency
- Make innovative connections
- Promote agility
- Build knowledge
- Develop trusted relationships
- Gain advocates on important policy issues

Network Leadership

Pharmacy Network

Desi Kotis, PharmD, FASHP
Pharmacy Network Chair
Chief Pharmacy Executive
University of California San Francisco Health
Associate Dean, Clinical Professor UCSF School of Pharmacy

Jordan Dow, PharmD, MS, FACHE
Pharmacy Network Vice Chair
Vice President and Chief Pharmacy Officer
Froedtert & Medical College of Wisconsin

LeeAnn Miller, PharmD, MS
Executive Director at Large
Vice President and Chief Pharmacy Officer
Yale-New Haven Health

At-Large Directors

Brian Cotter, MS, RPh
Senior Director, Pharmacy Services
University of Maryland Medical System

Erin Fox, BCPS, FASHP, PharmD
Senior Director, Drug Information and Support Services
University of Utah Health

Kristi Gullickson, FASHP, MBA PharmD
Director of Pharmacy
Abbott Northwestern Hospital

Christine Collins, MBA, RPh
Vice President and
Chief Pharmacy Officer
Lifespan

John Pastor, FASHP, PharmD, RPh
System Vice President, Pharmacy & Respiratory Therapy
M Health Fairview

Amy Dickson, PharmD, MBA, BCPS
Senior Director of Pharmacy Services, Population Health
Ohio Health

Chad Hatfield, MHA, PharmD
Chief Pharmacy Officer
UC Davis Medical Center

Kelley R. Norris, BCPS, PharmD
Supervisor of Pediatric Clinical Services
AU Medical Center

Tate Trujillo, BCPS, FASHP, PharmD
Director of Pharmacy
Indiana University Health

Vizient Pharmacy Network

2022 strategic areas:

- High value pharmacy enterprise
- Leveraging big data and artificial intelligence
- Workforce of the future
- Advocacy

Contact

Karl Matuszewski

This network provides a forum for leading the advancement of pharmacy to transform healthcare through collaboration, innovation and adoption of best practices.

Target audience

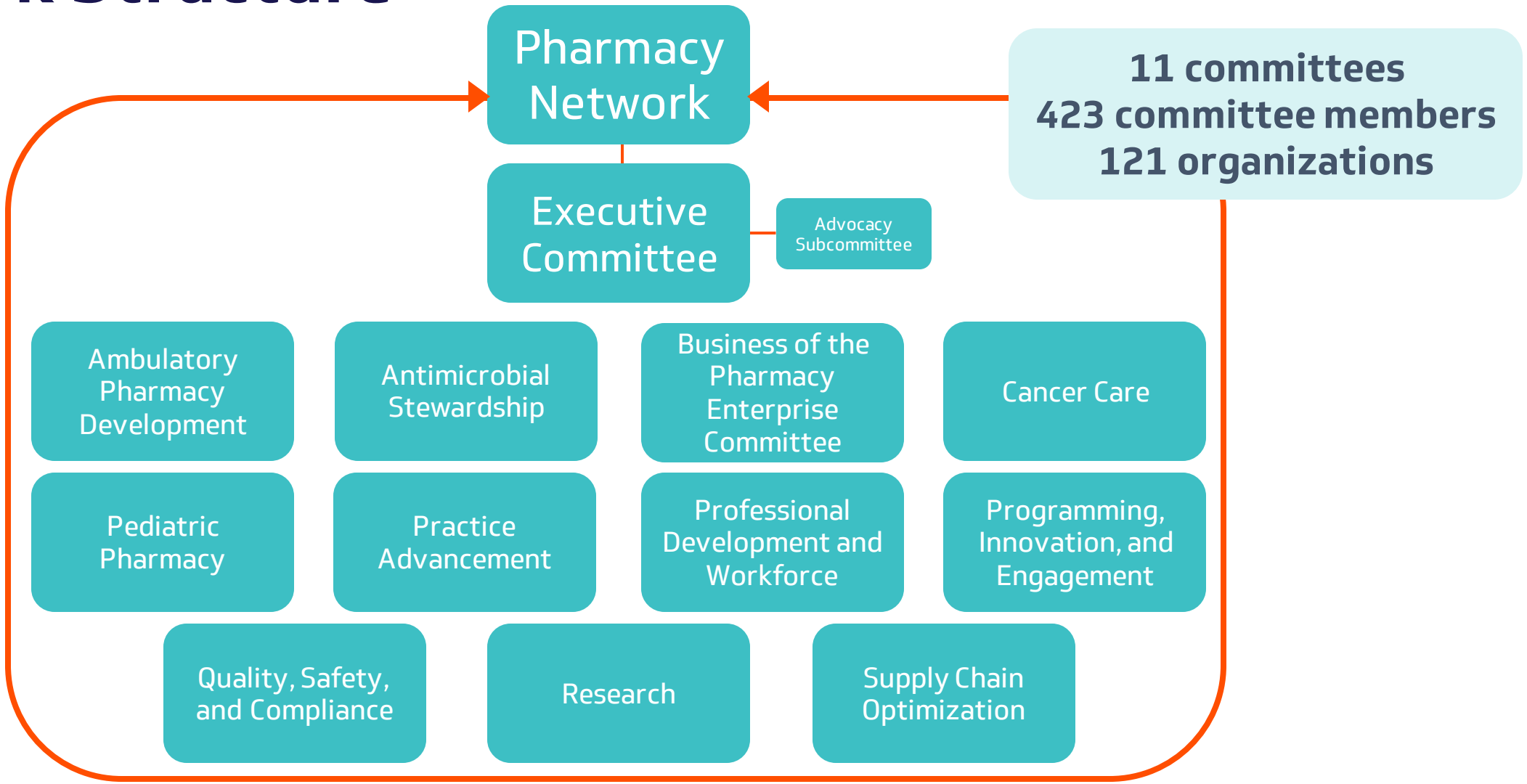
Pharmacy leaders including senior, system-level pharmacy executives, pharmacy staff and pharmacy residents.

The Pharmacy Network meets virtually and in-person in addition to numerous topical network webcasts and real-time online connections.

Pharmacy Network Strengths

- Member engagement
- Strong relationships, knowledge sharing, collaboration
- Many of the best and most committed leaders in pharmacy are engaged in our networks
- Comprehensive, well-documented infrastructure
- CE is top notch (meetings, webinars, white papers)

Network Structure



Pharmacy Network Committees Structure

11 topical committees

- Each has a specific charge/initiative
- This is where work gets done to achieve network goals and strategies
- 25-60 members per committee
- Lots of resident involvement (must have member on that committee)
- Each committee averages ~8 projects annually
- Conference calls monthly
- Pharmacy Network Meeting occurs annually in December
- Participation open to all members, usually one per hospital per committee
- Complete online application available on Community committee page

Pharmacy Network Priorities and Recent Results

High Value Pharmacy Enterprise Domains

- Patient Care Services/Practice Model
- Business services
- Retail and Specialty pharmacy
- Inpatient Operations
- Quality and Safety
- Workforce
- Information Technology
- Leadership

Key Attributes of the HVPE Framework

- Active, disciplined commitment to the services we provide
- Accountability for the medication needs of our patients
- Continuous approach to advancing practice through new ways of working and measuring what we do to demonstrate value.

5 Guiding Principles of HVPE

- Patient
- Accountability
- Innovation
- Responsibility
- Metrics

High-value pharmacy enterprise project report

2022 Webinars developed by the Pharmacy Network

- 340B: Surviving a Medication Access Meltdown!
- Medication Safety: A Focus on Pediatric Patients and the KIDs List
- Medication Management Accreditation: Updates from 2021 Surveys
- Manuscript Writing for Residents
- Perioperative Services: Pharmacy Practice Models and Safe Medication Practices
- Managing in a Digital World
- Stimulating the Brain: Erythropoiesis-Stimulating Agents for Neonatal Encephalopathy Webinar
- Recruitment webinar: Sugammadex Research Project
- The First 90 Days: Getting off to a Great Start
- 340B: Surviving a Medication Access Meltdown
- Selecting the “Right” Resident Project
- Four Strategies for Drug Diversion Detection and Prevention Webinar
- Leading Through Empathy
- Mental Health First Aid
- How to Prepare for the BEST Interview – Open Forum
- How to Prepare for the BEST Candidate
- Pharmacy Network meeting
- Tough Conversations and Effective Feedback
- Residency Year Building Resilience
- Pharmacy Workforce, Retention and Engagement

2022 Publications

Pharmacist intervention on prescribing errors: Use of a standardized approach in the inpatient setting

Published in AJHP and developed by the Antimicrobial Stewardship and Research Committees

Maximizing pharmacists' scope of practice

Publish in AJHP and developed by the Pharmacy Executive Committee

Pharmacy Network Community

Connect and engage on the Community!

Our platform enhances your options for connecting with your colleagues:

- Share knowledge and collaborate in groups
- Post queries and exchange insights
- Customize the discussion to your interests
- Access network news, publications, and webinar recordings, as well as studies from the Vizient Research Institute and Sg2®
- Use the group directory to connect one-on-one with colleagues
- As a reminder, **upload your photo!**

Access the Pharmacy Network Community

From the Vizient website, select 'My Dashboard', select 'My Networks & Groups,' and then select Pharmacy Network. To request access, please email Erika Johnston and Joy Downey.

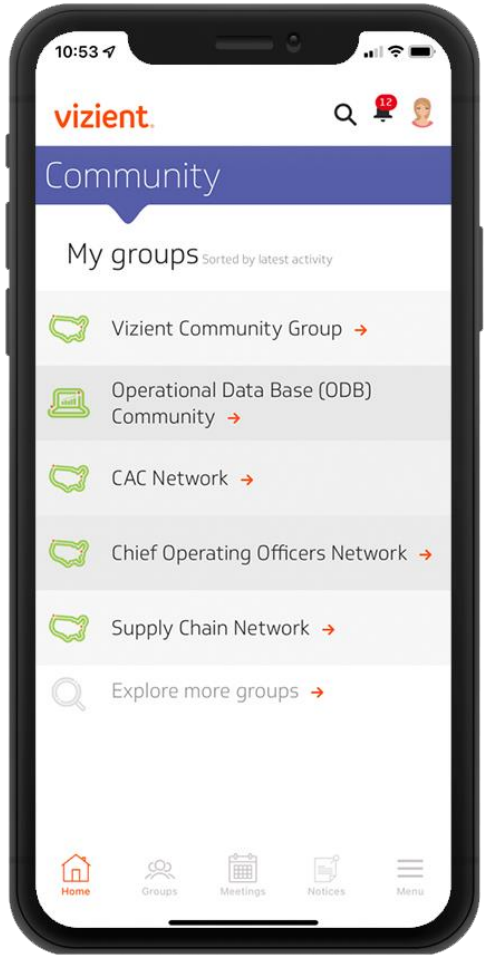
Vizient Community mobile app

Access the power of the Vizient Community in the palm of your hand! With the new mobile app:

- Easy to log in – biometrics unlocks the app
- Quickly review push and in-app notifications – don't rely on emails
- Tap from the member profile to call or email directly
- Create a query, respond to peers and more

Next steps:

- Scan the QR code to download and log in
- Stay connected and network with peers on the go



Pharmacy Community – Topical Groups

These are open to most network members.

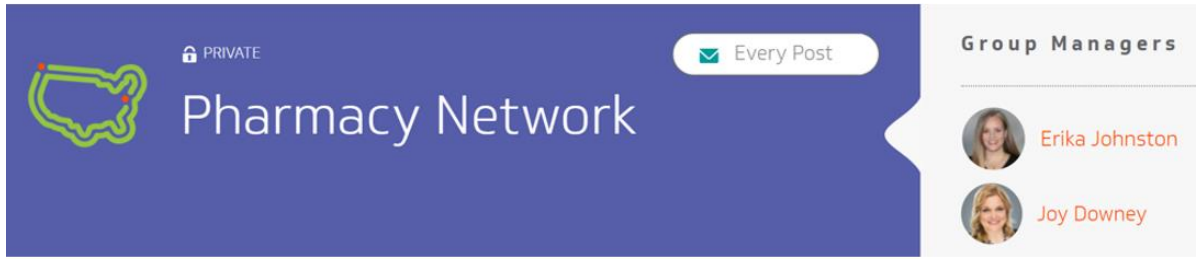
Quickly join groups (topics) of interest – within the Community, simply click on Groups, filter by all groups, find the one of interest and click join.

- Antimicrobial Stewardship
- Business Practices
- Cancer Care
- Pharmacy Executives*
- Investigational Drug Services
- Medication Safety Officers
- Pediatrics
- Resident Program Directors & Coordinators
- Outpatient Services

**Available to directors and above*

Resources at a glance

Resources can be accessed in the right-hand column of the Pharmacy Network Community below the Group Managers.



Group Resources

This resource repository includes member-generated assets along with Vizient® and external industry resources. These resources enable you to learn from your peers, compare components of your pharmacy strategy, gain insights from independent thought leadership, and stay abreast of key trends shaping healthcare today.

Group resources

Group Meetings

- Includes all webinars
- Upcoming: Description and link to register
- Past Meetings: Links to presentations and recordings, if applicable

Group Notices

- Pharmacy Network Pulse
- Washington Update
- Research Institute blog

Quick Links

- Community Tips
- Pharmacy Solutions link
- Pharmacy Workspace link
  - Available on committee pages
- Member Networks informative documents

How Members Can Get Involved

- Obtain login and password to Vizient Website
- Sign up for access to the Pharmacy Community
- Participate on a committee
- Sign up for Community Discussion Groups
- Learn to navigate online resources
- Participate in webinars
- Attend Pharmacy Network meetings and receptions

Karl Matuszewski, MS, PharmD
Vice President

Sybil Thomas, PharmD, MBA
Associate Vice President

Erika Johnston
Networks Manager

Joy Downey
Networks Manager

Contact

Karl Matuszewski at Karl.Matuszewski@vizientinc.com
Sybil Thomas at Sybil.Thomas@vizientinc.com
Erika Johnston at Erika.Johnston@vizientinc.com
Joy Downey at Joy.Downey@vizientinc.com

2022

STRONGER

vizient. CONNECTIONS SUMMIT

Sept. 19–21, 2022 #vizientsummit

Advocacy Panel Discussion

Christine Collins, MBA, RPh, FASHP
Vice President & Chief Pharmacy Officer
Lifespan – Rhode Island Hospital

Dan Kistner, PharmD
Group SVP, Pharmacy Solutions
Vizient

Eric M. Tichy, PharmD, MBA
Division Chair
Mayo Clinic

Advocacy Sub-committee of the Pharmacy Network Executive Committee

Charter

The purpose of the Advocacy Sub-committee of the Pharmacy Network Executive Committee is to provide support to the Committee and membership in both driving, and responding to, new and proposed changes to medication-related policies.

The scope of this sub-committee is medication-related policy issues that:

1) are within the purview of pharmacy services
2) require urgent or short-term response (i.e., timely)
3) have the ability to impact a significant portion of the membership (i.e., relevant)
4) apply to operational, clinical, safety, quality, financial, or supply chain aspects of medications

Charges/Initiatives

1) Awareness
2) Research
3) Development
4) Collaboration
5) Communication
6) Action

Committee Members

Christine Collins, MBA, RPh, FASHP
Vice President & Chief Pharmacy Officer
Lifespan

Brian Cotter, MS, RPh
Senior Director, System Pharmacy Services
University of Maryland Medical System

Erin Fox, PharmD, BCPS, FASHP
Senior Pharmacy Director
University of Utah Health

Mina Kato
Senior Advocacy Communications & Stakeholder Engagement Partner
Vizient

Dan Kistner, PharmD
Group Senior Vice President
Pharmacy Solutions
Vizient

Steven Lucio, PharmD
Senior Principal
Pharmacy Solutions
Vizient

John Pastor, PharmD, FMSHP, FASHP
System Vice President, Pharmacy & Respiratory Care
M Health Fairview

Eric Tichy, PharmD, MBA, BCPS
Division Chair, Supply Chain Management
Mayo Clinic

Advocacy Committee Partners

Rita Shane, PharmD, FASHP, FCSHP
Vice President & Chief Pharmacy Officer
Cedars Sinai

Deb Simonson, PharmD
Vice President
Pharmacy Services
Ochsner Health

Recent Topics for Action/Review/Monitoring

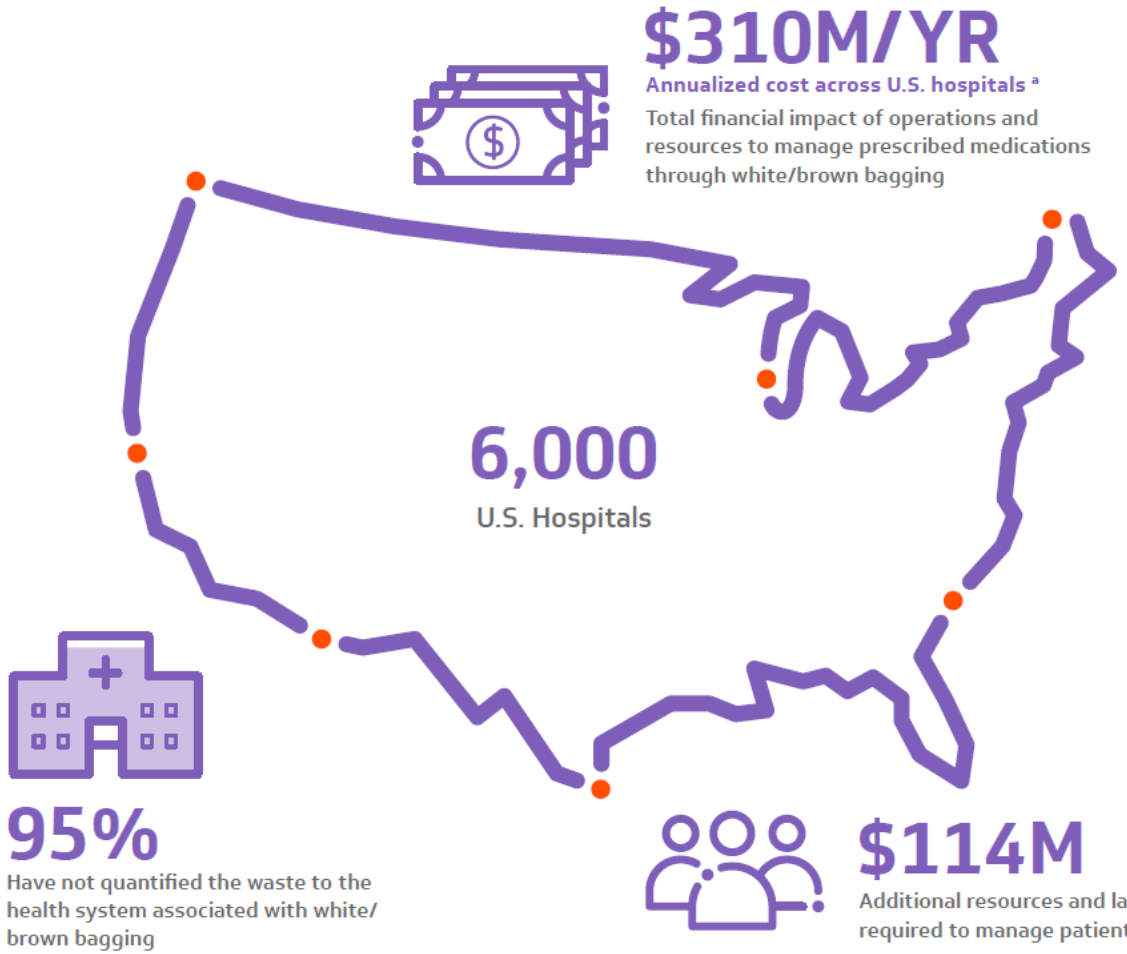
- White Bagging
- 340B
- Drug Shortages
- Unapproved Drug Initiative
- Drug quality
- Biosimilars
- Drug pricing/gouging legislation
- PBMs (on radar)
- Site of Care Infusions (on radar)
- Gray Market (on radar)

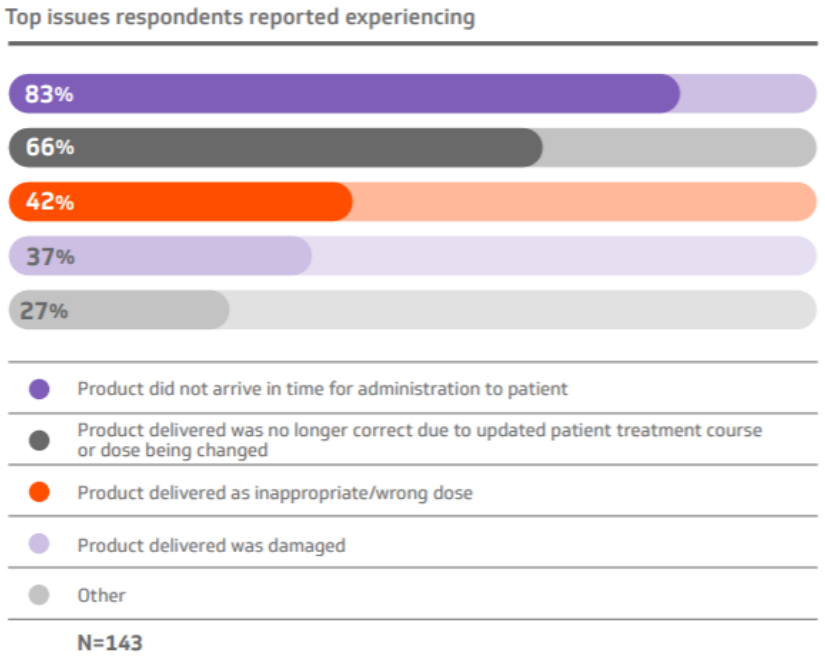
White Bagging

Actions

- Open access website on Payer Policies (https://www.vizientinc.com/what-we-do/pharmacy/payer-policy)
- Members only website: Putting policy into action (https://www.vizientinc.com/what-we-do/pharmacy/member-programs/payer-policy-members)
- Survey on the patient care impact and additional expense of white/brown bagging, 2021 (access via member website)
- Presentations, recorded webinars
- Resources (policy templates, white bagging 101, patient impact examples, SBAR, etc.)
- Member impact statements and experiences
- Tracking of state bills and legislation
- Member collaboration with ASHP

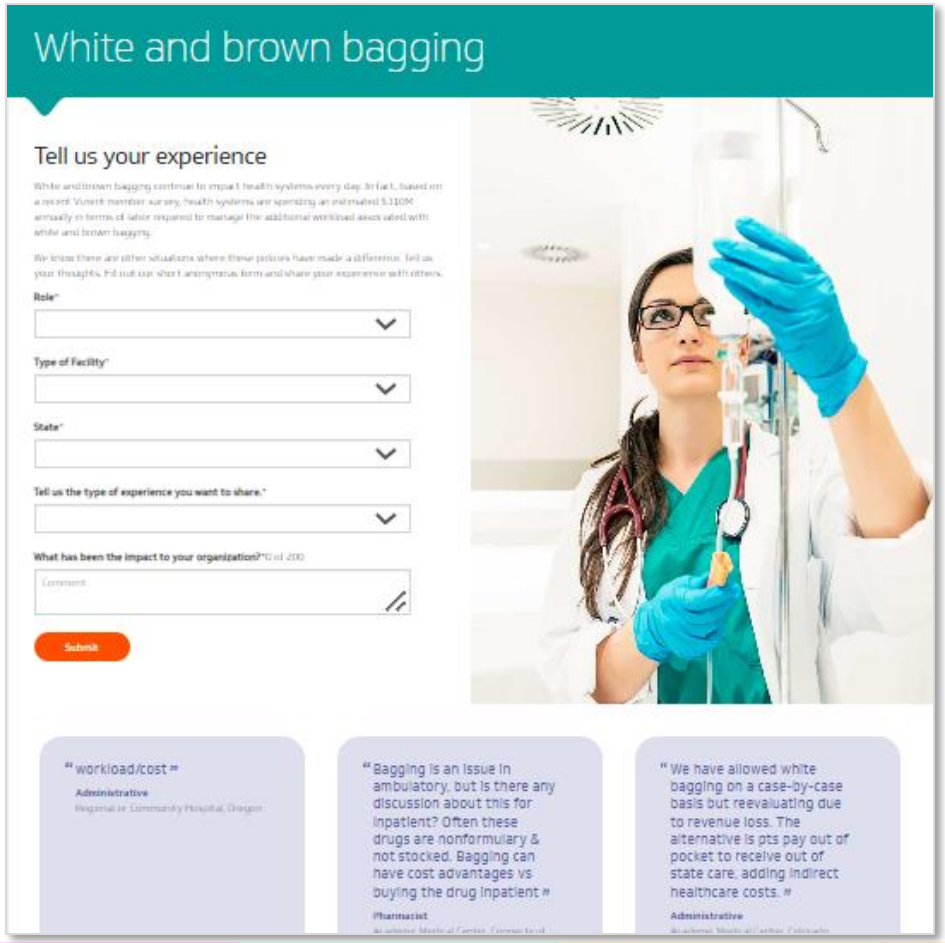
The Clinical and Financial Impact of White Bagging





https://www.vizientinc.com/-/media/documents/sitecorepublishingdocuments/public/noindex/whitebaggingreport.pdf

White Bagging updates

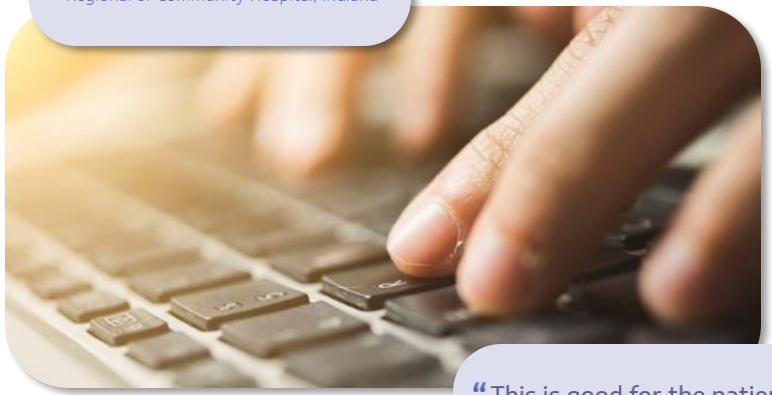


All Vizient members are invited to share their white bagging experiences on this interactive webpage

SCAN ME

" We documented and wasted approx $60K worth of product that was sent to us prior to us instituting a ban on white bagging of meds. "

Clinician
Regional or Community Hospital, Indiana



" This is good for the patient since most drugs are not on the hospital formulary especially for rare disease treatment. "

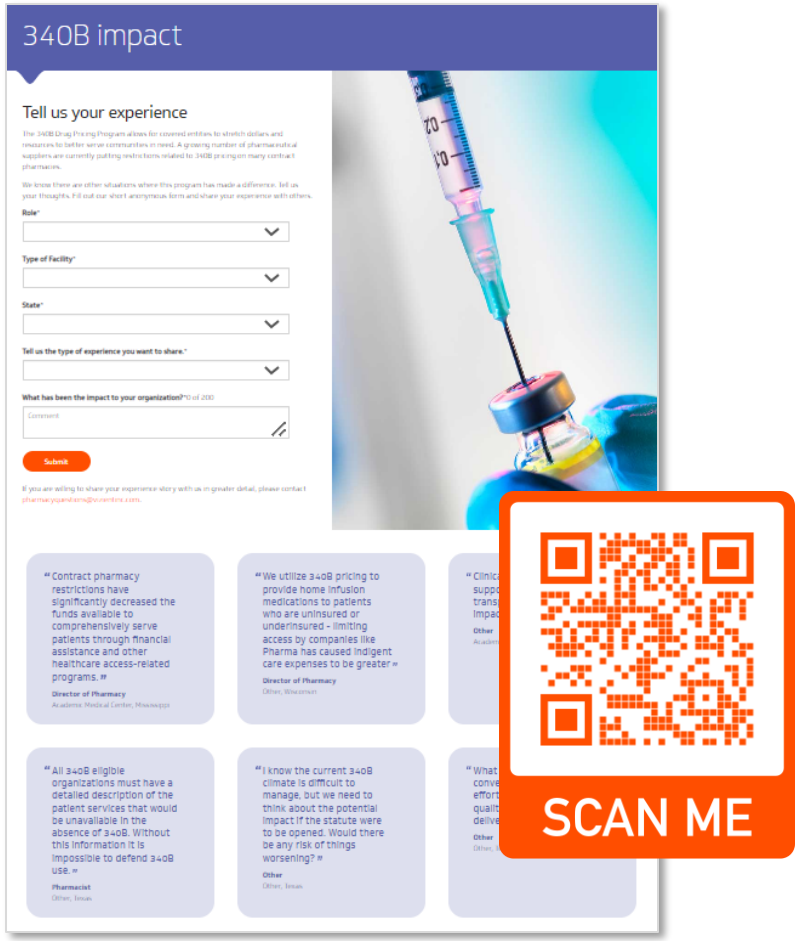
Director of Pharmacy
Academic Medical Center, Maryland

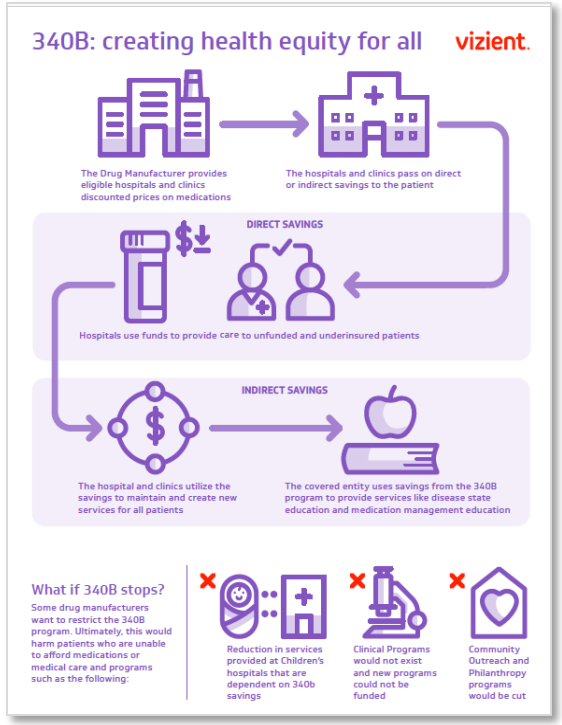
340B

Actions

- SBAR on actions to mitigate contract pharmacy restrictions by manufacturers
- Communication to health system executives by Vizient CEO
- Interactive webpage for members to provide feedback on impact
- 340B Infographic (Business of Pharmacy Enterprise Committee)

Members share their experiences concerning the impact of manufacturer restrictions and other topics.





End Drug Shortages Alliance vision and mission

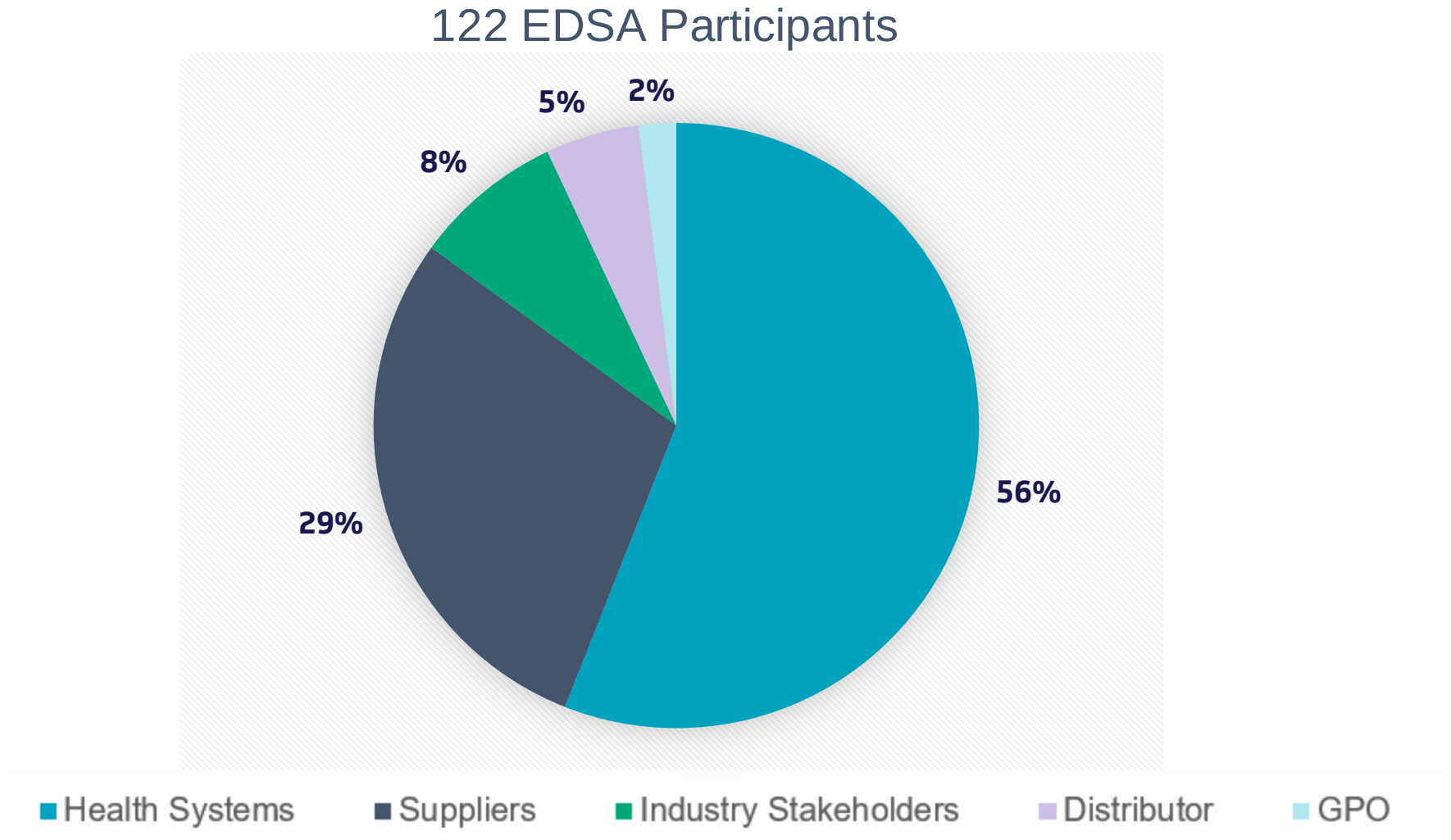
Vision

To end drug shortages through ensuring access to essential medications and improving quality of life for patients that rely on these medications.

Mission

An alliance of select health system, supply chain, industry and other stakeholders dedicated to solving pharmaceutical supply challenges by collaborating to increase visibility, access and advocacy. Collectively we will end drug shortages through focus on transparency, quality, redundancy and production of additional supply to achieve measured and sustainable results.

Diverse Supply Chain Representation



Join us in our mission to end drug shortages

enddrugshortages.com/join

Become a member today!

Please contact us with any questions at info@enddrugshortages.com

Committee Chair Contacts

Transparency & Redundancy - Laura Bray
- laurabray@angelsforchange.org

Quality - Stephen Colvill
- stephen.colvill@riscratings.com

Production of Additional Supply - Lindsey Thomas
- lindsey.thomas@fresenius-kabi.com

Pediatrics and Special Populations - Terri Wilson
- terri.wilson@childrenshospitals.org

Recent Topics for Action/Review/Monitoring

- White Bagging
- 340B
- Drug Shortages
- Unapproved Drug Initiative
- Drug quality
- Biosimilars
- Drug pricing/gouging legislation
- PBMs (on radar)
- Site of Care Infusions (on radar)
- Gray Market (on radar)

The Future of Transparency: Solving Healthcare's Toughest Challenges

Don't miss this session!

Wednesday, 1:30 -2:45 p.m. in the Lafleur room

Pharmaceutical and supply shortages continue to impact the delivery of care

We will discuss insights into areas of collaboration and new sourcing strategies that are challenging the norm, improving data transparency and increasing access to inventory.

- **Deborah Hunt Simonson**, Ochsner Health System
- **Kristine M. Komives**, University of Michigan Health
- **Mittal Sutaria**, Vizient Pharmacy
- **Margaret Steele**, Vizient Med-Surg Supply Chain
- Moderated by **Steven Lucio**, Vizient CPPE

Questions about advocacy?

For more information contact:
Christine Collins at ccollins2@lifespan.org
Dan Kistner at daniel.kistner@vizientinc.com
Eric Tichy at tichy.eric@mayo.edu

STRONGER

vizient. CONNECTIONS SUMMIT

Sept. 19–21, 2022 #vizientsummit

A Guide to Reducing Medical Necessity Denials in Oncology

Anthony Boyd, PharmD, BCPS

Cleveland Clinic – Taussig Cancer Center

Luke Mennen, PharmD, MBA, MS

Cleveland Clinic - Akron General

Disclosure of Relevant Financial Relationship

- Vizient, Inc., Jointly Accredited for Interprofessional Continuing Education, defines companies to be ineligible as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

- An individual is considered to have a relevant financial relationship *if* the educational content an individual can control is related to the business lines or products of the ineligible company.

Disclosure of Relevant Financial Relationship

- Luke Mennen has no financial relationships to disclose
- Anthony Boyd, speaker for this educational activity, has Advisory Board participation from Baxter, Fresenius Kabi, BMS, Regeneron, TerSerra.
- All relevant financial relationships listed for these individual(s) have been mitigated.
- All others in a position to control content for this educational activity have no relevant financial relationship(s) to disclose with ineligible companies.
- The speakers will discuss non-standard off label treatments.

Learning Objective

- Describe opportunities for pharmacists to improve patient care while potentially reducing costs.

Goals

- Explain medical necessity denials and their financial impact on an organization
- Examine strategies around non-standard off label medication use
- Evaluate strategies to reduce utilization of improper diagnosis code(s) within the electronic health record

A Guide to Reducing Medical Necessity Denials in Oncology

Background – Mitigating Rising Costs

- Payers determine outpatient infusion coverage through:
  - Meeting medical policies as defined by the payer
  - Only considering FDA approved therapies and indications
  - Approving therapies endorsed by NCCN guidelines
  - Provider adherence to patient care pathways

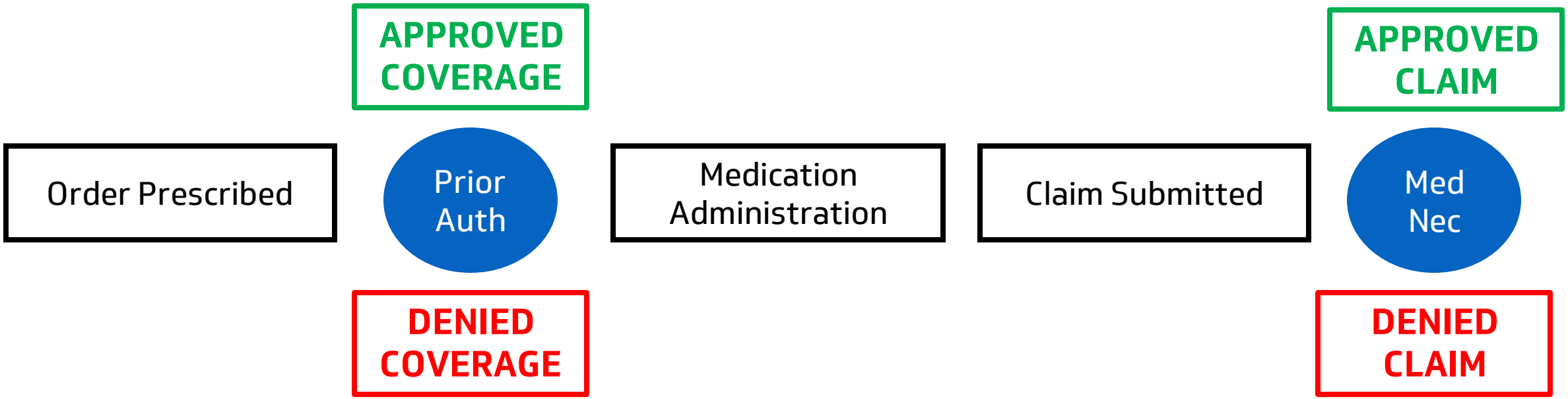
Goulet BHL, Shankaran V. Financial burden of cancer care. In: Reference Module in Biomedical Sciences. Elsevier; 2018.
Change Healthcare 2020 Denials Index. Change Healthcare. https://www.changehealthcare.com/insights/denials-index. Published 2022. Accessed May 16, 2022.

Background – Mitigating Rising Costs

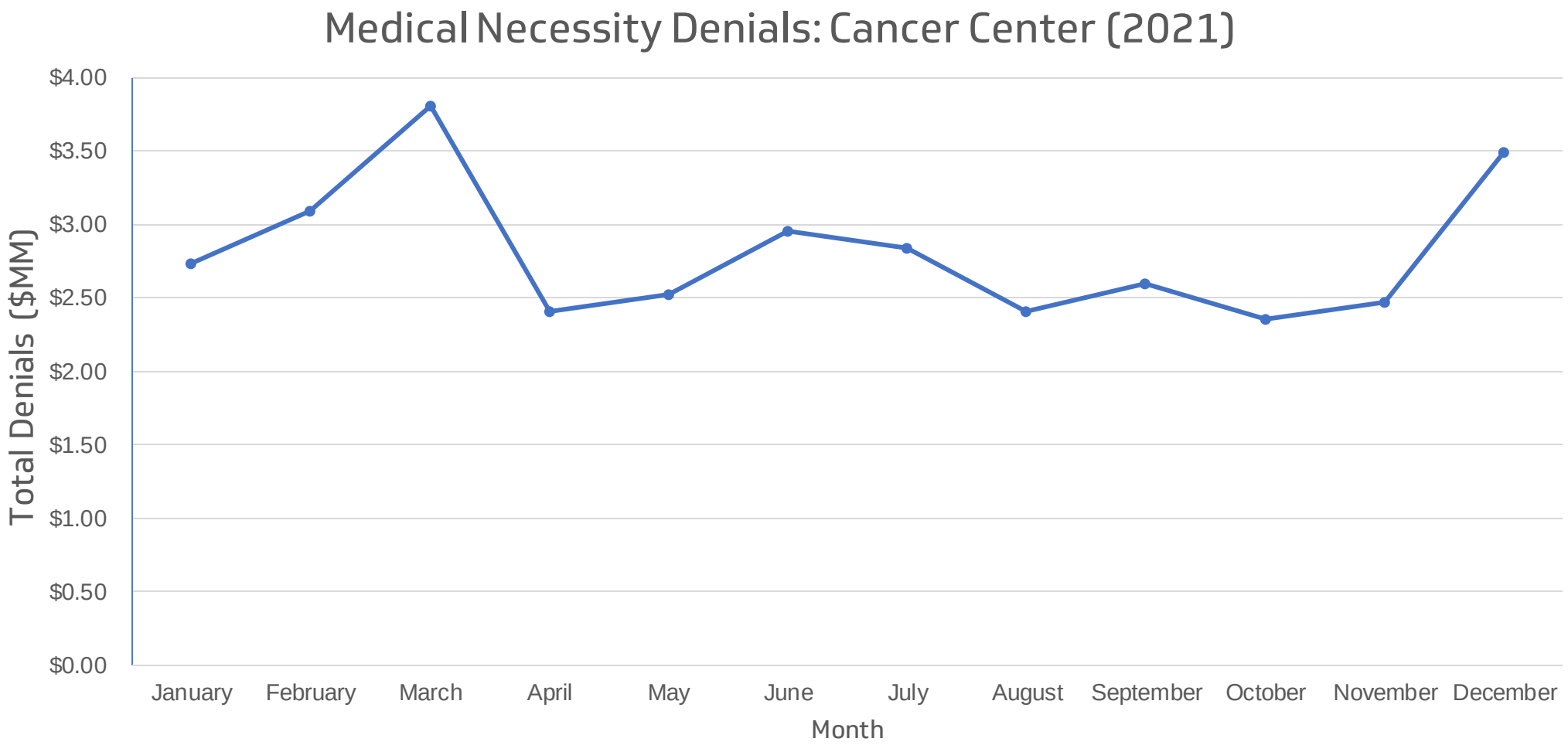
- Prior authorization (PA)
  - Process used to determine if coverage is available for a service or treatment
  - Obtained *prior* to patient's infusion
  - PA does *not* guarantee payment
- Medical necessity (Med Nec)
  - Ensuring treatment meets payer determined criteria (e.g., covered diagnosis)
  - Can *sometimes* be obtained *prior* to patient's infusion
  - Obtaining medical necessity upfront does *not* guarantee payment
  - Often claim are denied post treatment due to not meeting payer criteria
  - Results in subsequent medical necessity denial

Medically Necessary. Healthcare.gov. https://www.healthcare.gov/glossary/medically-necessary/. Published 2022. Accessed May 14, 2022.

Background – PA + Med Nec Workflow



Medical Necessity Denial Data



Medical Necessity Denials – Top 5 Meds

Medication (CPT®)	Denied Cases (2021) (*Total # of Doses Administered*)
Darbepoetin alfa (J0881)	875
Nivolumab (J9299)	138
Pembrolizumab (J9271)	51
Permetrexed (J9305)	94
Cetuximab (J9055)	86
Top 5 Medications Combined	1,244

Quality Improvement Work

- Quality Improvement (QI) workgroup formed in June 2021 and met weekly
  - Pharmacists
  - Revenue cycle management (RCM) specialists
  - Billing/coding analysts
  - PA team members
- Completed root cause analysis (RCA) on top medical necessity denials

RCA Analysis Findings

- Revise existing non-standard off label standard operating procedure (SOP)
  - Include both a clinical and financial review

- Reduce the use of unspecified and non-covered diagnosis codes on medical infusion claims
  - Nivolumab and Cetuximab
    - Secondary Malignant Neoplasm of Unspecified Site: C79.9

  - Darbepoetin alfa
    - *Chronic Kidney Disease (CKD): Primary & Secondary Diagnoses Codes*
    - Myelodysplastic Syndrome (MDS): *Primary Diagnoses Codes*
    - Other Cancer Diagnosis: *Secondary Diagnoses Codes*

Non-Standard Off Label SOP

Non-Standard Off Label Definitions

- Oncology treatments are considered “non-standard off label” per Medicare when therapy for an indication is either not approved by the FDA and/or is not supported by disease guidelines/compendia (e.g., NCCN)
- Medicare Administrative Contractors (MAC) defined off-label payer coverage by geographical area
  - Private health care insurer that oversees a geographic jurisdiction to process Medicare Part A and Part B (A/B) medical claims
    - Florida – First Coast Service Options
    - Ohio – CGS Administrators

Article - Off-Label Use of Drugs and Biologicals for Anti-Cancer Chemotherapeutic Regimen (A58113). Cms.gov. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=58113&ver=5&DocID=A58113&bc=gAAAAAgAAAAA&=. Published 2022. Accessed May 16, 2022.
What's a MAC. Cms.gov. https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/What-is-a-MAC#:~:text=A%20Medicare%20Administrative%20Contractor%20(MAC,%2DService%20(FFS)%20beneficiaries. Published 2022. Accessed June 3, 2022.

MAC Definitions for Non-Standard Off Label

- Ohio: NCCN guidelines with category 1, 2A or 2B recommendation are considered standard of care therapy (category 3 is not indicated and considered off label)
- Florida: NCCN guidelines with category 1 or 2A recommendation are considered standard of care therapy (category 3 is not indicated and considered off label. There is no comment regarding category 2B)

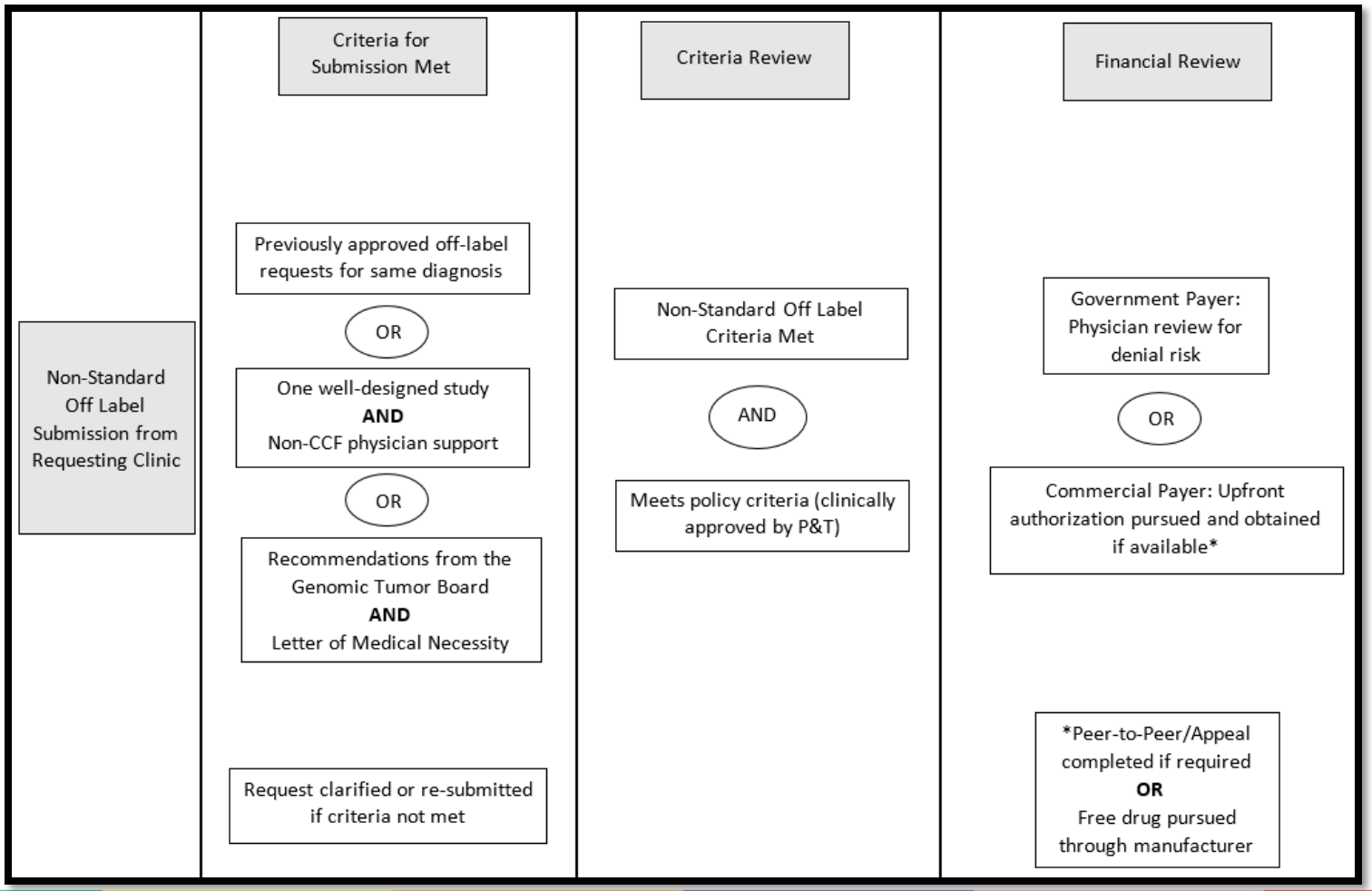
Article - Off-Label Use of Drugs and Biologicals for Anti-Cancer Chemotherapeutic Regimen (A58113). Cms.gov. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=58113&ver=5&DocID=A58113&bc=gAAAAAgAAAAA&=. Published 2022. Accessed May 16, 2022.
LCD - Label and Off-label Coverage of Outpatient Drugs and Biologicals (L33915). Cms.gov. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=33915&ver=17. Published 2022. Accessed May 16, 2022.

Updated Non-Standard Off Label SOP

- Clinical Review
  - First request - ongoing patient approval which requires one well designed study (e.g., Phase I/Phase II trial) and external physician support from comparable cancer centers.
  - Second request - patient specific approval based on review at Genomic Tumor Board (GTB) including letter of medical necessity
- Financial Review
  - Commercial insurance – upfront precertification with PA team and medical necessity review
  - Government insurance – RCM specialist assessment for denial risk completed

Intervention: Non-Standard Off Label

- Implemented new procedure beginning in February 2022



Results: Non-Standard Off Label

- Financial impact measured by tracking cases submitted following February 2022 implementation
- February 2022 – May 2022
  - 8 non-standard off label cases submitted
  - 3/8 resulted in treatment adjustment after clinical and financial review completed
  - 5/8 proceeded forward as non-standard off label

Results: Non-Standard Off Label

- Cost Avoidance
  - Calculated for treatments that were modified from non-standard off-label to alternative therapies
- Equation Used
  - (WAC ($) per mg -x Dosing Regimen (based on mg)) x (Treatment Duration - Doses Given) = Med Cost Avoidance ($)
    - Wholesale Acquisition Cost (WAC): An estimate of the manufacturer's list price for a drug to wholesalers or other direct purchasers, not including discounts or rebates
    - Dosing Regimen: Anticipated therapy submitted via the non-standard off label
    - Treatment Duration: FDA approved length of therapy or median overall survival time based on available literature
    - Doses Administered: Number of scheduled doses patients received

Results: Non-Standard Off Label

- Financial impact of non-standard off label submissions

Original Non-Standard Off Label Requests	Diagnosis Code	Regimen Administered After Review	Est Med Cost Avoidance (Annualized)
ipilimumab + nivolumab	C56.3 - Malignant neoplasm of bilateral ovaries	*pembrolizumab-obtained through patient assistance*	$190,457
azacitidine + romidepsin	C84.41 - Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck	romidepsin	$45,600
doxorubicin + bevacizumab-bvzr	C54.1 - Malignant neoplasm of endometrium	doxorubicin	$161,448
durvalumab + standard cisplatin/gemcitabine (three cases)	C22.3 - Angiosarcoma of liver	durvalumab + standard cisplatin/gemcitabine (three cases)	N/A
brentuximab vedotin + nivolumab	C81.90 - Hodgkin lymphoma, unspecified, unspecified site	brentuximab vedotin + nivolumab	N/A
pembrolizumab	C56.9 - Malignant neoplasm of unspecified ovary	pembrolizumab	N/A

*Cost Avoidance calculations based on WAC and methodology shown on Slide 20

Unspecified and Non-Covered Diagnosis Codes

Unspecified and Non-Covered Diagnosis Codes

- Unspecified diagnosis code
  - Defined as coding that does not fully define pertinent patient condition parameters and contain the word “unspecified” within their description

- Non-covered diagnosis codes
  - Codes that lead to medication reimbursement denials per payer coverage plan

- Strategies developed in Electronic Health Record (EHR) to reduce frequency of these preventable denials

Zegan J. Improving Specificity in ICD-10 Diagnosis Coding. Library.ahima.org. https://library.ahima.org/doc?oid=302473#.YoQ6iOjMKUk. Published 2022. Accessed May 14, 2022

Unspecified and Non-Covered Diagnosis Codes

- Nivolumab
  - Cancer Center did not receive payment on 138 cases in 2021
    - 21/138 cases associated with primary diagnosis code of C79.9 (secondary malignant neoplasm, unspecified site)
  - Cancer Center had thirty-three (33) active patients with primary diagnosis code of C79.9 in 2022 at time of intervention

- Cetuximab
  - Cancer Center had one (1) patient at time of intervention with active denial with primary diagnosis code of C79.9 where patient received ongoing treatment
- Darbepoetin-alfa
  - Cancer Center accounted for 875 denied cases in 2021
    - Review of the top five (5) providers with highest number of denials indicated 159/382 cases were denied due to improper diagnosis coding
      - Attributed to both primary and secondary coding

RCA Analysis Findings

- Reduce the use of unspecified and non-covered diagnosis codes on medical infusion claims
  - Nivolumab and Cetuximab
    - Secondary Malignant Neoplasm of Unspecified Site: C79.9

  - Darbepoetin alfa
    - *Chronic Kidney Disease (CKD):*
      - Primary: N18.9 [*CKD*] (Not Covered-Needs Greater Specificity)
      - Secondary: D63.1 [*Anemia in chronic kidney disease*] (Covered)
    - Myelodysplastic Syndrome (MDS):
      - Primary: D46.9 [*MDS*] (Not Covered-Needs Greater Specificity)
    - Other Cancer Diagnosis:
      - Secondary: D64.81 [*Antineoplastic chemotherapy induced anemia]* (Covered)

Intervention: Unspecified and Non-Covered Codes

- Nivolumab and Cetuximab
  - Education to disease team leaders and treating providers on C79.9
  - Updated diagnosis codes for patients receiving ongoing treatment with active denials
  - Order sets were updated where applicable to prevent providers from selecting C79.9 (secondary malignant neoplasm, unspecified by site) as a primary diagnosis code

- Darbepoetin alfa
  - Communication created when a treatment plan was applied, to alert provider when non-covered primary diagnosis code was used and/or a secondary diagnosis code was missing

Results: Unspecified Diagnosis Codes

- Nivolumab and C79.9 intervention
  - Three (3) cases updated with active denial

Total C79.9 Cases (N=33)	Medication	Est Med Cost Avoidance (Annualized)
Denied Cases (n=3)	nivolumab	$392,856
Cases without Active Denials (n=30)	nivolumab	N/A

- Cetuximab and C79.9 intervention
  - One (1) case updated with active denial

- Darbepoetin alfa diagnoses code(s) intervention
  - Tool launched in May 2022: 144 unique patient alerts to date

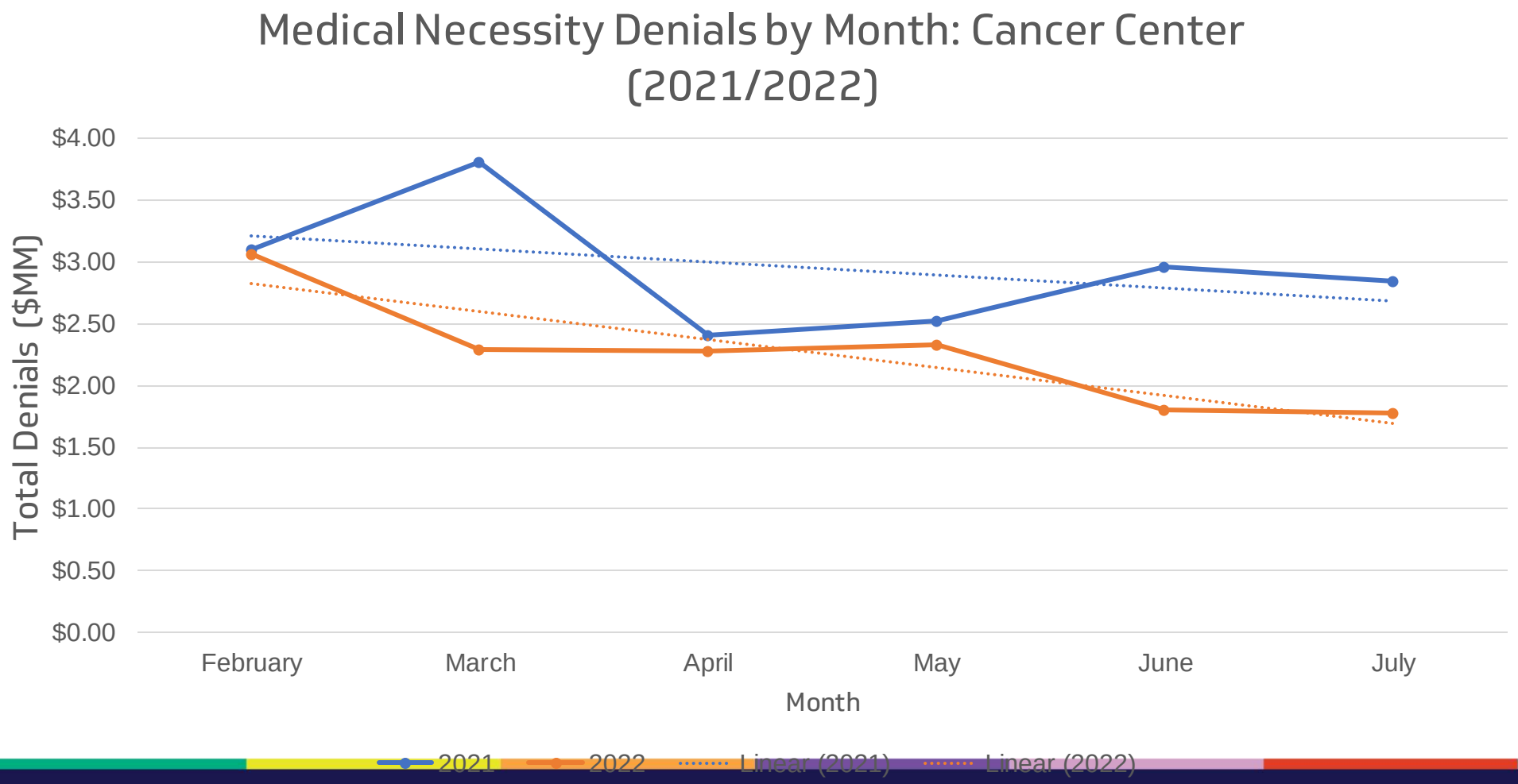
*Cost Avoidance calculations based on WAC and methodology shown on Slide 20

Intervention: Unspecified and Non-Covered Codes

- Algorithm for EHR Communication Alert

Disease State	Non-covered Primary Diagnosis Code Selected at Treatment Plan Application	Alert to provider for Primary Diagnosis Code	Secondary Code not Selected at Treatment Plan Application	Alert to provider for Secondary Diagnosis code
Chronic Kidney Disease (CKD)	N18.9 - CKD	*Direct provider* to select diagnosis code with *specific CKD stage* per patient	Intervention for Primary Diagnosis Codes of CKD	*Direct provider* to add required secondary diagnosis code *(D63.1 - Anemia in CKD)*
Myelodysplastic Syndromes (MDS)	D46.9 - MDS	*Direct provider* to select diagnosis code with *specific MDS subtype* per patient	No Intervention Required	N/A
Cancer Diagnosis (excluding MDS)	No Intervention Required	N/A	Intervention for Primary Diagnosis Codes of Cancer Diagnoses	*Direct provider* to add required secondary diagnosis code *(D64.81 - Antineoplastic chemotherapy induced anemia)*

Overall Trend of Denied Cases



In Summary

- Medical necessity denials can result due to a number of factors

- Multi-disciplinary workgroup of Pharmacy, Prior Authorization (PA), and Revenue Cycle Management (RCM) team members formed:
  - Reviewed denial data to identify trends in medical necessity denials
  - Developed strategy and interventions to minimize medically necessity denials

References

- Goulet BHL, Shankaran V. Financial burden of cancer care. In: Reference Module in Biomedical Sciences. Elsevier; 2018.
- Change Healthcare 2020 Denials Index. Change Healthcare. https://www.changehealthcare.com/insights/denials-index. Published 2022. Accessed May 16, 2022.
- Medically Necessary. Healthcare.gov. https://www.healthcare.gov/glossary/medically-necessary/. Published 2022. Accessed May 14, 2022.
- Article - Off-Label Use of Drugs and Biologicals for Anti-Cancer Chemotherapeutic Regimen (A58113). Cms.gov. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=58113&ver=5&DocID=A58113&bc=gAAAAAgAAAAA&=. Published 2022. Accessed May 16, 2022.
- What's a MAC. Cms.gov. https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/What-is-a-MAC#:~:text=A%20Medicare%20Administrative%20Contractor%20(MAC,%2DService%20(FFS)%20beneficiaries. Published 2022. Accessed June 3, 2022.
- LCD - Label and Off-label Coverage of Outpatient Drugs and Biologicals (L33915). Cms.gov. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=33915&ver=17. Published 2022. Accessed May 16, 2022.
- Zegan J. Improving Specificity in ICD-10 Diagnosis Coding. Library.ahima.org. https://library.ahima.org/doc?oid=302473#.YoQ6iOjMKUk. Published 2022. Accessed May 14, 2022.
- Medicare Coverage Database Search. Cms.gov. https://www.cms.gov/medicare-coverage-database/search.aspx. Published 2022. Accessed June 16, 2022.
- Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services. U.S. Dept. of Health & Human Services. https://www.hhs.gov/guidance/document/medicare-benefit-policy-manual-chapter-15-covered-medical-and-other-health-services. Published 2020. Accessed May 13, 2022.
- Hawes EM, Misita CP, Amerine LB, Francart SJ. A proactive medical necessity review program reduces revenue loss associated with outpatient medical benefit drugs. Am J Health Syst Pharm. 2021;78(17):1591-1599. doi:10.1093/ajhp/zxab046
- Loyd LM. Optimizing pharmaceutical reimbursement: one institution's approach. *Am J Health Syst Pharm*. 2006;63(21 suppl 7):S18-S21. doi:10.2146/ajhp060465
- Boesken TA, McKinney KC, Wiest MD. Improving efficiency of financial authorization by establishing a standard infusion workflow. *Am J Health Syst Pharm*. 2019;76(11):780-783. doi:10.1093/ajhp/zxz058

Questions?

For more information contact:
Anthony Boyd at boyda4@ccf.org
Luke Mennen at mennenl2@ccf.org

STRONGER

vizient. CONNECTIONS SUMMIT

#vizientsummit

Adoption of Opioid Electronic Prescribing in a Healthcare System and Academic Medical Center

Sarah Norman, PharmD, MPH

Abdullah Rajoub, MBA, MSSE

Disclosure of Relevant Financial Relationship

- Vizient, Inc., Jointly Accredited for Interprofessional Continuing Education, defines companies to be ineligible as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

- An individual is considered to have a relevant financial relationship if the educational content an individual can control is related to the business lines or products of the ineligible company.

- No one in a position to control the content of this educational activity have relevant financial relationships with ineligible companies

Objectives

- Identify management tools and strategies to address new pharmacy challenges in practice.

Goals

- Describe the opioid epidemic and its impact on Arkansas
- Describe the processes used for a successful conversion to electronic opioid prescriptions at UAMS.
- Explain barriers and solutions encountered in the implementation process at UAMS.
- Examine the monitoring procedures in place for continued compliance with legal regulations.
- Explain the legal requirements for transitioning to the electronic prescribing of controlled substances.
- Discuss the adoption of electronic prescribing of controlled substances at UAMS.

Adoption of Opioid Electronic Prescribing in a Healthcare System and Academic Medical Center

University of Arkansas for Medical Sciences

- **Arkansas' only academic health system**
  - Hospital capacity – 535 beds
  - Family Medical Centers at six Regional Campuses
- **Colleges of:**
  - Medicine
  - Nursing
  - Pharmacy
  - Health Professions
  - Public Health
  - Graduate school
- **Patient Care Clinics include:**
  - Statewide network of regional health education centers
  - Advanced telehealth and telemedicine program
  - Winthrop P. Rockefeller Cancer Institute
  - Jackson T. Stephens Spine & Neurosciences Institute
  - Donald W. Reynolds Institute on Aging
  - Harvey & Bernice Jones Eye Institute
  - Psychiatric Research Institute
  - Translational Research Institute
  - Institute for Digital Health & Innovation

NCI

CMS Star Ratings

Vizient Q&A

UAMS Vision 2029

VISION: By 2029, UAMS will lead Arkansas to be the healthiest state in the region through its synergies of education, clinical care, research and purposeful leadership.

Improve patient and partner satisfaction
Increase community impact in all mission areas
Improve performance in evolving healthcare finance models
Improve all aspects of clinical care

US News & World Report

Leapfrog

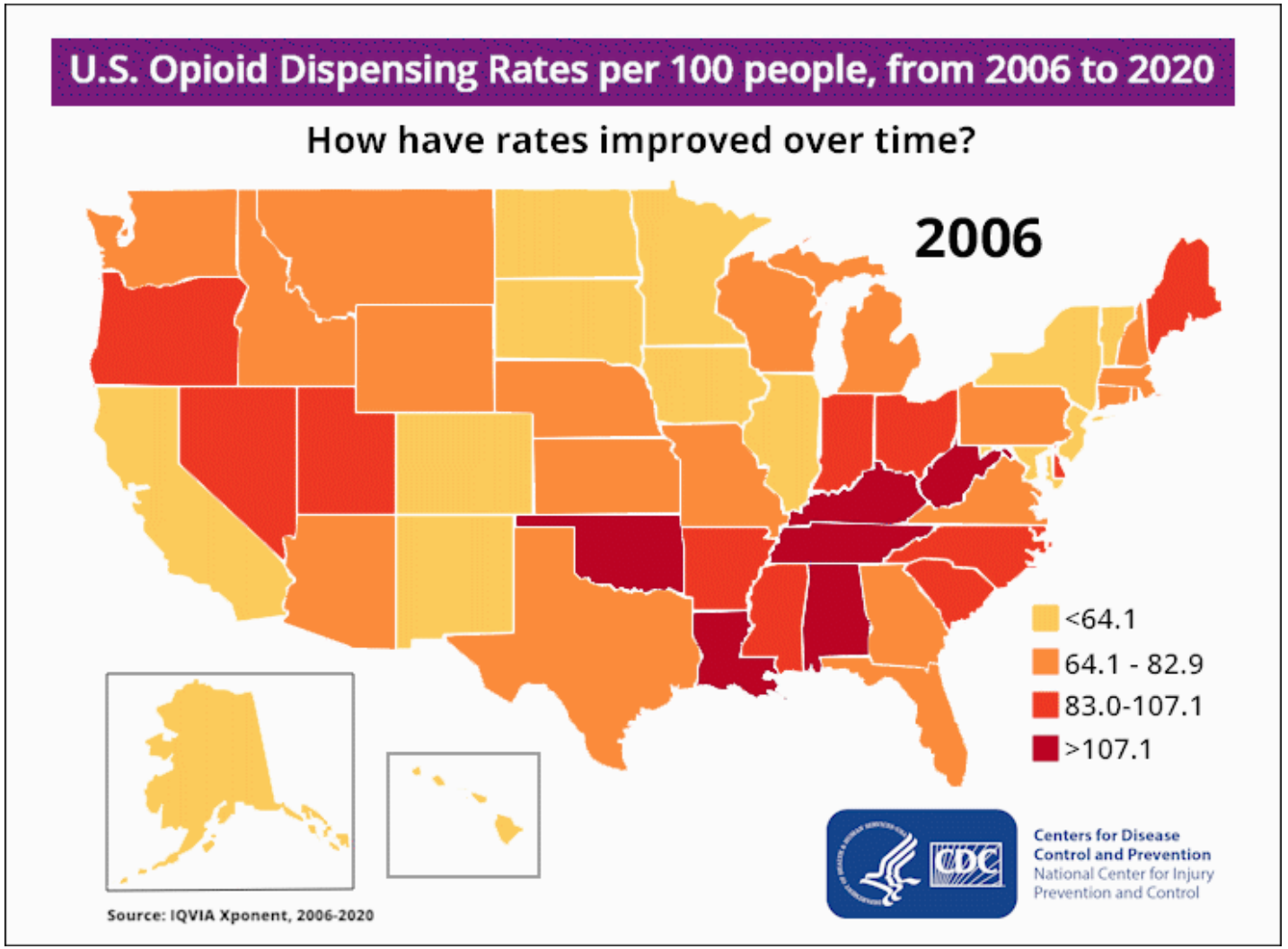
Magnet

	SAFETY	QUALITY	EXPERIENCE	ACCESS
INPATIENT	Healthcare Acquired Infections PSI-90 Falls Pressure Injuries Opioid Stewardship Workplace Violence Prevention	Mortality Reduction Readmissions	Responsiveness Interdisciplinary Communication Nurse Communication	Length of Stay
AMBULATORY	Opioid Stewardship Falls	Advanced Care Planning	Interdisciplinary Communication Nurse Communication	Follow-up Visits after Hospitalization

Healthcare Disparities
Readmissions HgbA1c Control
Hypertension Control
Colon Cancer Screening
Access to care
Trust your provider

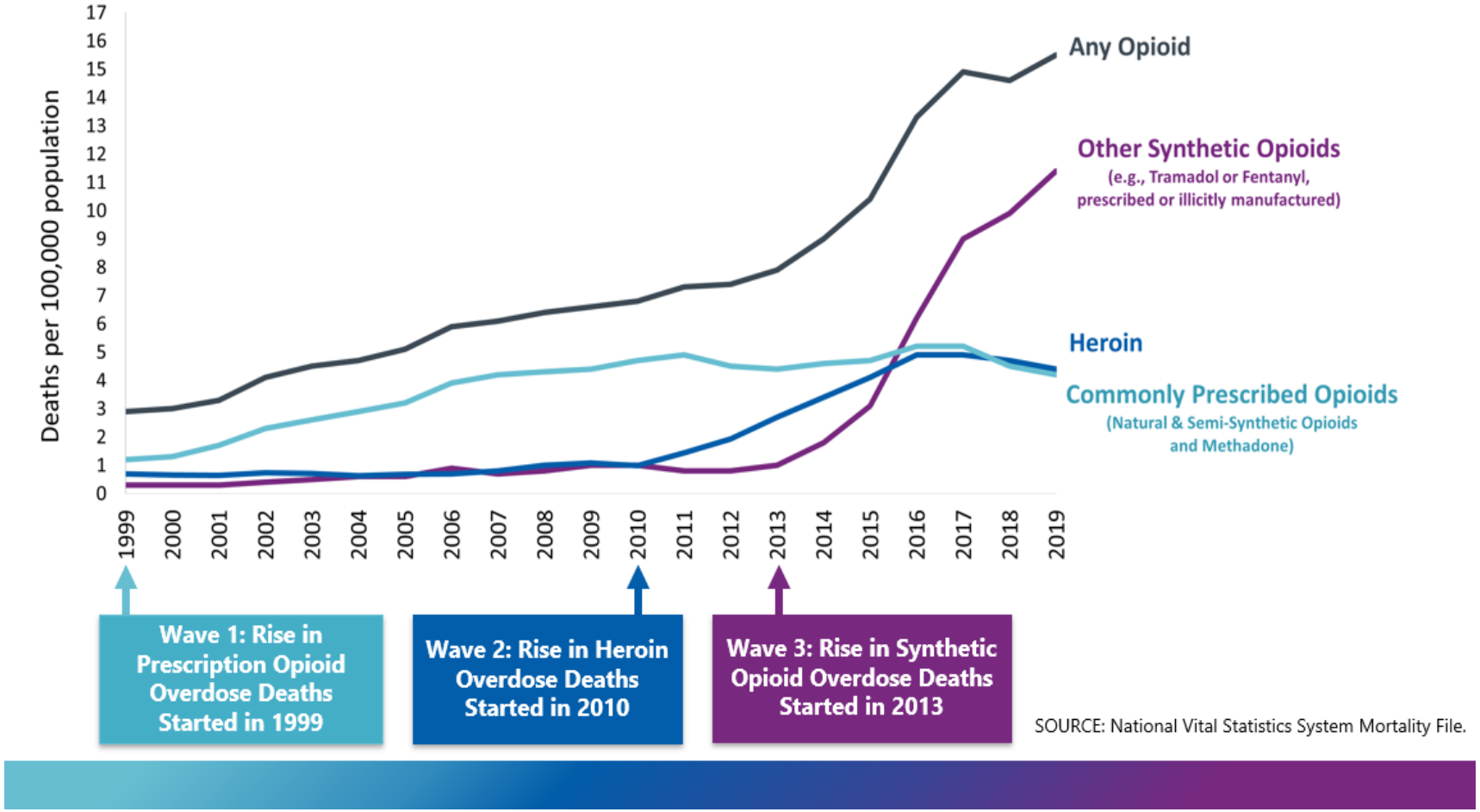
Safe and Just Culture - Safety Absolutes
Patient and Family Centered Care - Staff Wellbeing - Continuous Improvement

How the Epidemic of Drug Overdose Deaths Ripple Across America



CDC Shareable Image for Public Use. Shareable Content – Prescribing Graphics https://www.cdc.gov/drugoverdose/resources/graphics/prescribing.html.

Three Waves of the Rise in Opioid Overdose Deaths



Drug Overdose Deaths:

- Quadrupled+ since 1999
- 5% increase 2018-2019
- 30% increase 2019-2020

Opioid Related Death Rates 2019 to 2020:

Opioids ↑ >6%

Rx opioids ↓ ~7%

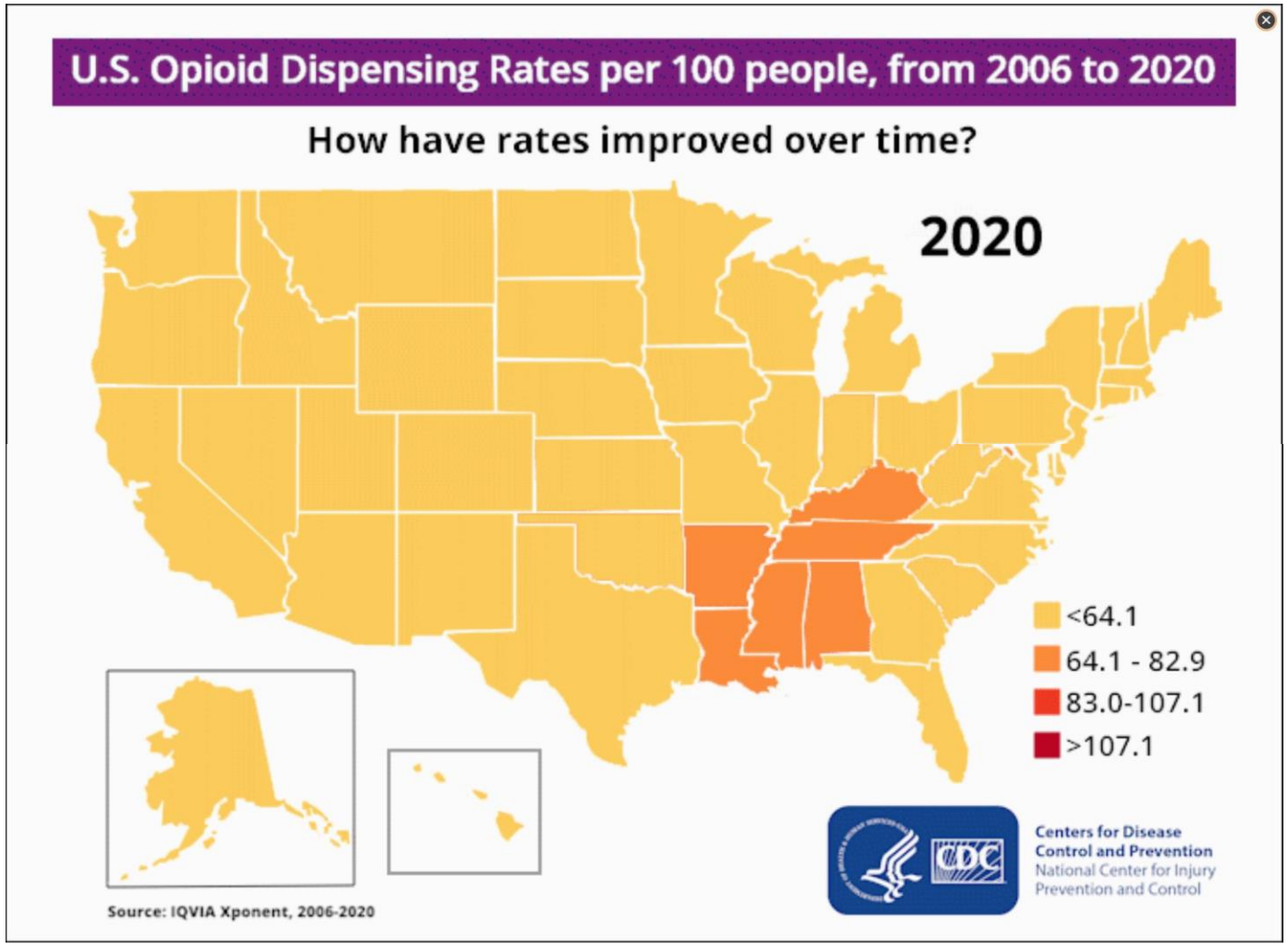
Heroin ↓ >6%

Synthetic opioids ↑ >15%Opioid-Related

CDC Shareable Image for Public Use. https://www.cdc.gov/drugoverdose/resources/graphics/overdose.html.

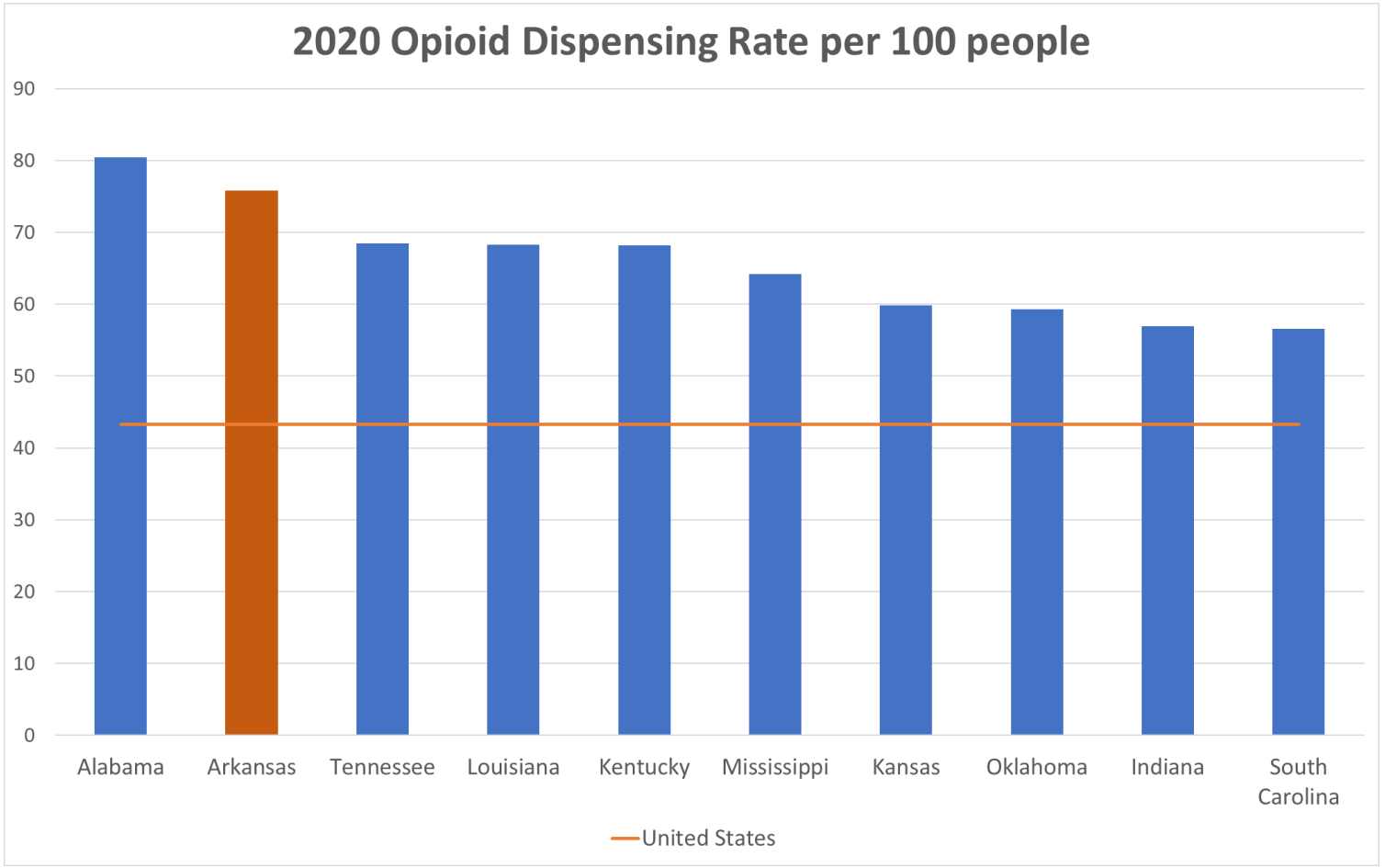
Kariisa M, Davis NL, Kumar S, et al. Vital Signs: Drug Overdose Deaths, by Selected Sociodemographic and Social Determinants of Health Characteristics — 25 States and the District of Columbia, 2019–2020. MMWR Morb Mortal Wkly Rep 2022;71:940–947.

Opioid Dispensing Rates by State for 2020



CDC Shareable Image for Public Use. Shareable Content – Prescribing Graphics https://www.cdc.gov/drugoverdose/resources/graphics/prescribing.html.

Opioid Dispensing Rates by State



National Rate: 43.3

State	Opioid Dispensing Rate / 100 people
Alabama	80.4
Arkansas	**75.8**
Tennessee	68.5
Louisiana	68.3
Kentucky	68.2
Mississippi	64.2
Kansas	59.8
Oklahoma	59.3
Indiana	56.9
South Carolina	56.6

Original images by Presenters. Data from U.S. State Opioid Dispensing Rates, 2020. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Available at: https://www.cdc.gov/drugoverdose/rxrate-maps/state2020.html.

Opioid Stewardship

- "Stewardship" - careful and responsible management of opioids
  - What type of pain is it?
  - What is the intensity of the pain?
  - Only use opioids when appropriate.
  - Can adjuvant medications help relieve the pain or decrease the amount of opioids needed?

- Goal of pain management:
  - NOT to relieve *all* pain
  - Decrease pain to tolerable amount
  - Setting up patients to have realistic expectations:
    - Traumatic injury (including surgery) will hurt! The goal is not to reach 0 on the pain scale.

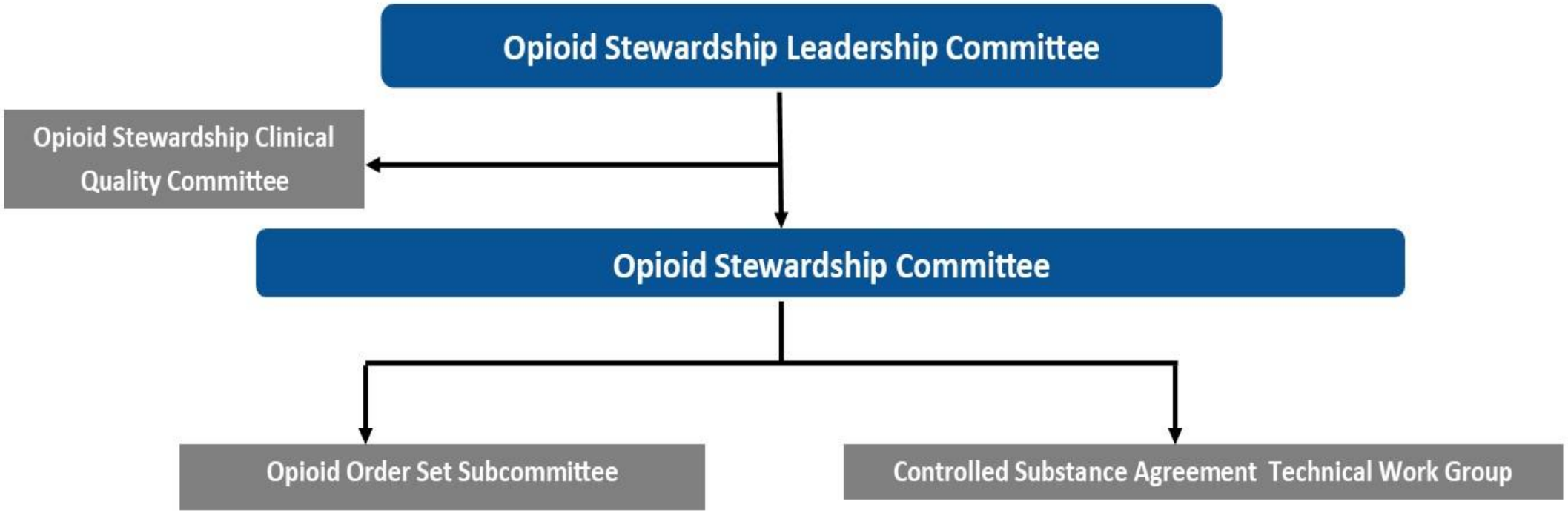
- Where is Arkansas with opioid prescribing/stewardship?

National Average:
43.3 opioid prescriptions per 100 people in 2020

Arkansas Average:
75.8 opioid prescriptions per 100 people in 2020

Image from open source at Wikimedia Commons at https://commons.wikimedia.org/wiki/File:Flag_map_of_Arkansas_%281913-1923%29.png.
Data from: U.S. State Opioid Dispensing Rates, 2020. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Available at: https://www.cdc.gov/drugoverdose/rxrate-maps/state2020.html.

UAMS Opioid Stewardship Program



Original image created by Presenters.

Original image created by Presenters.

Problem Statement

Electronic prescribing is "a prescriber's ability to electronically send (e-script) an accurate, error-free and understandable prescription directly to a pharmacy from the point-of-care - is an important element in improving the quality of patient care".[1]

- The **Medicare Modernization Act of 2003** and the **Institute of Medicine Report** in 2006 increased awareness of this enhanced patient safety and began talks of requiring this safety measure.
- Effective January 1, 2021 e-prescribing of all controlled substances, including opioids, for **CMS patients** was mandatory".[1]
- **Arkansas legislation** expands this mandatory e-prescribing for controlled substances with few exceptions and penalties in January 1, 2022.[2]
- CMS penalty and Arkansas enforcement was further delayed to **January 1, 2023**.

1. Electronic Prescribing. Center for Medicare & Medicaid Services. https://www.cms.gov/Medicare/E-Health/Eprescribing.
2. Prescriptions--Mandatory electronic prescribing. Arkansas Code Act 447 of 2019.

Impact of Electronic Prescribing of Controlled Substances on Opioid Prescribing: Evidence From I-STOP Program in New York

- **2014:** Decrease 5.7 opioid prescriptions per prescriber per year

- **Larger effect on:**
  - short-acting opioids
  - prescribers prescribing medication for predominantly younger beneficiaries

- **Overall reduction:**
  - Number of beneficiaries being prescribed opioids
  - Number of opioid claims in the state of New York
  - Suggesting positive implications for other states intending to curtail opioid overprescribing and misuse through the use of EPCS.

Pylypchuk Y, Parasrampuria S, Smiley C, Searcy T. Impact of Electronic Prescribing of Controlled Substances on Opioid Prescribing: Evidence From I-STOP Program in New York. Med Care Res Rev. 2022 Feb;79(1):114-124.

Impact of Electronic Prescribing of Controlled Substances on Opioid Prescribing: Evidence From I-STOP Program in New York

- **Suggest mandatory EPCS use could be an additional mechanism to:**
  - Reduce opioid overprescribing and misuse, while further
  - Facilitating the use of health information technology to advance health care delivery and patient safety.

- **Particularly important for those states:**
  - Highest rates of opioid prescriptions per capita
  - Oftentimes the least likely to currently be using needed technology

Abouk R, Powell D. Can electronic prescribing mandates reduce opioid-related overdoses? Econ Hum Biol. 2021 Aug;42:101000.

SMART Goal

Goal

To increase the utilization of electronic opioid prescribing at UAMS from a baseline of 87% to at least 95% by July 2022

Outcome

Opioid prescriptions are transmitted electronically to pharmacies

Setting

Outpatient & Inpatient

Start Date

July 2021

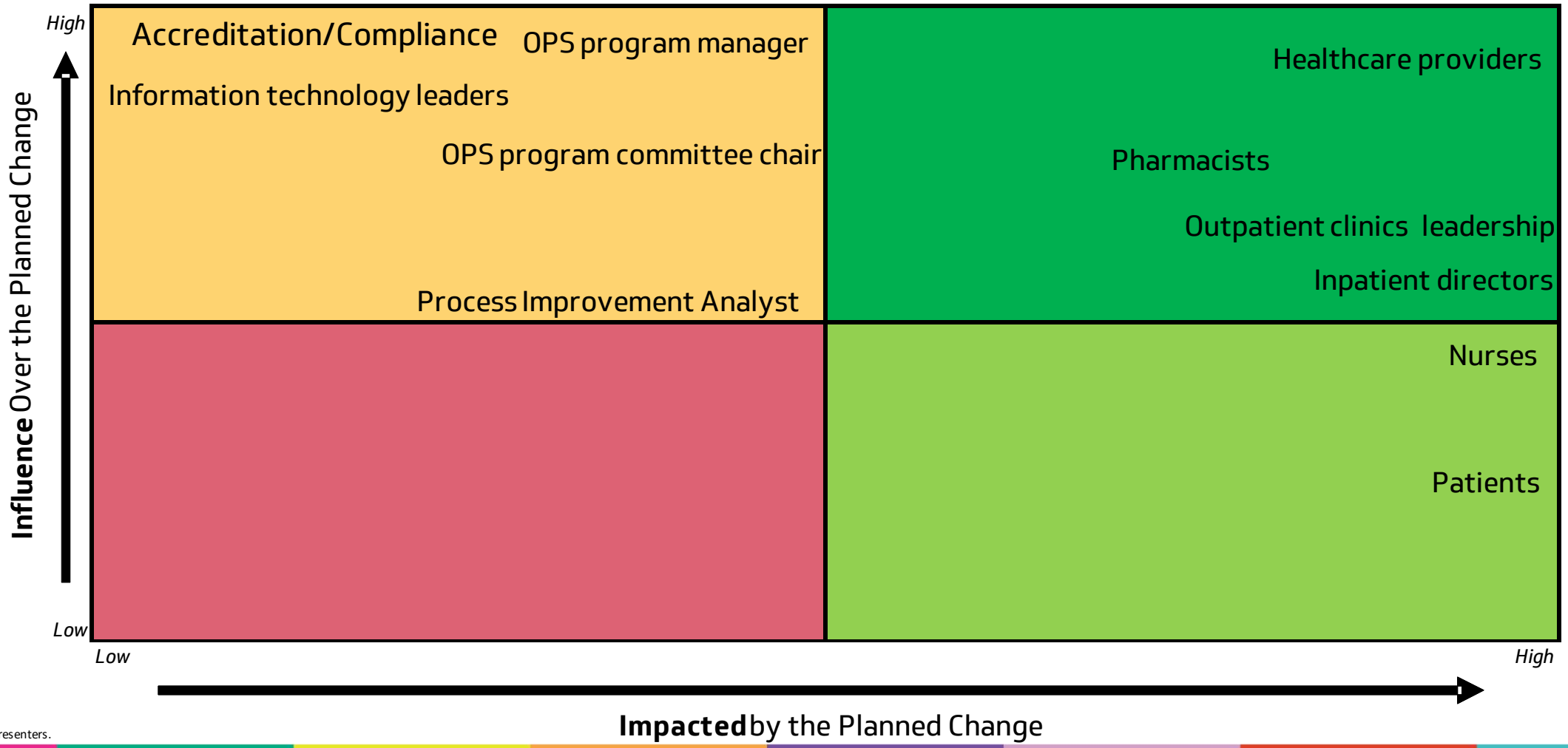
Baseline

January to July 2021
Average 85%

Stakeholders & Team

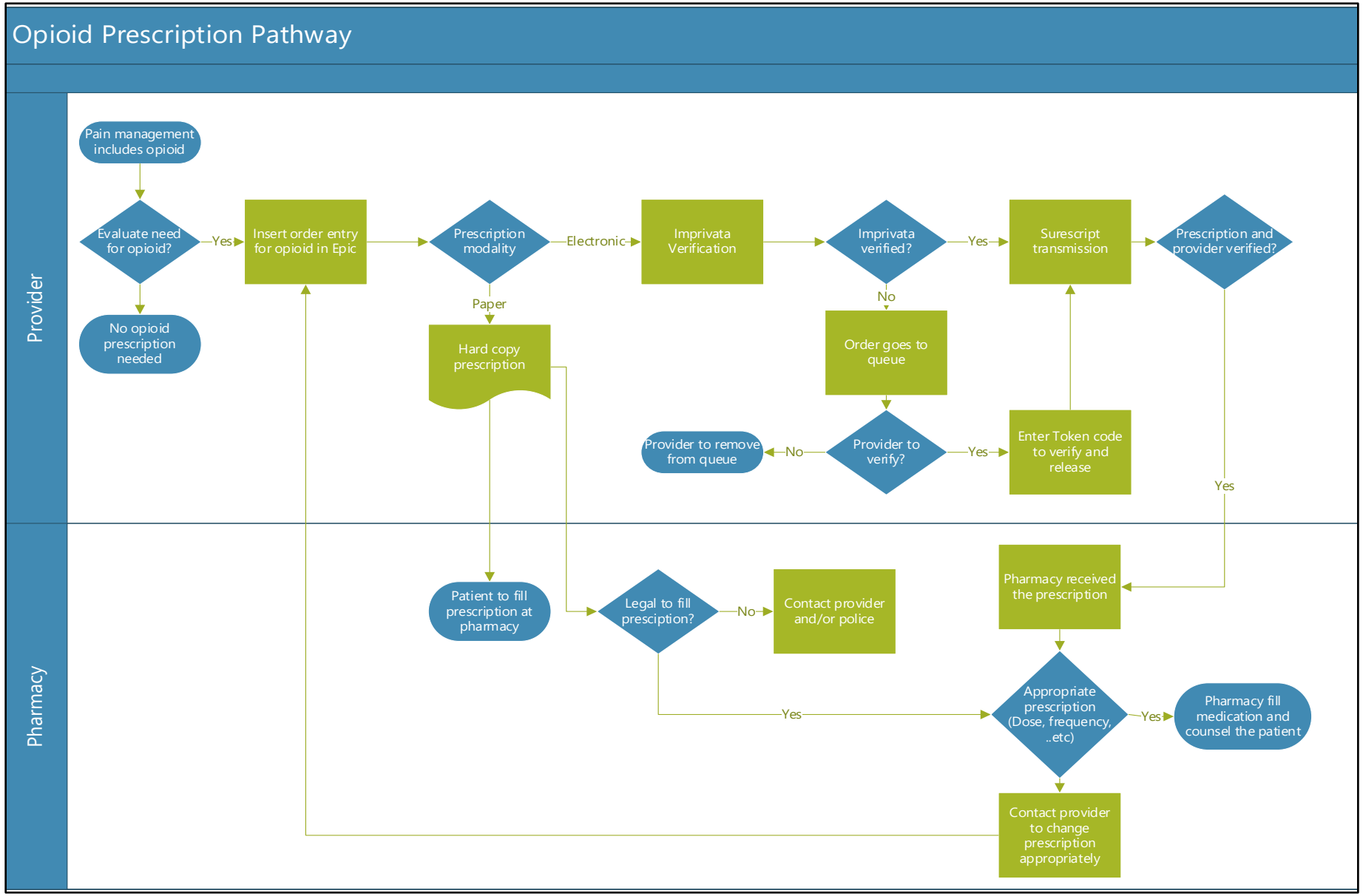
Original image created by Presenters.

Stakeholder Map



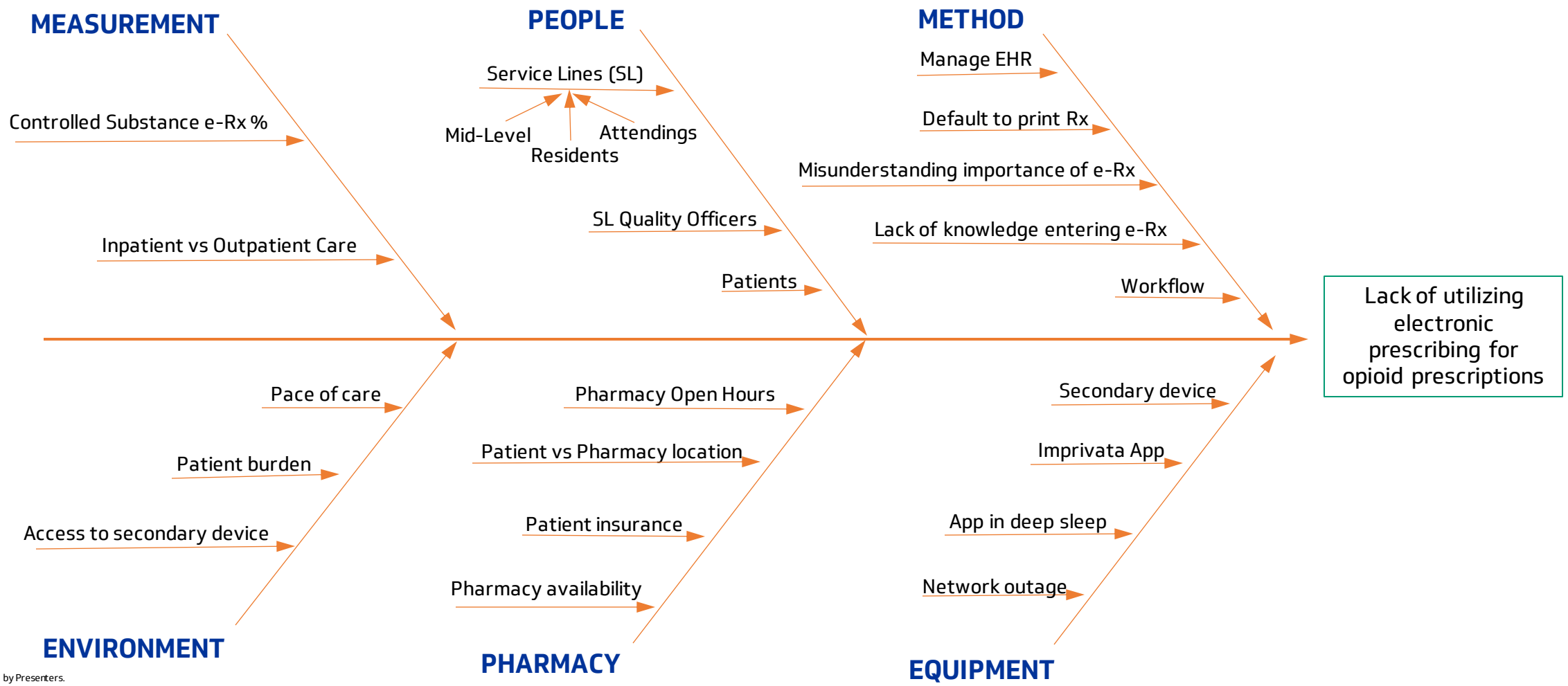
Original image created by Presenters.

Process Map

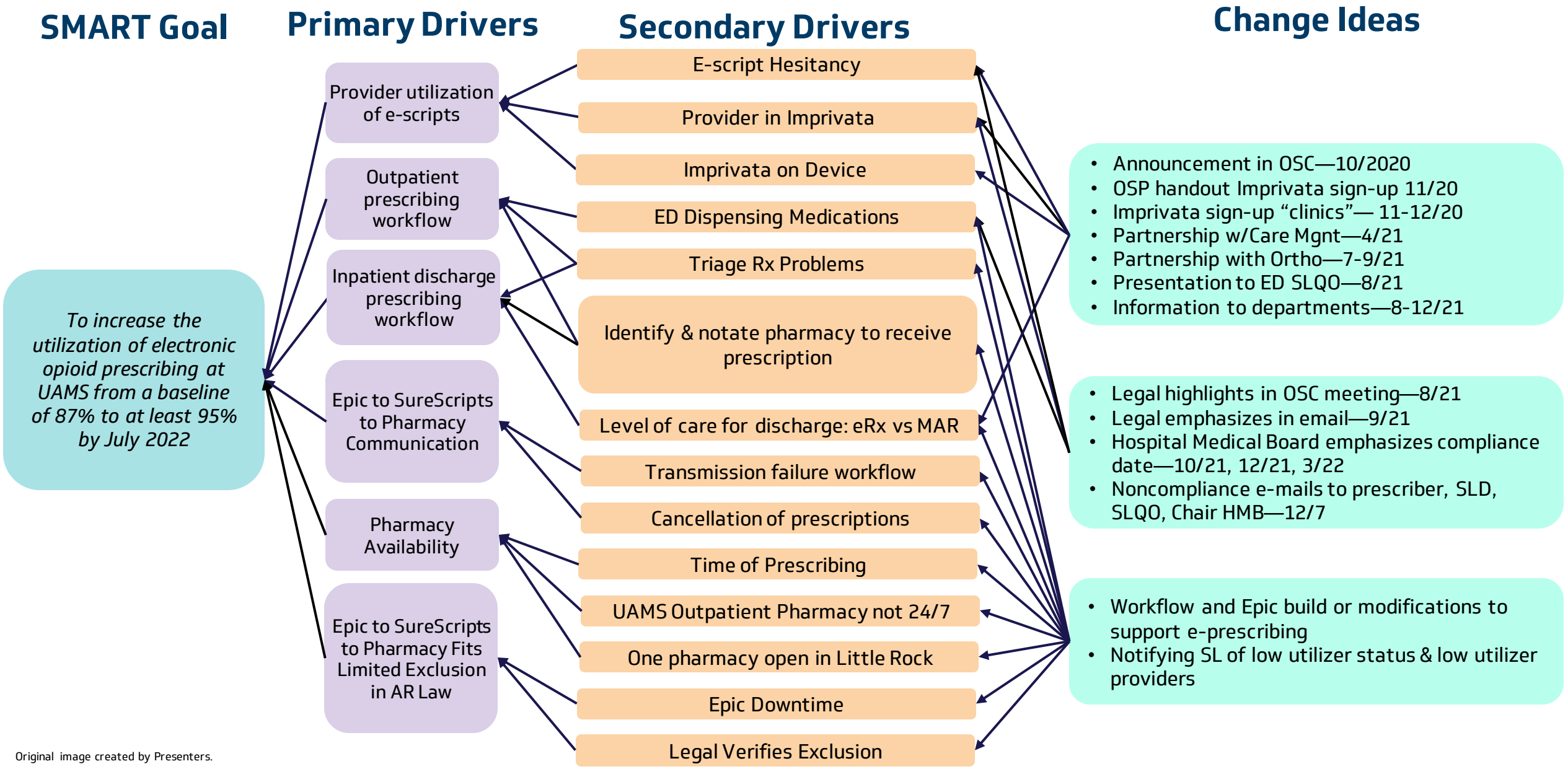


Original image created by Presenters.

Root Cause & Barriers



Original image created by Presenters.



Original image created by Presenters.

Set Milestones and Timeline

Action Plan:
Utilization of Electronic Prescriptions for Opioids

On Track | Off Track | Delayed | Redirecting

May 2022

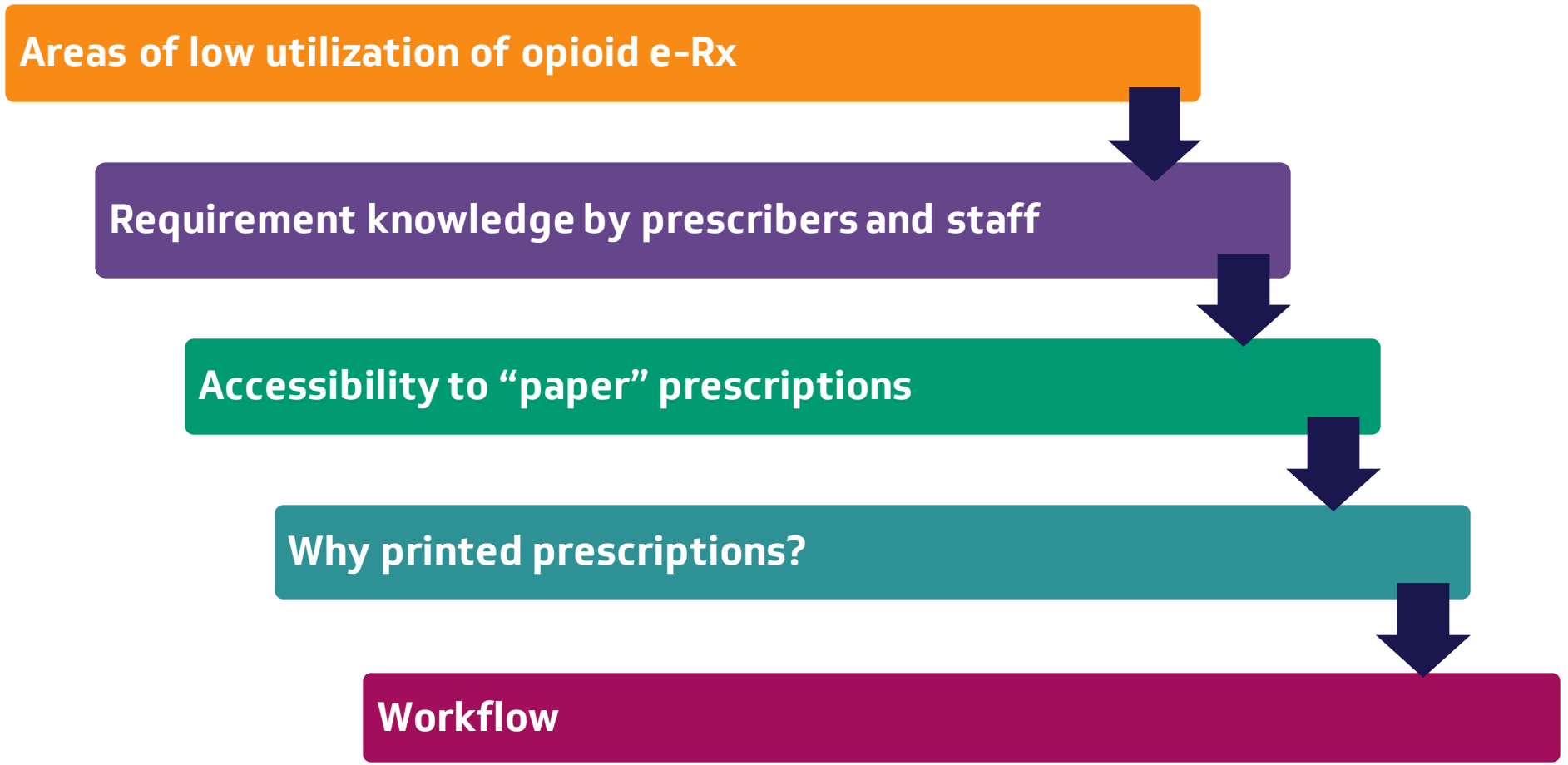
Tactic	Target Process	Action Item	Due Date	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Utilization of Electronic Rxs for Opioids	*Service Line Quality Discussions*	Barriers for lack of utilization of e-prescribing	1/1/22									
		Presentation of ED prescribing data to facilitate increased compliance	5/1/22									
Reporting Outside of Service Lines	*Establish Pathways to Legal Compliance*	Education, increased reporting, and establishing pathways to increased compliance	1/1/22									
		Opioid Stewardship intranet website for continuously available resources	11/1/21									

Original image created by Presenters.

Communication Plan

Message	Audience	Communication Method/Media	Frequency	Responsibility
Initial opioid e-Rx status	Service Line (SL) Leaders and SL Quality Officers	QUEST, Quality Officer Meetings, Service Line Notifications	Once	SL Leadership/ Quality Officer
Grand Round Presentations	SL	Staff Meetings	As Needed	Project Leader
Distribute data and determine pathways to compliance	Prescribers & SL Leaders	QUEST, Quality Officer Meetings, Service Line Notifications	Monthly	Project Leader & Project Sponsor
Communicate changes in workflows with social care, informatics, etc.	Prescribers & SL Leaders	Staff Meetings, Grand Rounds, & E-mails	Monthly	Project Leader
Distribute Imprivata education & sign-up to SL, providers: Epic provider training, Opioid Stewardship website	SL & Targeted individuals	Staff Meetings, Grand Rounds, & E-mails	As Needed	Project Leader, SL Leadership, & Quality Officer
Communicate data availability in PowerBI	SL Leaders & SL Quality Officers	QUEST, Quality Officer Meetings, Service Line Notifications	Monthly	Project Leader & Project Sponsor
Reporting update to Hospital Medical Board	Hospital Medical Board & Administration	Presentation	Quarterly, As needed	Project Sponsor

Action Plan


Areas of low utilization of opioid e-Rx
Requirement knowledge by prescribers and staff
Accessibility to “paper” prescriptions
Why printed prescriptions?
Workflow

Action Plan: Initial Utilization Analysis

- **Baseline Data Review – Utilization**
  - **Clinical Service Lines**
    - Utilization of opioid e-Rx
    - Identify quality managers and leadership
  - **Analysis by provider type for trends**
    - Physician
    - Medication
- **Education of upcoming changes**
  - Grand rounds
  - SL leadership – especially low utilizers
  - Opioid Stewardship Committee
- **Covid, Covid Covid**

Action Plan: Initial… Delay

Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2021

CMS
Newsroom
Update
12/1/2020

Section 2003 of the SUPPORT Act requires that, effective January 1, 2021, the prescribing of a Schedule II, III, IV, or V controlled substance under Medicare Part D be done electronically in accordance with an electronic prescription drug program, subject to any exceptions, which HHS may specify.

We proposed implementation of the EPCS mandate effective January 1, 2022, but based on comments received, are finalizing the provision with an effective date of January 1, 2021, and a compliance date of January 1, 2022, to encourage prescribers to implement EPCS as soon as possible, while helping ensure that our compliance process is conducted thoughtfully.

***Effective Date*:**
January 1, 2021

***Compliance Date*:**
January 1, 2022

Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2021 @ cms.gov

Action Plan: Initial… Delay

Arkansas Concurrent Law

§ 5-64-308. Prescriptions--Mandatory electronic prescribing

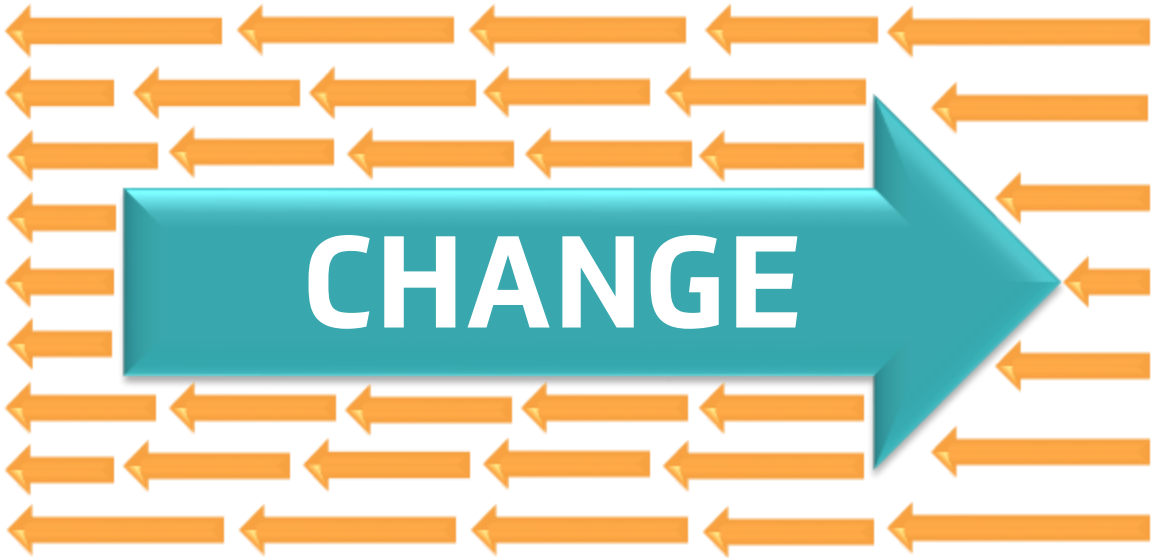
(d) of this section, a practitioner shall not issue a prescription for a controlled substance included in Schedule II through Schedule VI unless the prescription is made by electronic prescription from the practitioner issuing the prescription to a pharmacy.

Arkansas code § 5-64-308. Prescriptions--Mandatory electronic prescribing.

Action Plan: Second Initial Utilization Analysis

- **Service Lines**
  - Utilization of opioid e-Rx initially
  - Identify quality managers and leadership
- **Analysis by provider type for trends:**
  - Physician
  - Medication
- **Education of upcoming changes**
  - Grand rounds
  - SL leadership – especially low utilizers
  - Opioid Stewardship Committee
- **Administrative Support**
  - C-suite buy-in and backing
  - “You’re breaking the law!”

Action Plan: Roll-Out Plan



- **Announcements**
  - Opioid Stewardship Committee
  - Hospital Medical Board
- **Contact "main offenders" –** high utilization of non-eRx opioid prescriptions
  - Directly to prescriber
  - Included leadership, Chief of Staff, etc.

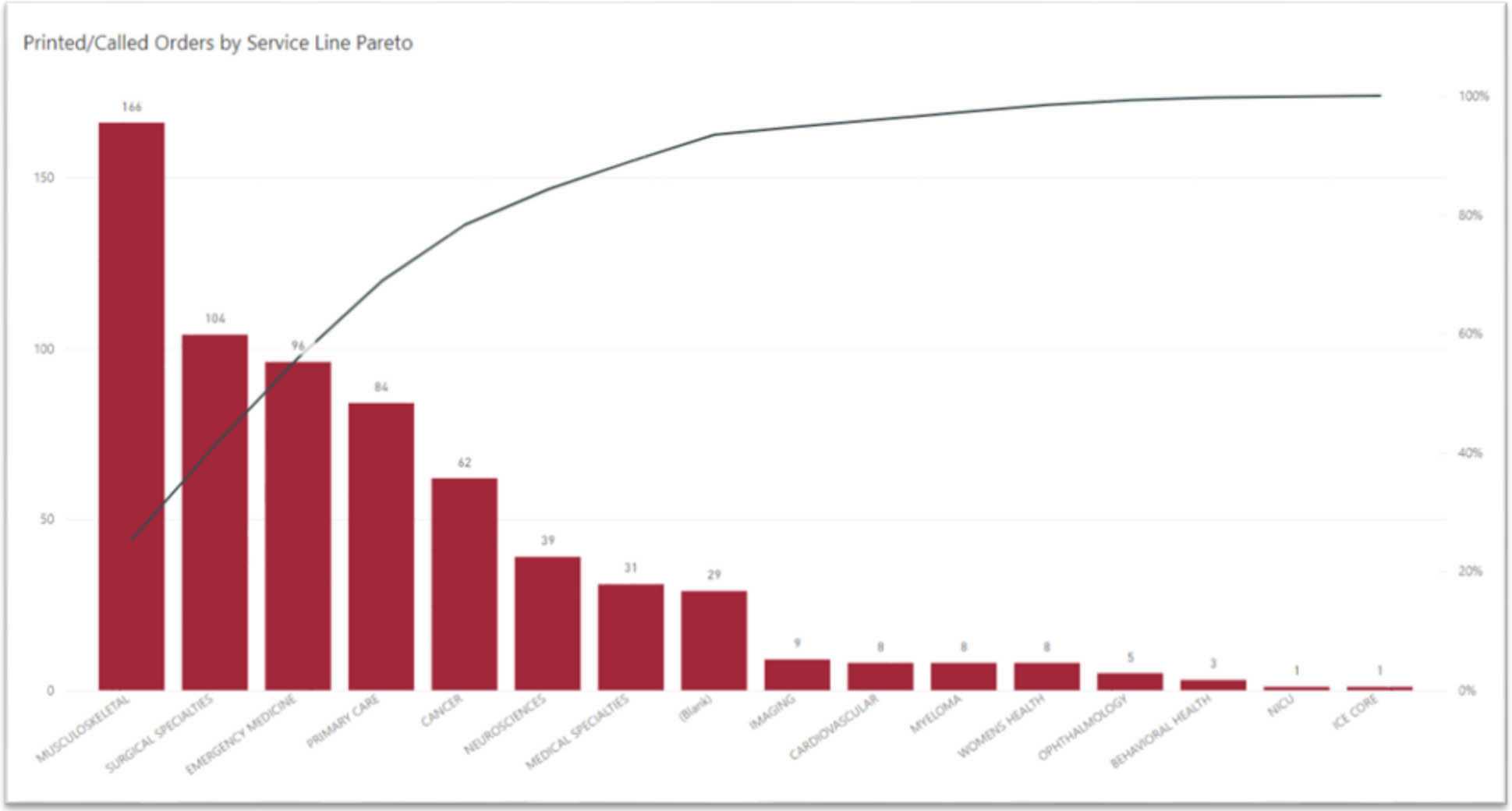
Action Plan: Roll-Out Plan

- **Initial E-mail Communications – Reminder**
  - Non-compliant e-mails, standard wording
  - “Naughty List” (Dec 2021)
  - Read receipt

- **Second E-mail – Reinforcing Compliance**

  E-mail recipients:
  - Prescriber
  - (Resident Director)
  - Attorney from Legal Department
  - Quality Officer SL
  - Chair of SL
  - Chair, Hospital Medical Board
  - Chief Medical Officer

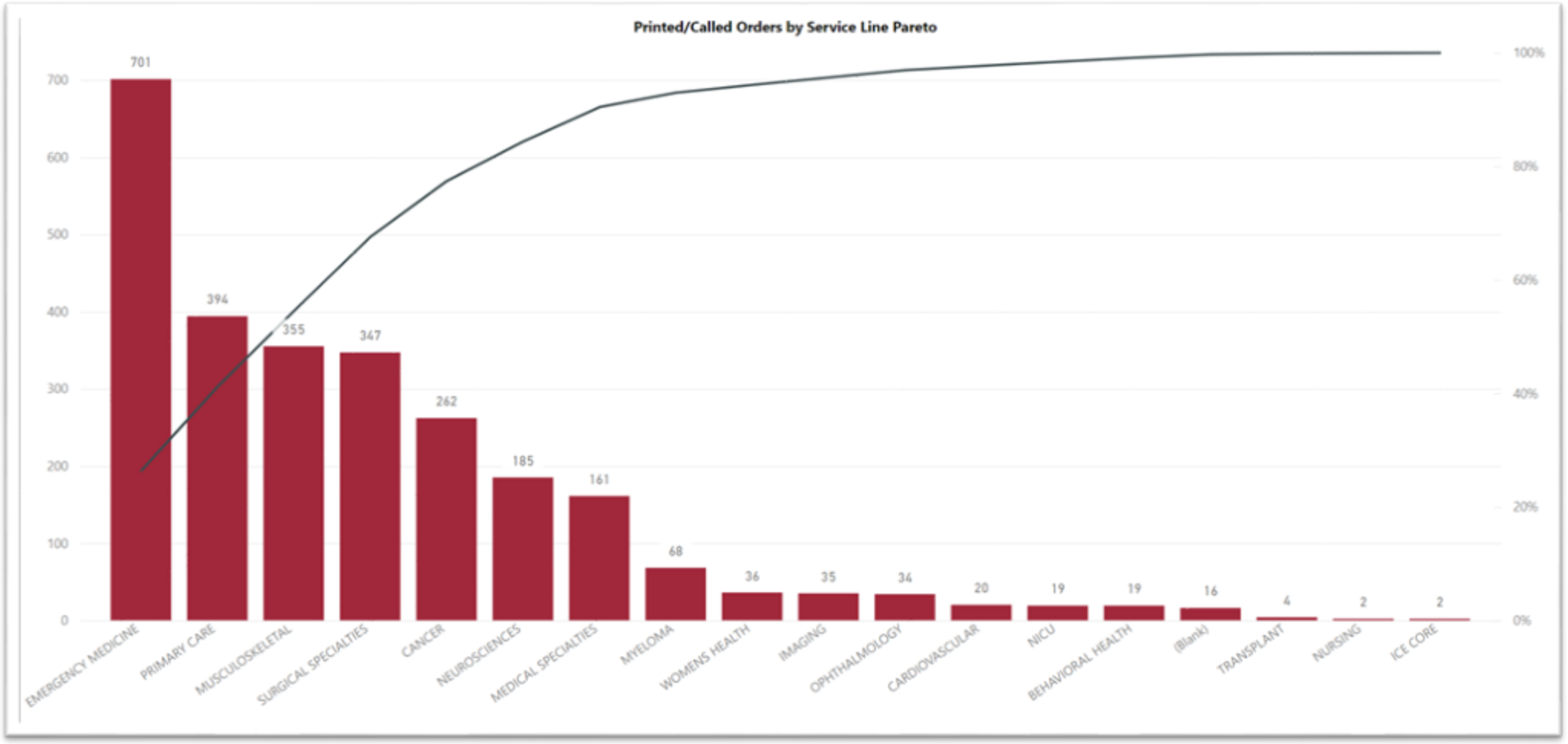
Opioid E-Prescribing Rate



Year	2021
Service Line	April
TRANSPLANT	100.00%
MYELOMA	97.00%
NICU	96.55%
WOMENS HEALTH	96.23%
BEHAVIORAL HEALTH	95.89%
PRIMARY CARE	94.20%
CANCER	92.19%
SURGICAL SPECIALTIES	75.64%
NEUROSCIENCES	75.32%
MUSCULOSKELETAL	74.30%
OPHTHALMOLOGY	70.59%
ICE CORE	66.67%
	59.72%
MEDICAL SPECIALTIES	55.71%
CARDIOVASCULAR	52.94%
IMAGING	10.00%
EMERGENCY MEDICINE	7.69%
Total	**84.96%**

Original image created by Presenters.

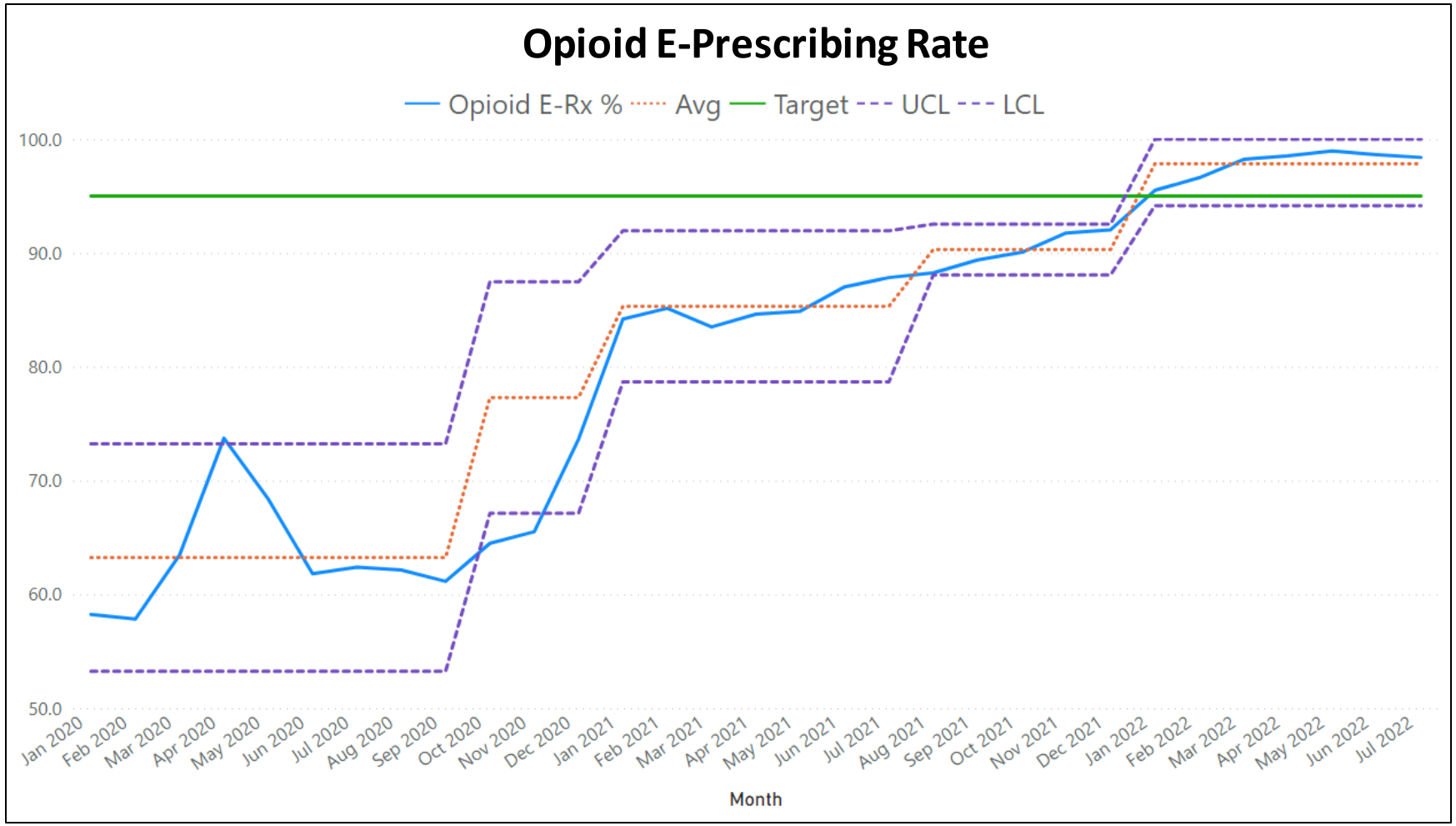
Opioid E-Prescribing Rate



Year	2022
Service Line	July
CARDIOVASCULAR	100.00%
ICE CORE	100.00%
NICU	100.00%
PRIMARY CARE	99.70%
BEHAVIORAL HEALTH	99.39%
MUSCULOSKELETAL	99.14%
MYELOMA	98.77%
CANCER	98.76%
WOMENS HEALTH	98.64%
SURGICAL SPECIALTIES	98.01%
NEUROSCIENCES	97.97%
IMAGING	97.87%
	97.37%
MEDICAL SPECIALTIES	92.47%
EMERGENCY MEDICINE	90.21%
OPHTHALMOLOGY	89.66%
TRANSPLANT	50.00%
Total	**98.40%**

Original image created by Presenters.

Project Results



Goal	Obtain at least 95% compliance for electronic opioid prescribing by July 2022				
Current Average	***97.8%***	**Target**	≥95%	**Baseline**	85%

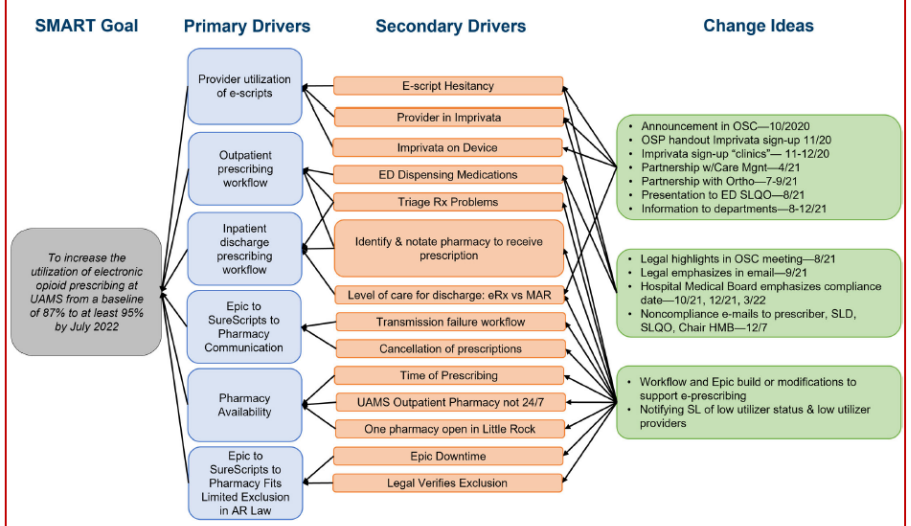
Utilization of Electronic Prescriptions for Opioids

University of Arkansas for Medical Sciences

Opioid Stewardship MGT

Project Phase and Status	Team Members	
FOCUS PDSA On Track	Lawson Smith (Physician Lead), Sarah Ashby, Christi Quarles-Smith, Justin Usery, Brett Bailey, Kent Pozorski *Ad hoc:* Catherine Corless, Matt Mitchell, Shelley Young	April 2022

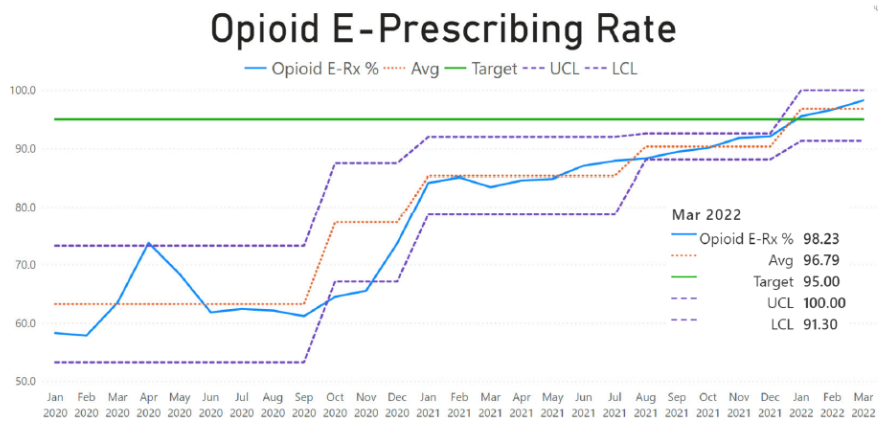
Background & Problem Statement Electronic prescribing is "a prescriber's ability to electronically send (e-script) an accurate, error-free and understandable prescription directly to a pharmacy from the point-of-care - is an important element in improving the quality of patient care".[1] The Medicare Modernization Act of 2003 and the Institute of Medicine Report in 2006 increased awareness of this enhanced patient safety and began talks of requiring this safety measure. Effective January 1, 2021 e-prescribing of all controlled substances, including opioids, for CMS patients was mandatory".[1] Arkansas legislation expands this mandatory e-prescribing for controlled substances with few exceptions and penalties in January 1, 2022.[2]

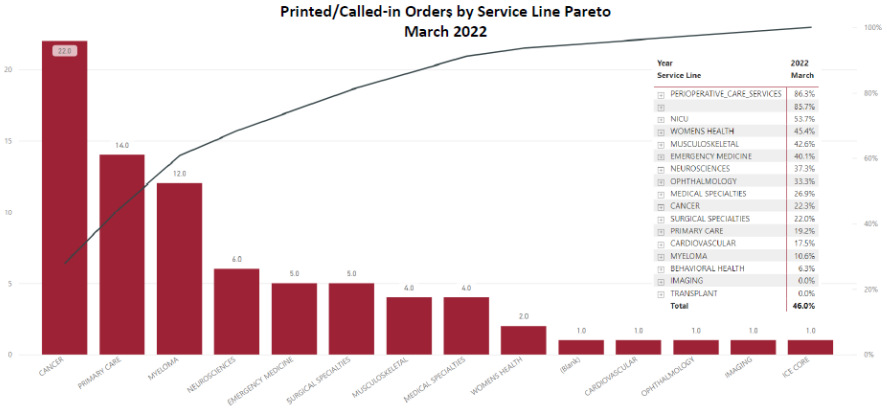


Measures	Definitions	Baseline	Goal	Progress
Outcome	Opioid prescriptions are transmitted electronically to pharmacies	85%	≥95%	98.23% (3/22)
Process	• Providers credentialed with Imprivata	-	-	-
Balancing	• Non-electronic opioid prescriptions per service line • Epic downtime or internet unavailability will limit ability for transmission (exceptions per law) • Patients' accuracy of pharmacy on record • Open pharmacies at time of transmission • Patient level of care (SNF, LTCF, home, etc.)			

References: 1. Electronic Prescribing. Center for Medicare & Medicaid Services. https://www.cms.gov/Medicare/E-Health/Eprescribing.
2. Prescriptions--Mandatory electronic prescribing. Arkansas Code Act 447 of 2019.

PERFORMANCE





CHALLENGES and BARRIERS

- Prescriber understanding of the exceptions allowed by law and UAMS
- Notification to SL leadership concerning performance and non-compliant individuals

Sustaining the Change

Questions?

For more information:
Sarah Norman at senorman@uams.edu
Abdullah Rajoub at arajoub@uams.edu

2022

STRONGER

vizient. CONNECTIONS SUMMIT

#vizientsummit

Current State of High-Value Pharmacy Enterprise Implementation

Jennifer Austin Szwak, PharmD, BCPS
The Johns Hopkins Hospital, Baltimore, MD

Disclosure of Relevant Financial Relationship

- Jennifer Austin Szwak, speaker for this educational activity, is an Advisory board member for Baxter Pharmaceuticals, Inc.

- All relevant financial relationships listed for these individual(s) have been mitigated.

- All others in a position to control content for this educational activity have no relevant financial relationship(s) to disclose with ineligible companies.

Disclosure of Relevant Financial Relationship

- Vizient, Inc., Jointly Accredited for Interprofessional Continuing Education, defines companies to be ineligible as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

- An individual is considered to have a relevant financial relationship *if* the educational content an individual can control is related to the business lines or products of the ineligible company.

Objectives

- Identify management tools and strategies to address new pharmacy challenges in practice.

- Review opportunities to optimize pharmacy operations practices through project management techniques.

Goals

- Summarize implementation of High-Value Pharmacy Enterprise (HVPE) across the Pharmacy Network
- Describe opportunities within the Pharmacy Network to increase HVPE implementation
- Demonstrate how to use the self-assessment tool

Current State of High-Value Pharmacy Enterprise Implementation

High-Value Pharmacy Enterprise (HVPE)

- Strategic & tactical roadmap to advance pharmacy practice
- Provides evidence- and expert opinion-based recommendations to provide safe, efficacious, and patient-centered medication management
- Aims to inspire development of pharmacy practice at the highest level
- Contains 8 critical domains & 336 performance elements

Rough et al. *Am J Health-Syst Pharm* 2021; 78(6): 498-510

Structure of HVPE Framework

- Domain
  - Topic
    - Statement
      - Performance Element

Structure of HVPE Framework Example

Domain 1: Patient Care Services

Topic: Continuity of healthcare

Statement: Pharmacy is accountable for comprehensive medication management across the continuum of care to optimize drug therapy and patient safety.

Performance Element: Pharmacy is accountable for ensuring the accuracy of patient medication lists.

Rough et al. *Am J Health-Syst Pharm* 2021; 78(6): 498-510

Evaluating HVPE Implementation

- HVPE framework was adapted into a REDCap Cloud survey & an excel template by the Research Committee
- Survey sent to Vizient Pharmacy Network listserv in May 2022
- Responses submitted through July 25th, 2022, were included in this analysis
- Incomplete submissions were included in the analysis as follows:
  - For statements, if all performance elements were scored
  - For domains, if all statements were completed

Levels of Implementation

Definition	Scoring in Self-Assessment Tool	Explanation
Fully achieved	100	Implemented in >90% of patients OR >90% of services are offered by the pharmacy department
High achievement	75	Implemented in 61-90% of patients OR 61-90% of services are offered by the pharmacy department
Moderate achievement	50	Implemented in 26-60% of patients OR 26-60% of services are offered by the pharmacy department
Limited achievement	25	Implemented in 1-25% of patients OR 1-25% of services are offered by the pharmacy department
Service not offered	0	Not offered

Demographics of Survey Respondents

Characteristic	Respondents (n = 22)*
Pharmacy Entity Included in Response, n (%)	
Multiple hospital system	9 (40.9)
Multisite pharmacy enterprise	4 (18.2)
Single hospital/institution	9 (40.9)
Type of Institution(s), n (%)	
Academic medical center	11 (50)
Community teaching hospital	7 (31.8)
Community hospital, non-teaching	7 (31.8)
Critical access hospital	2 (9.1)
Setting(s), n (%)	
Urban	17 (77.3)
Suburban	9 (40.9)
Rural	11 (50)
Bed Size, median (IQR)	781 (491.5 – 1268.75)

*Only 22 of 24 respondents provided demographic information

Summary of Implementation within Domains

Domain	Median Implementation Score	Level of Implementation by Institution, % (n)	
		Full/High	Moderate
Domain 1: Patient Care Services	65.3	23% (5/22)	77% (17/22)
Domain 2: Business Services	72.7	38% (6/16)	63% (10/16)
Domain 3: Ambulatory & Specialty	61.7	21% (3/14)	79% (11/14)
Domain 4: Inpatient Services	73.8	50% (7/14)	50% (7/14)
Domain 5: Safety & Quality	82.6	79% (11/14)	21% (3/14)
Domain 6: Pharmacy Workforce	64.7	29% (4/14)	71% (10/14)
Domain 7: IT, Data & Informatics Mgmt	65.7	29% (4/14)	71% (10/14)
Domain 8: Leadership	83.7	86% (12/14)	14% (2/14)

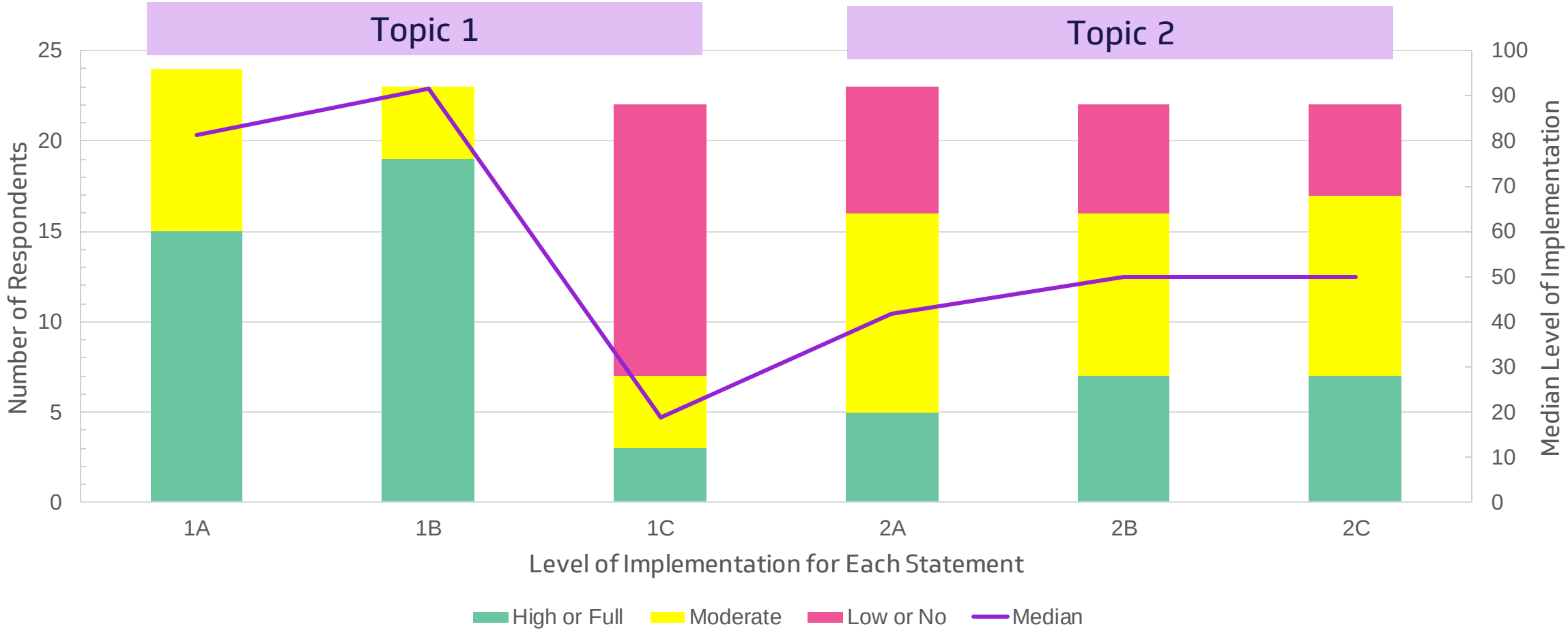
Full/High: ≥75 Moderate: 25.1 – 74.9 Low/No: ≤ 25

Summary of Implementation within Domains

Domain	Median Implementation Score	Level of Implementation by Institution, % (n)	
		Full/High	Moderate
Domain 1: Patient Care Services	65.3	23% (5/22)	77% (17/22)
Domain 2: Business Services	72.7	38% (6/16)	63% (10/16)
Domain 3: Ambulatory & Specialty	61.7	21% (3/14)	79% (11/14)
Domain 4: Inpatient Services	73.8	50% (7/14)	50% (7/14)
Domain 5: Safety & Quality	82.6	79% (11/14)	21% (3/14)
Domain 6: Pharmacy Workforce	64.7	29% (4/14)	71% (10/14)
Domain 7: IT, Data & Informatics Mgmt	65.7	29% (4/14)	71% (10/14)
Domain 8: Leadership	83.7	86% (12/14)	14% (2/14)

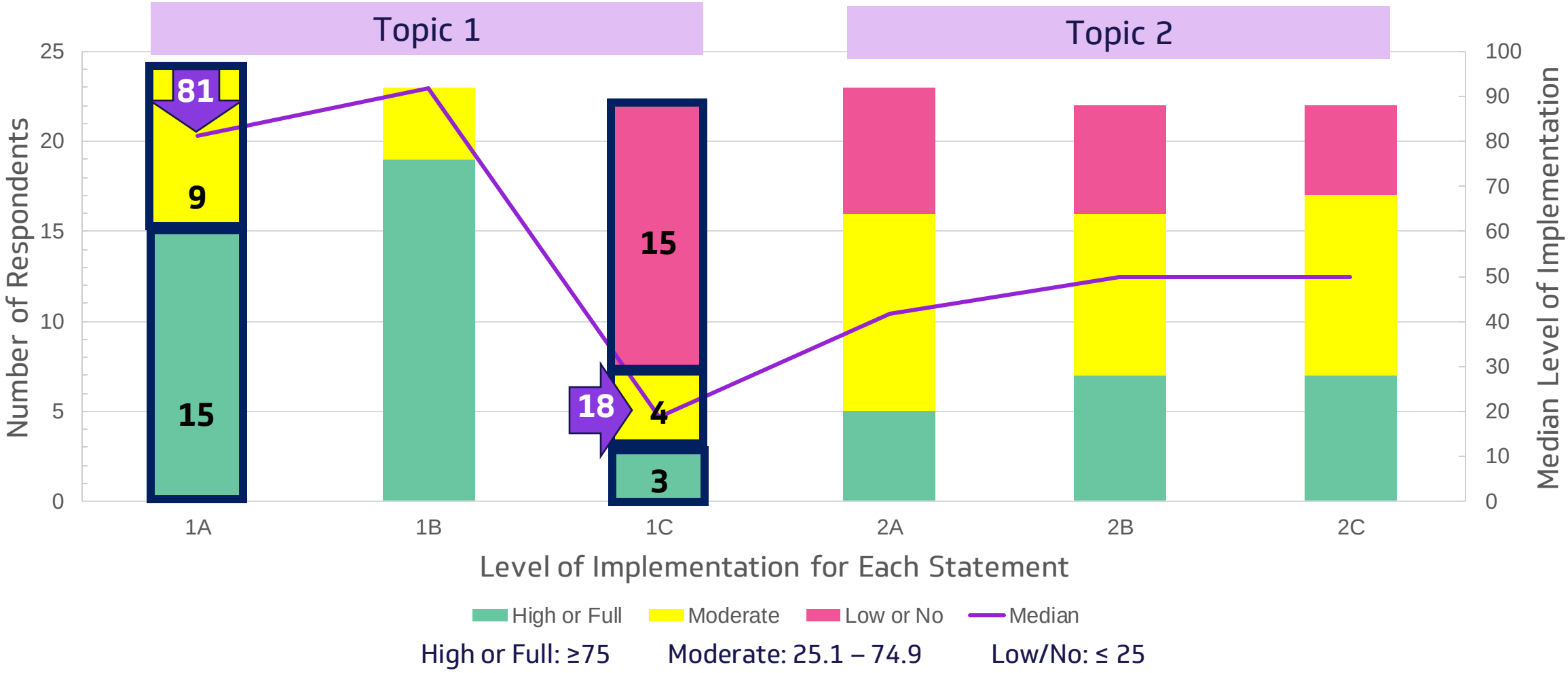
Full/High: ≥75 Moderate: 25.1 – 74.9 Low/No: ≤ 25

Data Analysis Example



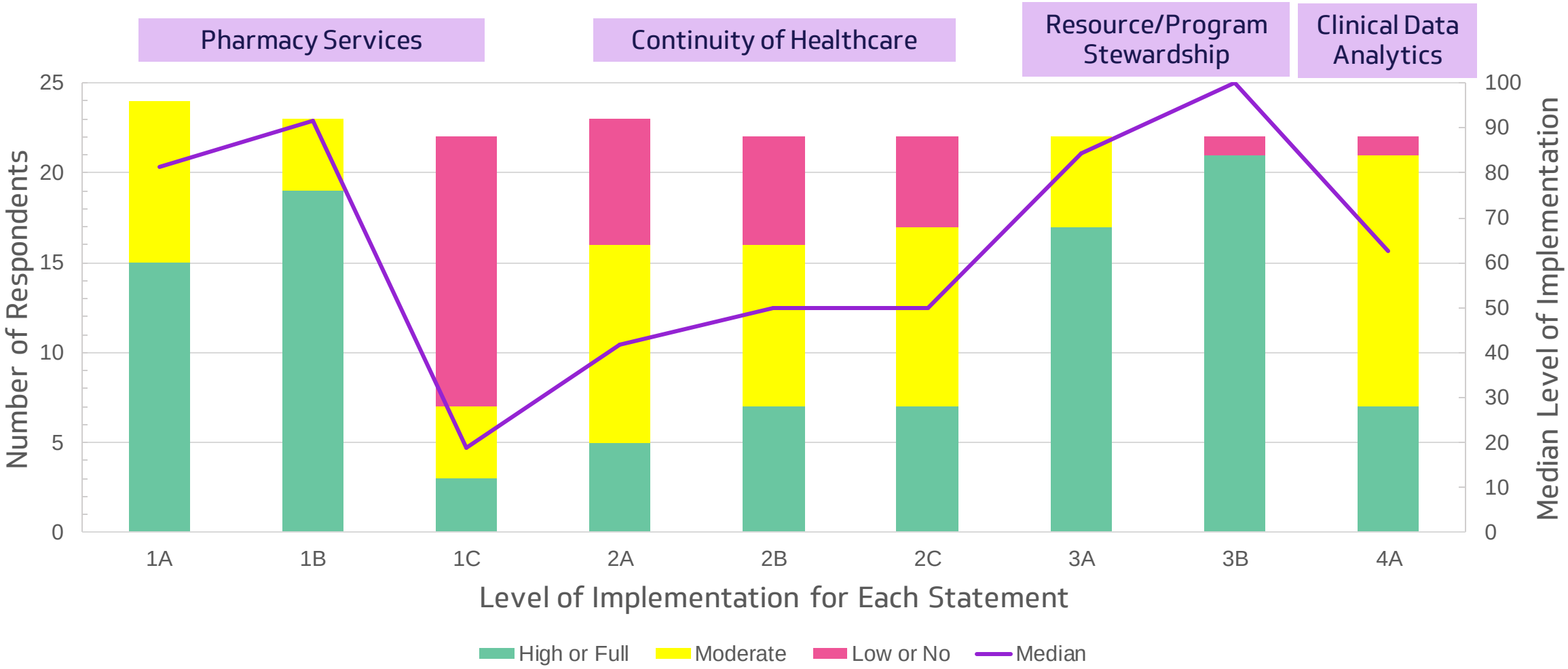
High or Full: ≥75 Moderate: 25.1 – 74.9 Low/No: ≤ 25

Data Analysis Example



High or Full: ≥75 Moderate: 25.1 – 74.9 Low/No: ≤ 25

Domain 1: Patient Care Services



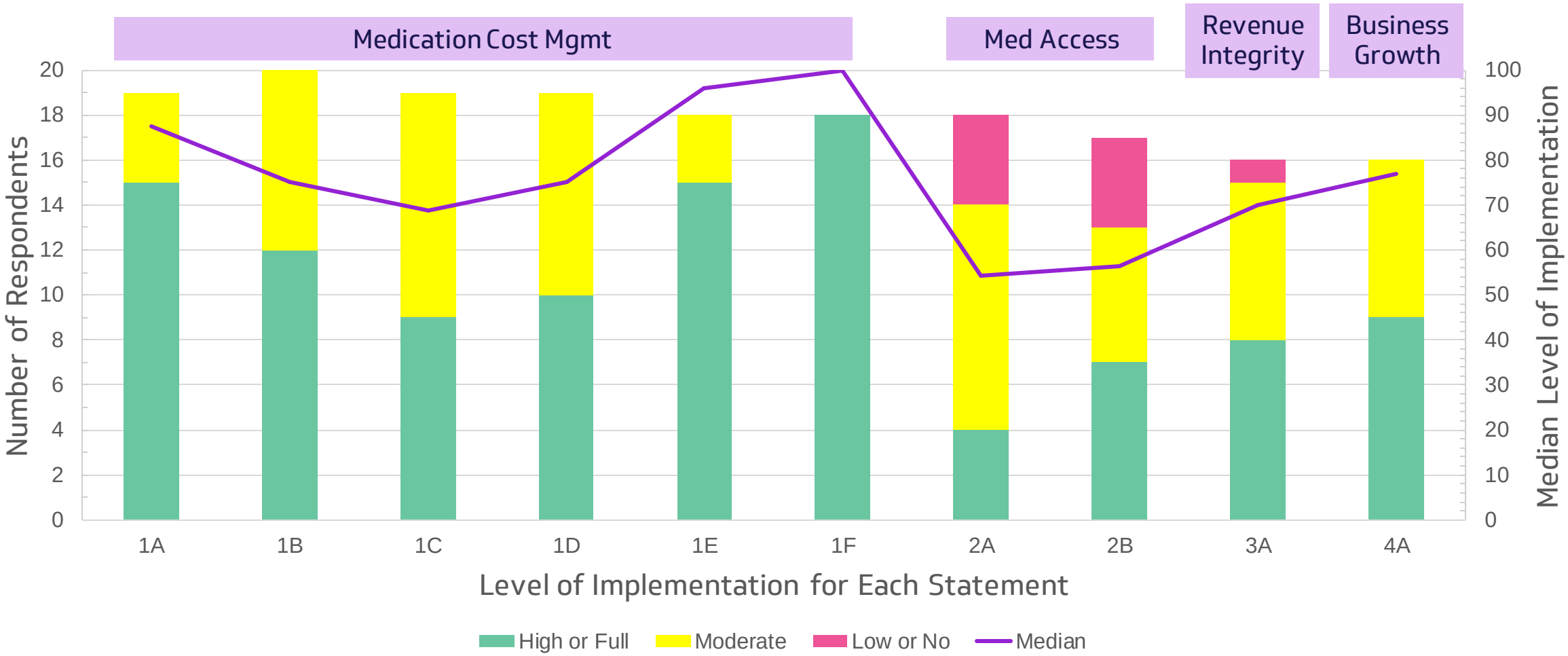
Topic 1: Pharmacy Services

Statement	Performance Elements	Full/High	Moderate	Low/No
C. Pharmacists ensure appropriate use of pharmacogenomic information and biomarkers to optimize drug therapy selection, prevent adverse events, and reduce the total cost of care.	a. Pharmacists collaborate with the healthcare team to ensure appropriateness of genetic testing and align pharmacotherapy with results.	3 (14%)	3 (14%)	16 (73%)
	b. Pharmacy provides resources for clinical interpretation of pharmacogenomic data.	3 (14%)	5 (23%)	14 (63%)
	c. Pharmacy provides pharmacogenomics education to patients and other caregivers.	2 (9%)	3 (14%)	17 (77%)
	d. Pharmacy is responsible for managing pharmacogenomics in the electronic health record	5 (23%)	1 (5%)	16 (73%)

Topic 2: Continuity of Healthcare

Statement	Performance Elements	Full/High	Moderate	Low/No
A. Pharmacy is accountable for comprehensive medication management across the continuum of care to optimize drug therapy and patient safety.	a. Pharmacy is accountable for medication reconciliation services during care transitions, including upon hospital admission, transfer and discharge as well as in ambulatory and post-acute care settings.	5 (23%)	7 (32%)	10 (45%)
	b. Pharmacy is accountable for ensuring the accuracy of patient medication lists.	6 (27%)	6 (27%)	10 (45%)
	c. Pharmacists are accountable for avoidance of polypharmacy and de-prescribe as appropriate.	9 (41%)	6 (27%)	7 (32%)

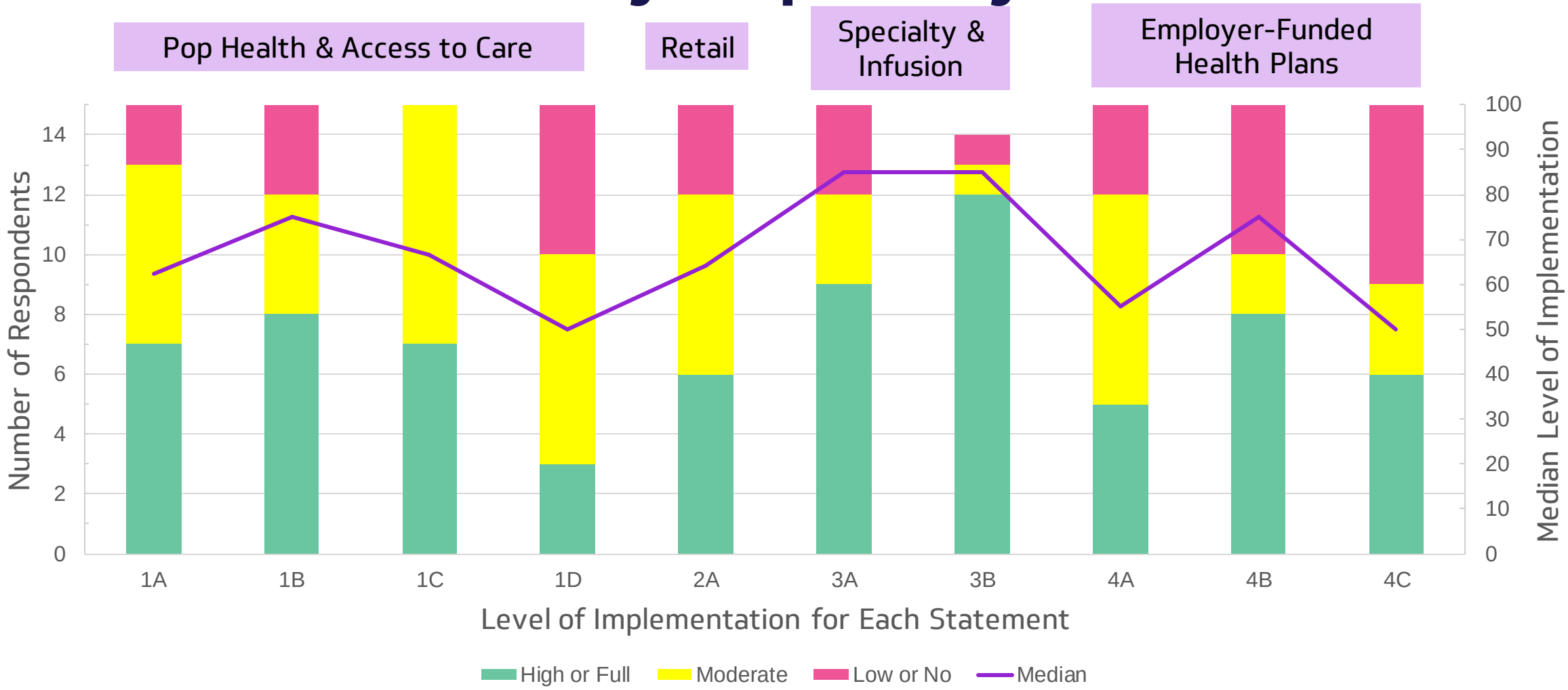
Domain 2: Business Services



Domain 2: Low Scoring Performance Elements

Statement	Performance Elements	Full/High	Moderate	Low/No
2A. Pharmacy is accountable for ensuring effective and efficient patient access to medications, including benefits review, prior authorization, and prescription refill services, to support patients and providers and to optimize revenue.	c. Centralized, pharmacy-run prescription renewal and refill authorization services are available for providers.	3 (17%)	4 (22%)	11 (61%)
2B. Pharmacy is accountable for ensuring effective and efficient patient access to medications, including provision of comprehensive medication assistance program services to assist uninsured and underinsured patients in accessing free medications.	a. Pharmacy provides a medication assistance program to access free take home and clinic administered medications.	4 (24%)	4 (24%)	9 (53%)

Domain 3: Ambulatory & Specialty Services

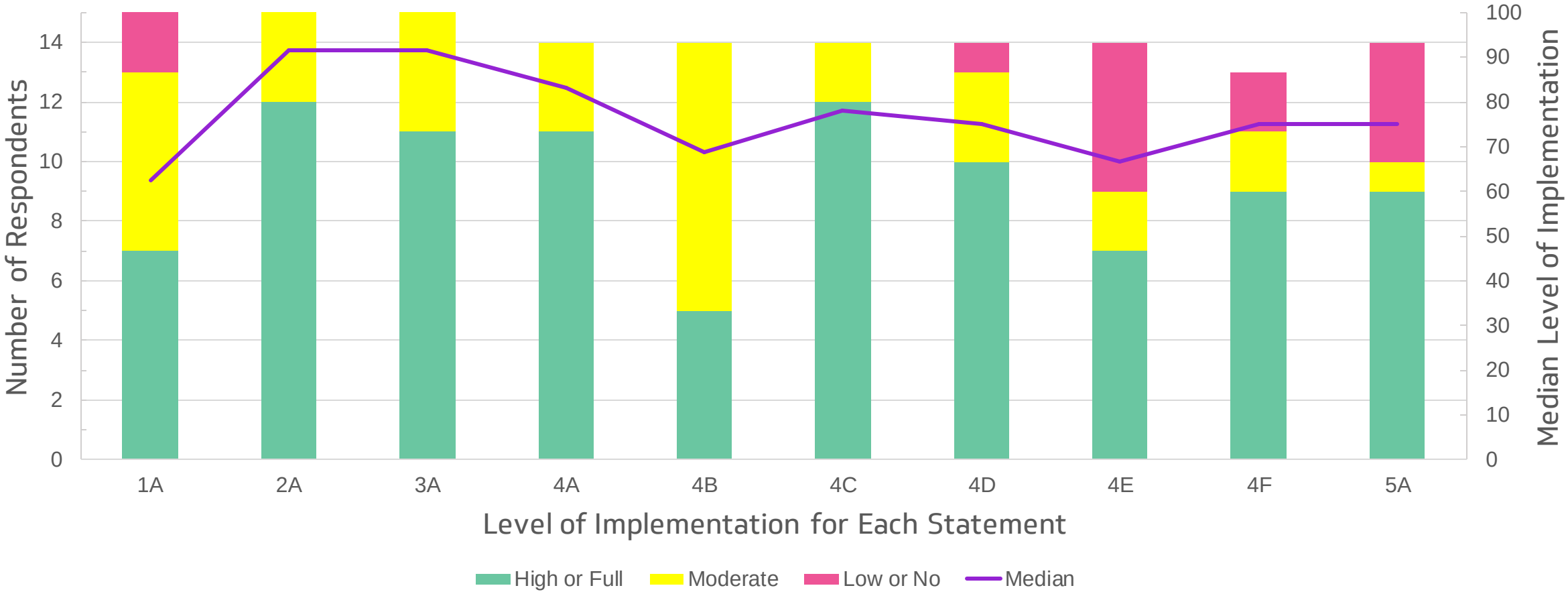


Domain 3: Low Scoring Performance Elements

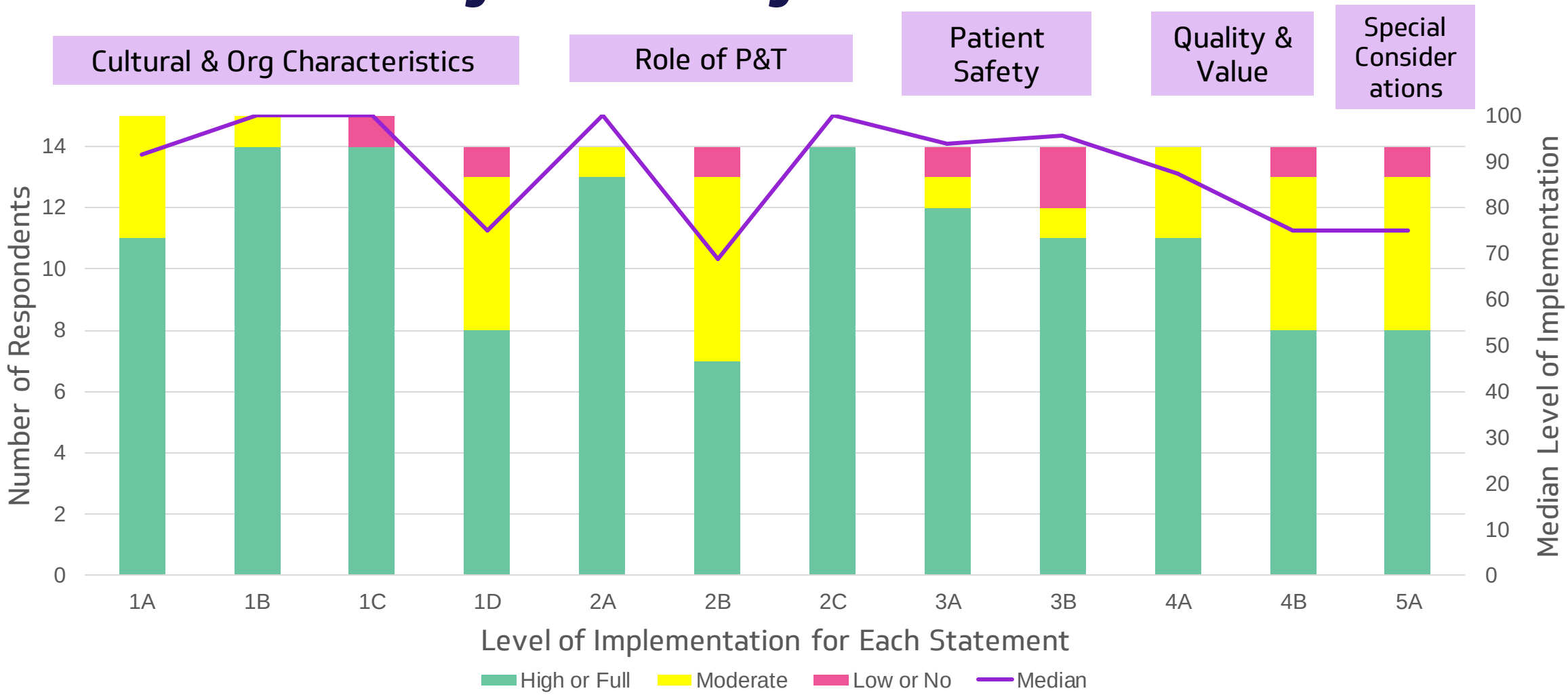
Statement	Performance Elements	Full/High	Moderate	Low/No
1C. Pharmacists provide comprehensive medication management services for patients with complex medical regimens and patients on high-risk therapies across the continuum.	e. Pharmacists collaboratively manage patients with substance use disorders in medication-assisted treatment programs.	3 (20%)	1 (7%)	11 (73%)
1D. Pharmacists are actively involved in de-prescribing efforts for patients with polypharmacy or taking inappropriate high-risk medications.	d. Pharmacists follow-up with patients to monitor the effect of de-prescribing efforts.	2 (13%)	4 (27%)	9 (60%)
4A. Pharmacy helps lead and oversee employer-funded health plan medication management practices to ensure formulary alignment, coordination with pharmacy benefit managers (PBMs), plan design, and use of health-system-owned specialty and retail pharmacies.	a. PBM services for direct-to-employer plans are separately carved out from the health plan third-party administrator contract.	7 (47%)	0 (0%)	8 (53%)
	e. Pharmacy data scientists work with pharmacists to identify opportunities for enhancing the clinical management of health plan members.	5 (33%)	0 (0%)	10 (67%)

Domain 4: Inpatient Operations

Ops Pharms | Drug Shortages | Diversion | Safety of Medication Storage through Disposal | Efficiency

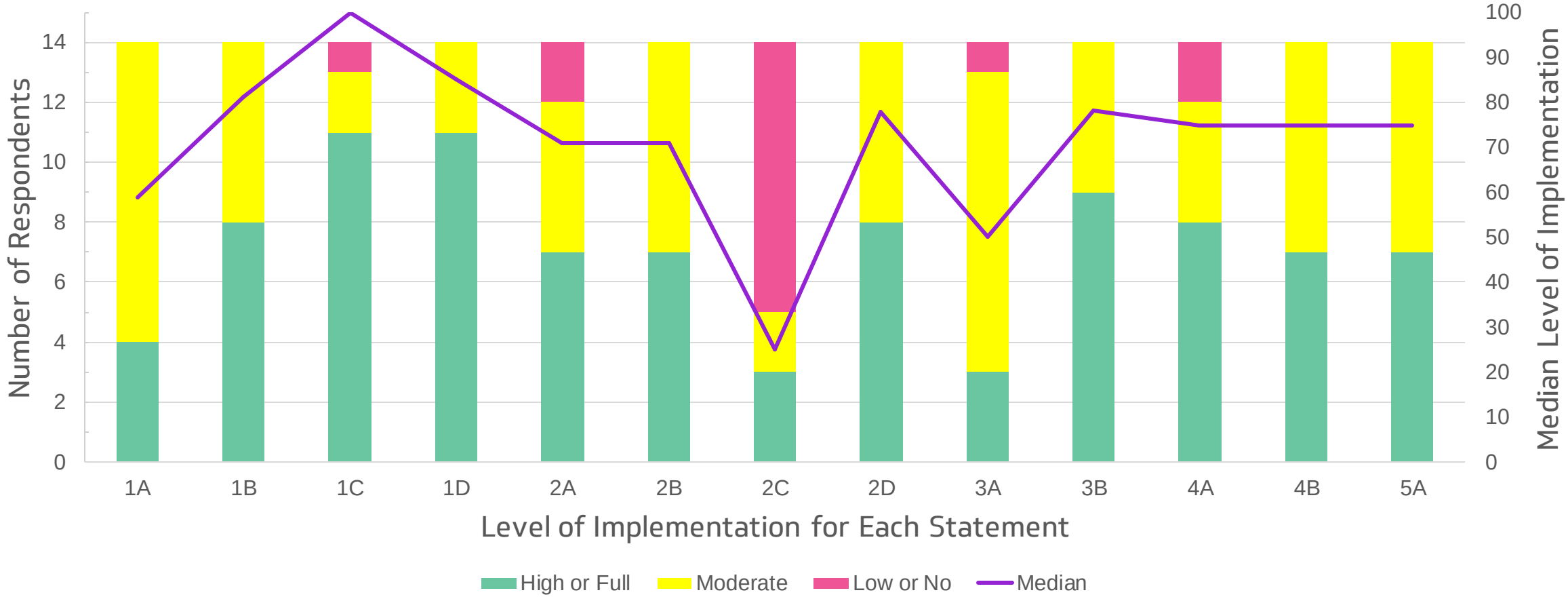


Domain 5: Safety & Quality



Domain 6: Pharmacy Workforce

Pharmacy Education | Scope & Model | Technicians | Scholarship | Prof Dev



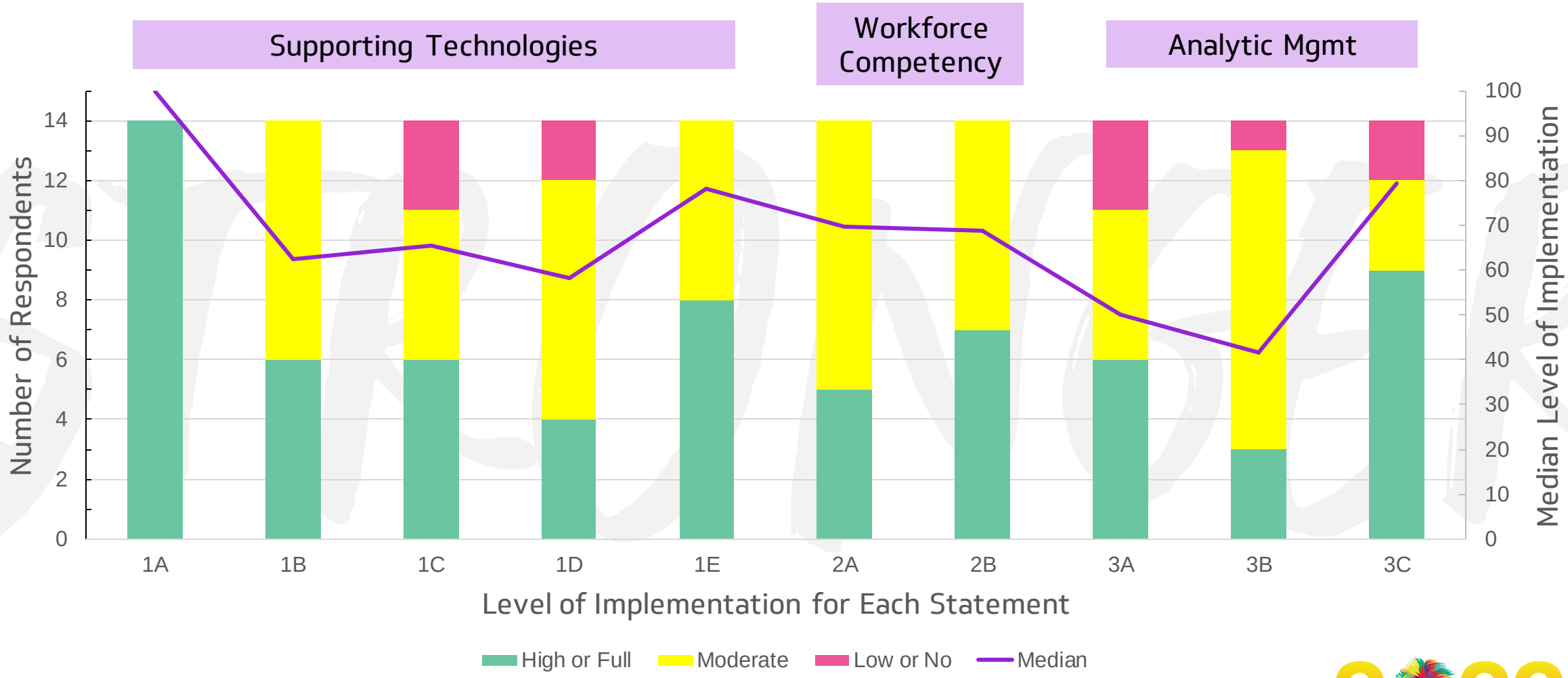
Topic 2: Pharmacist Scope of Practice, Staffing, & Practice Model

Statement	Performance Elements	Full/High	Moderate	Low/No
C. The health system only hires and retains pharmacists competent for top of license practice.	a. The health system requires all entry-level pharmacists to have completed residency training.	2 (14%)	3 (21%)	9 (64%)
	b. The health system requires certification of all pharmacists in direct patient care roles as defined by BPS.	4 (29%)	2 (14%)	8 (57%)

Domain 6: Low Scoring Performance Elements

Statement	Performance Elements	Full/High	Moderate	Low/No
1A. The health system engages in a collaborative relationship with associated schools of pharmacy.	f. A pathway for health-system clinical pharmacists to advance within associated schools of pharmacy is established.	3 (21%)	4 (29%)	7 (50%)
3A. Pharmacy technicians participate in advanced roles in all practice settings to expand the scope of pharmacist practice, promote efficiency and improve patients' access to care.	a. Patient outcomes as a result of advanced pharmacy technician roles are evaluated.	2 (14%)	4 (29%)	8 (57%)

Domain 7: IT, Data & Informatics Management



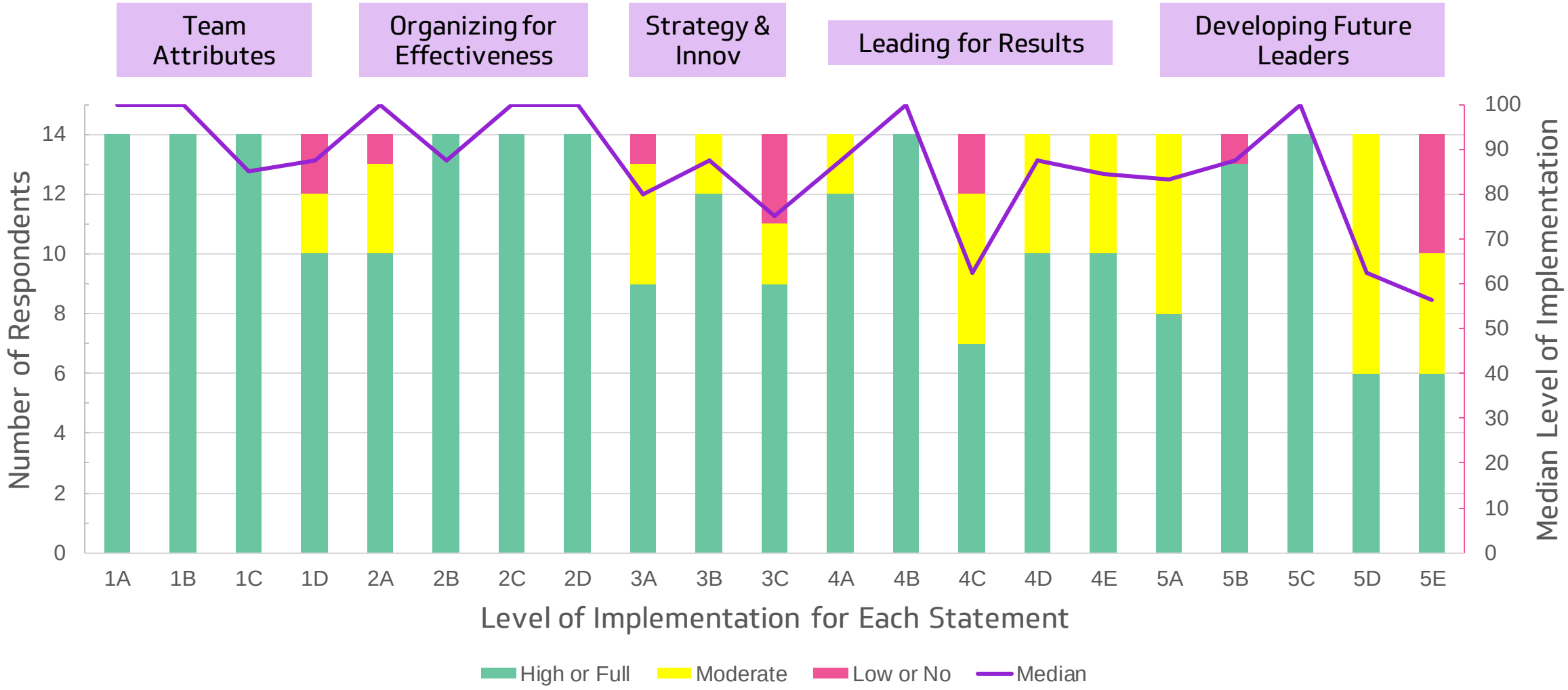
Topic 3: Manage data, information, and analytic platforms to evaluate end use acceptance & efficiency while improving patient safety & outcomes

Statement	Performance Elements	Full/High	Moderate	Low/No
B. Pharmacists should have access to real-time aggregated inpatient and outpatient data to assist with care management.	a. Pharmacists have access to intervene with hospitalized patients who are deemed high risk based on predictive analytics to identify, prioritize, and manage populations of patients, such as those at risk for hospital readmissions or specific disease conditions or both.	5 (36%)	2 (14%)	7 (50%)
	b. Patient registries should be used by pharmacists to identify the outpatients eligible for interventions and target high-risk populations.	3 (14%)	4 (29%)	5 (36%)
	c. A review process exists for additions or updates to clinical decision support, predictive analytics tools, and other patient care tools that rely on aggregated data.	8 (57%)	2 (14%)	4 (29%)

Domain 7: Low Scoring Performance Elements

Statement	Performance Elements	Full/High	Moderate	Low/No
3A. Integrate and capitalize on existing big data and predictive analytics tools to measure and improve outcomes and efficiency.	c. Predictive analytics models are developed internally and are made available for clinician use following appropriate validation.	6 (43%)	1 (7%)	7 (50%)

Domain 8: Leadership



How can the self-assessment tool help you?

- Identify areas for continued improvement or growth
- Track progress over time & develop plan to build pharmacy services

What can Vizient do to increase HVPE implementation?

- Areas with low implementation can be targeted for webinars, presentations at pharmacy meetings, and toolkits
- High performers can be identified to provide best practices & assist in development of appropriate metrics for each domain & topic
- Vizient members can continue to re-evaluate progress using the HVPE Self-Assessment Tool found in the Pharmacy Network Group Resources

How to Use the Scoring Tool

Topic	Consensus Statement	Performance Element	% of Achievement	Statement Achievement
Pharmacy Services	1A: Pharmacists provide comprehensive pharmacy patient care services as providers on the interdisciplinary care team in all settings of care.			54%
		Pharmacists provide collaborative and interdisciplinary care in an evidence-based, cost-effective manner.	75%	
		The pharmacy department is accountable for drug therapy services & outcomes, independent of time, day of week, holiday, or individual providing the service.	50%	
		Specialized services reflect the patient mix of the institution and are provided by pharmacists with postgraduate year 2 (PGY2) residency training (or equivalent experience) and board certification.	25%	
		Pharmacists are responsible for identifying and prioritizing which patients require their care, and services are not limited to a consult model.	50%	
		Pharmacists participate as interdisciplinary care team members on patient care units.	100%	
		Pharmacists are aligned with patient care needs in collaboration with the health care team for acute and ambulatory care patients including but not limited to: Oncology, Emergency Medicine, Pain Management, Pediatrics, Critical Care, Transplant, Internal Medicine, Psychiatry, Cardiology, Geriatrics, Neurology, Surgery, Investigational drug services.	25%	
	1B: Pharmacists are accountable for all patient medication use needs to support safe and effective drug therapy management. (See Appendix B for a comprehensive list of contemporary inpatient and transitional care pharmacy services.)			Please complete column D for all goals
		Pharmacists are accountable for clinically evaluating patients and managing their medication orders.		
		Pharmacists directly manage specific medications through interpretation of patients' clinical conditions and relevant laboratory values.		
		Pharmacist documentation pertaining to patient care is available to all members of the health care team.		
	1C: Pharmacists ensure appropriate use of pharmacogenomic information and biomarkers to optimize drug therapy selection, prevent adverse events, and reduce the total cost of care.			Please complete column D for all goals
		Pharmacists collaborate with the health care team to ensure appropriateness of genetic testing and align pharmacotherapy with results.		
		Pharmacy provides resources for clinical interpretation of pharmacogenomic data.		
		Pharmacy provides pharmacogenomics education to patients and other caregivers.		
		Pharmacy is responsible for managing pharmacogenomics in the electronic health record (EHR).		
Continuity of Health Care	2A: Pharmacy is accountable for comprehensive medication management across the continuum of care to optimize drug therapy and patient safety.			Please complete column D for all
		Pharmacy is accountable for medication reconciliation services during care transitions, including upon hospital admission, transfer and discharge.		

Self-Assessment Summary

	A	B
1	**High Value Pharmacy Enterprise Self Assessment Tool**	
2		
3	**Domain**	**Score**
4	1: Patient Care Services	54%
5	2: Business Services	100%
6	3: Ambulatory & Specialty Pharmacy Services	38%
7	4: Inpatient Operations	63%
8	5: Safety & Quality	100%
9	6: Pharmacy Workforce	75%
10	7: Information technology, data, and information management	94%
11	8: Leadership	100%
12		

How can you help Vizient?

- Add your data to the Vizient REDCap database
  - Use the link on the instructions tab of the excel form

  OR

  - Use the QR code to go directly to REDCap

Key Takeaways

- HVPE provides a strategic roadmap to advance pharmacy practice
- A self-assessment tool is available through the Vizient Group Resources page
- The Vizient Pharmacy Network will use the data provided to create programming for members

Questions?

For more information contact:
Jennifer Szwak at jszwak1@jhmi.edu

Project Team:
Melissa Badowski
Michael Postelnick
Lucas Schulz

2022

STRONGER

vizient. CONNECTIONS SUMMIT

#vizientsummit

Strategic development of a process to identify, prioritize, track, and complete specialty pharmacy projects

Karen C. Thomas, PharmD, PhD, MBA

Outcomes Coordinator, University of Illinois Hospital and Health Sciences

Disclosure of Relevant Financial Relationship

- Vizient, Inc., Jointly Accredited for Interprofessional Continuing Education, defines companies to be ineligible as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

- An individual is considered to have a relevant financial relationship if the educational content an individual can control is related to the business lines or products of the ineligible company.

- No one in a position to control the content of this educational activity have relevant financial relationships with ineligible companies

Objectives

- Identify management tools and strategies to address new pharmacy challenges in practice.

- Review opportunities to optimize pharmacy operations practices through project management techniques.

Goals

- Explain 3 benefits of a structured project process

- Describe the development and implementation of a pharmacy project process

Strategic development of a process to identify, prioritize, track, and complete specialty pharmacy projects

University of Illinois Hospital and Health Sciences System

- Located in Chicago, Illinois
- 462 bed tertiary care hospital
- 26 outpatient clinics with > 500K patient encounters annually
- 7 health science colleges
- 7 outpatient pharmacies

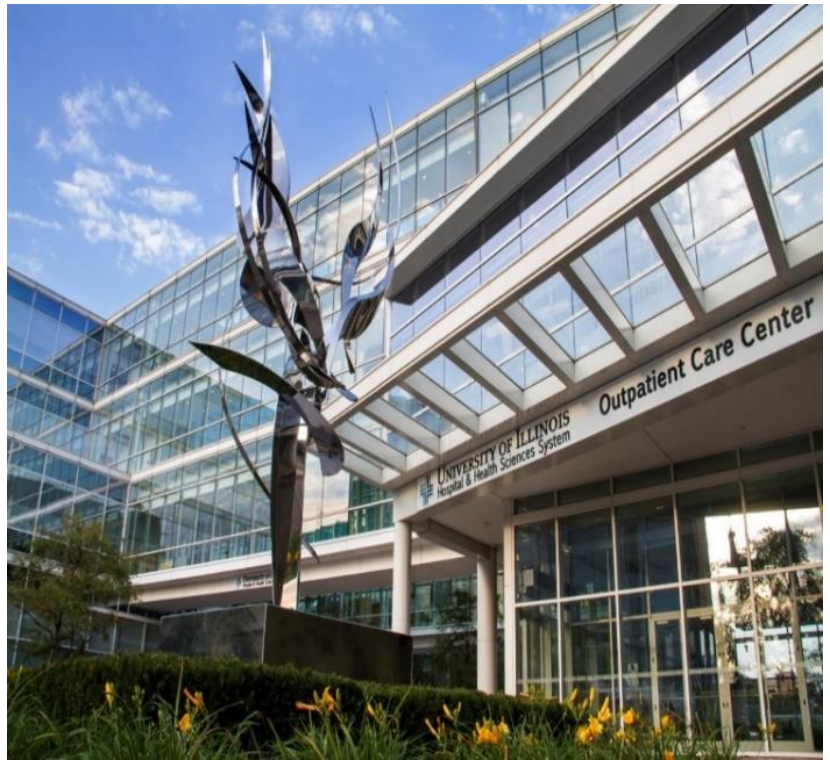
UI Health | UIC

UIC PHARMACY
Pharmacy Practice

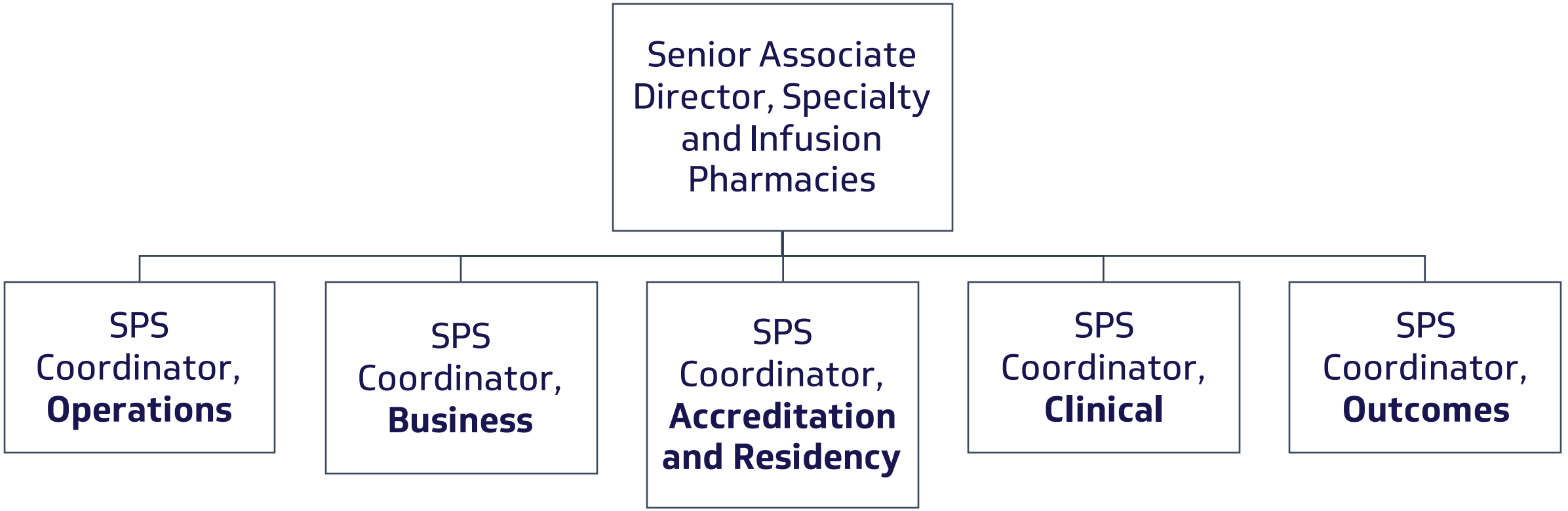
UI Health Specialty Pharmacy Services (SPS)

- Specialty pharmacies focus on medication access, dispensing, and clinical management for patients on high-touch, high-cost medications

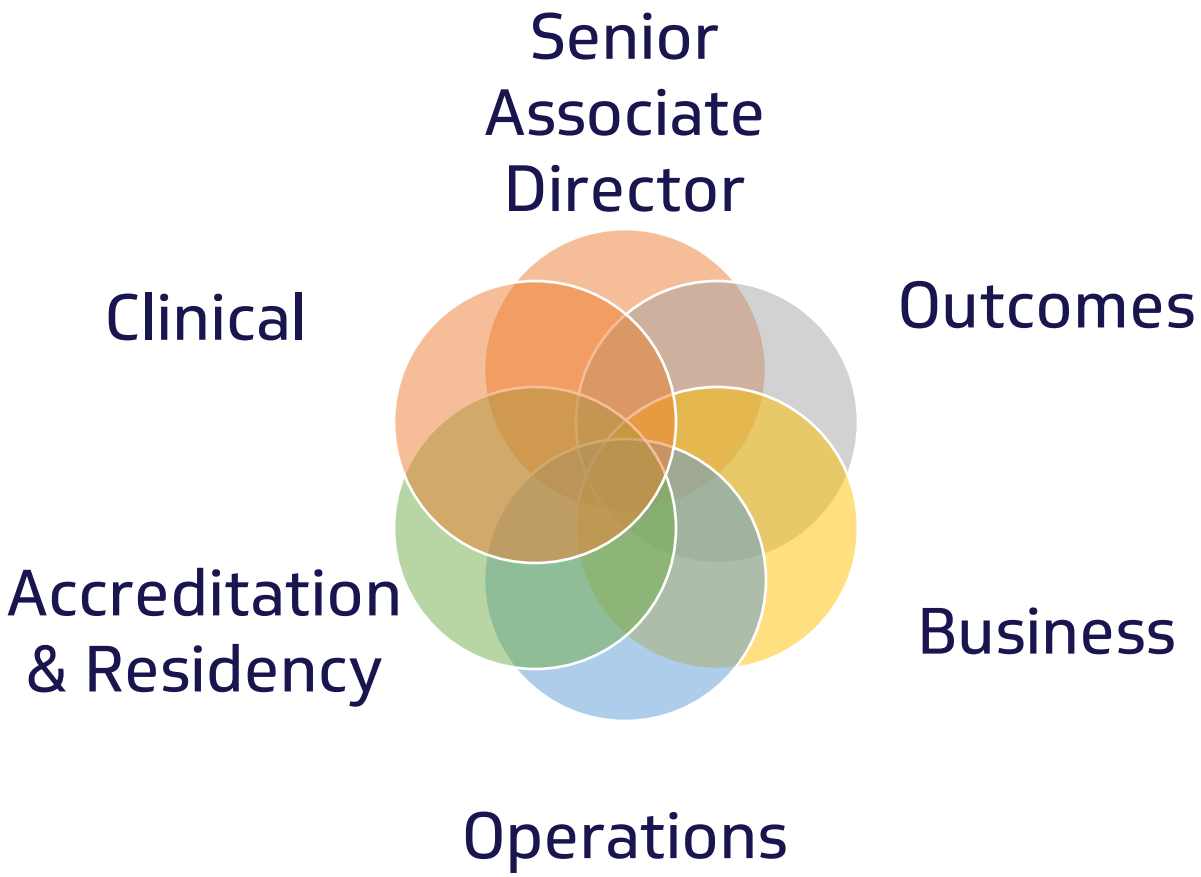
- UI Health SPS is a health-system based specialty pharmacy
  - Established in 2012
  - Manage more than 1,000 patients each month
  - Dual accreditation



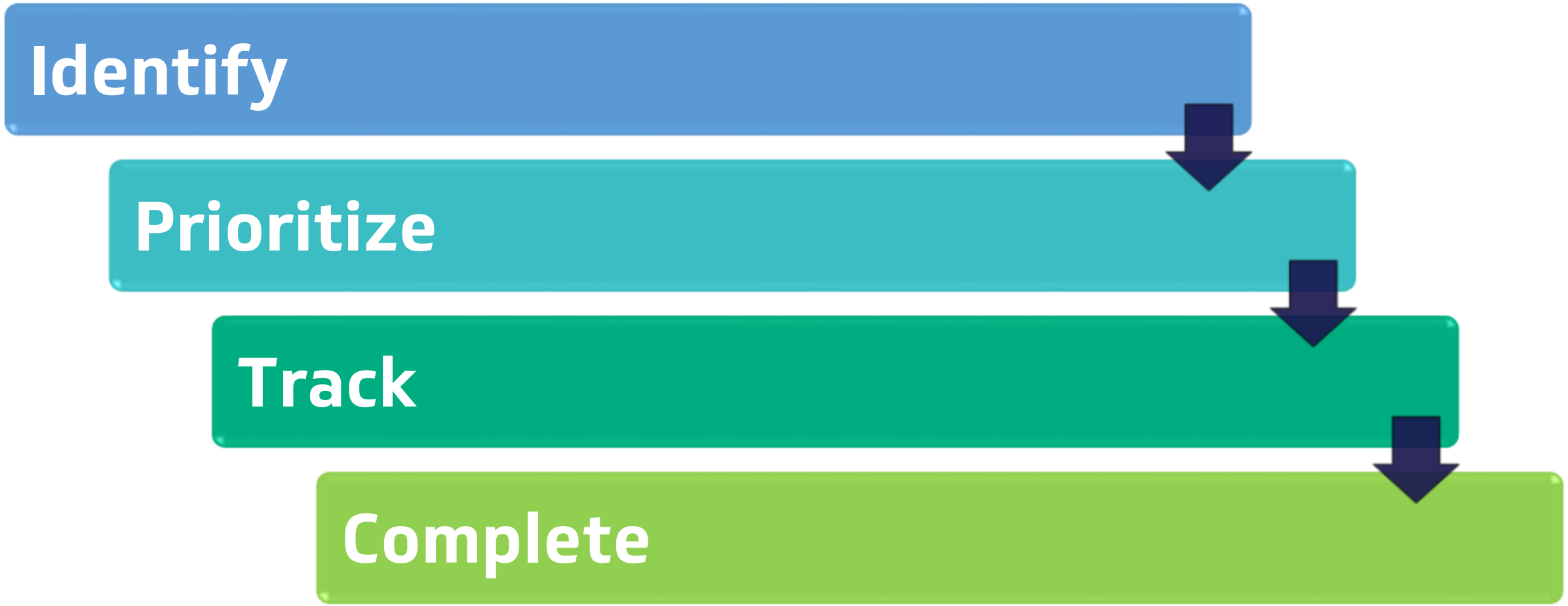
UI Health SPS Org Chart



UI Health SPS Leadership



UI Health SPS Project Program



Having a clear process adds value

FY22 Goal: Develop a process to identify and prioritize specialty pharmacy projects

Standard process

- Conserve resources
- ↑ Efficiency

Project list

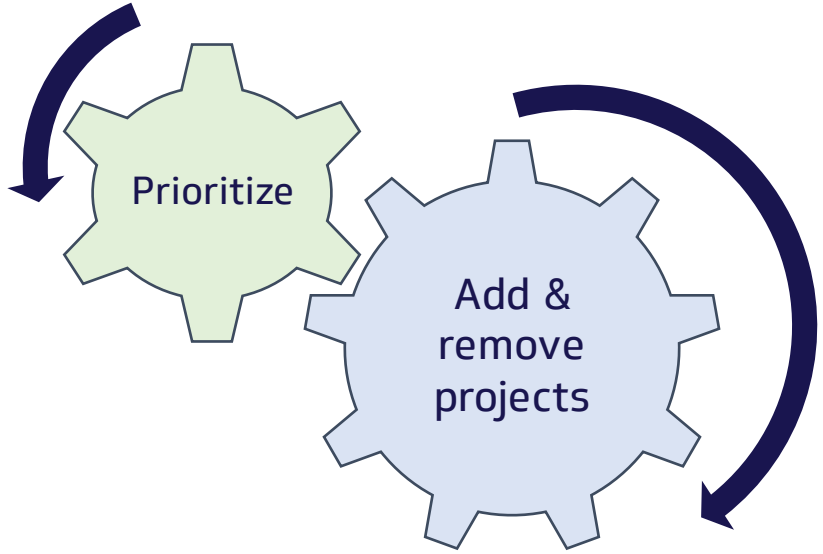
- ↑ Transparency
- ↑ Collaboration

Project Program Steps

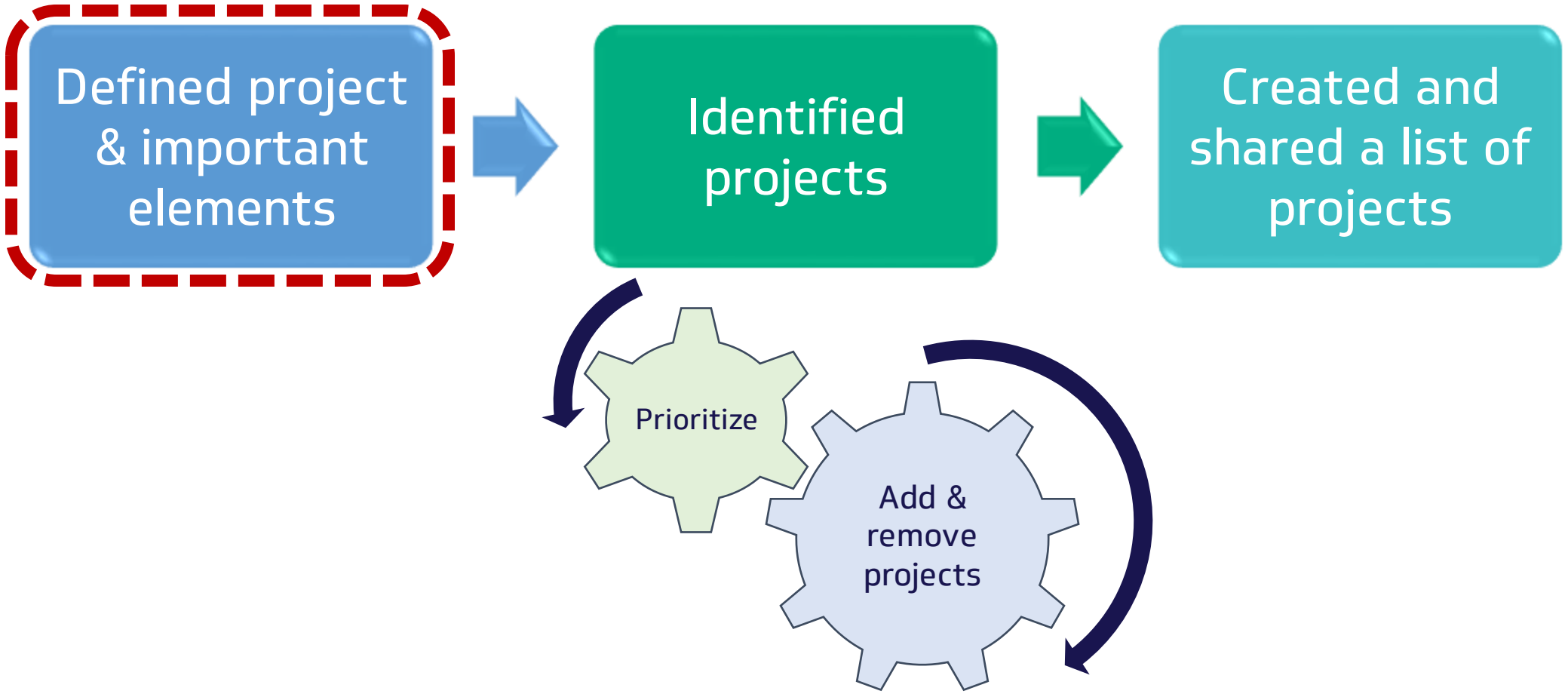
Defined project & important elements

Identified projects

Created and shared a list of projects



Steps


Defined project & important elements
Identified projects
Created and shared a list of projects
Prioritize
Add & remove projects

UI Health SPS definition of ‘project’

- Is a project
  - Task (or series of tasks) requiring some kind of support
    - Help from someone else
    - Resources (time, bodies)
  - Has a beginning and an end

- Is not a project
  - Something minor, doesn’t involve others
  - You can figure it out without additional resources
  - Routine responsibilities

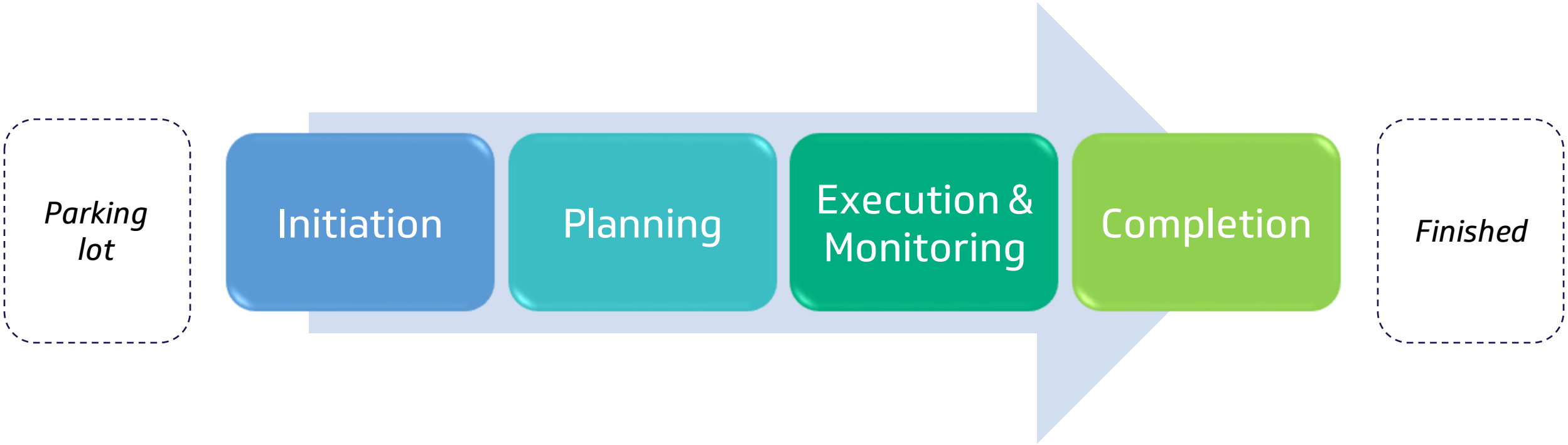
Needs resources

Limited time frame

Important project elements

What	Why	Who	When	How	Where
• Title • Objectives • Deliverables	• Strategic goal alignment	• Project leader • Project team • Learners?	• Start date • End date	• Resources needed	• Project status

Project status

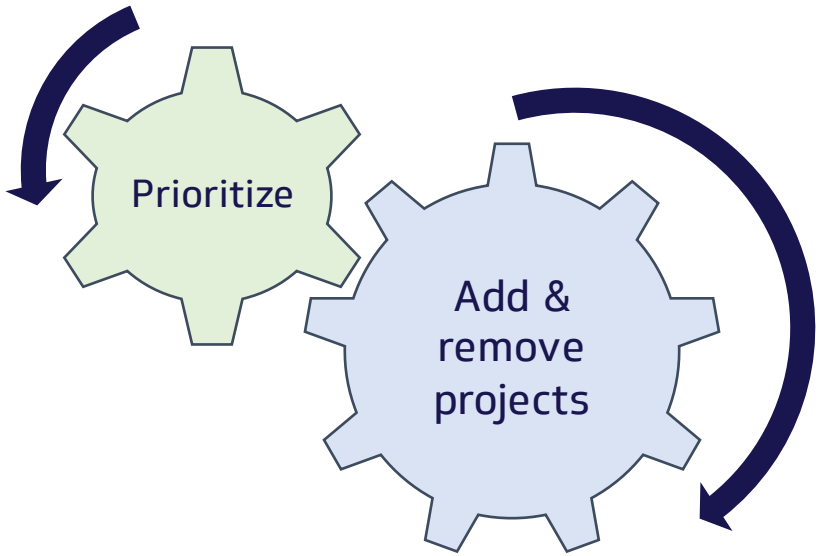


Steps

Defined project & important elements

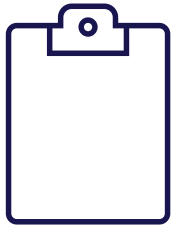
Identified projects

Created and shared a list of projects

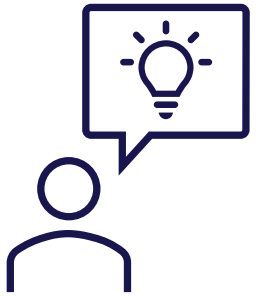


Project identification

- Initial
- Qualtrics survey
- Individual meetings



- Current
- Casual mentions
- Admin meetings
- Monthly project meetings

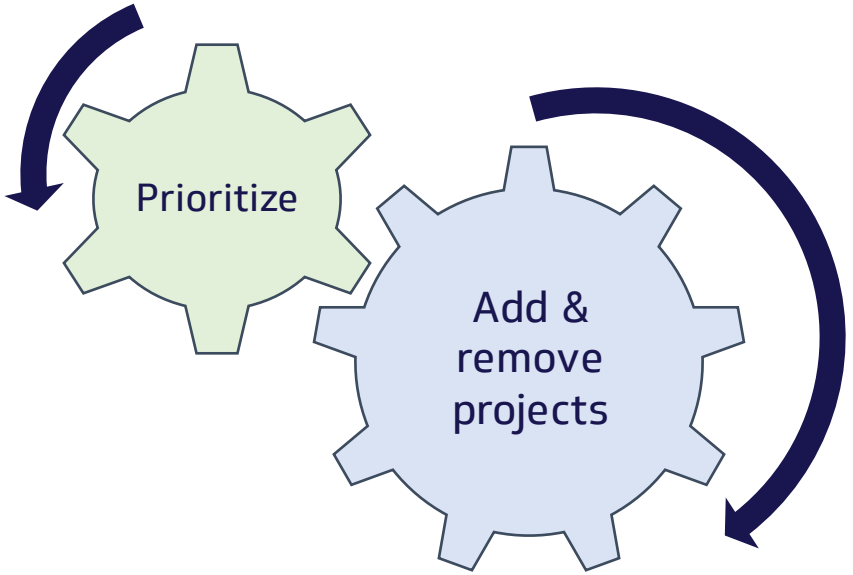


Steps

Defined project & important elements

Identified projects

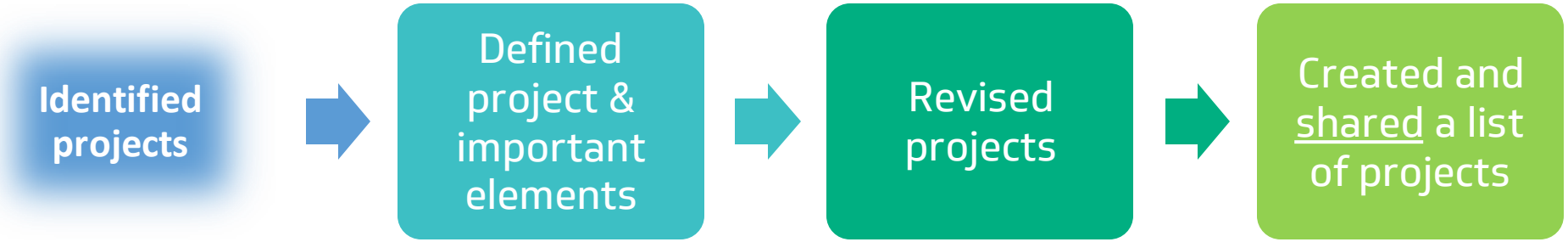
Created and shared a list of projects



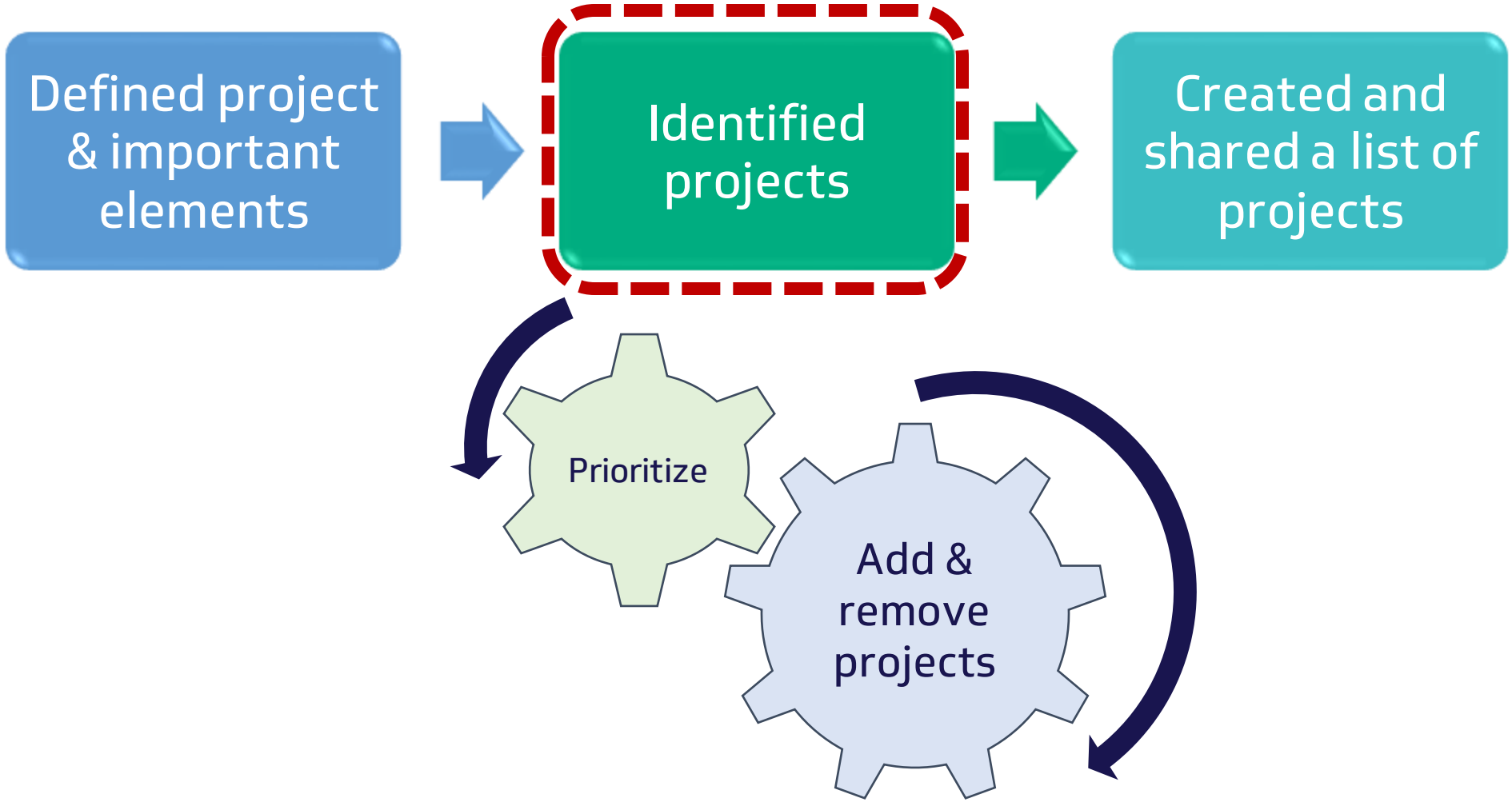
Shared project list

Title	Priority	Project Leader	Project Team Mem	Question, Purpose, or Project Description	Objectives	Final Product	Applicable Strategic Goals	Status	Expected Comple
BPA: Data Driven Decision Making in a Health System Sp	2	Ruchik Patel	Karen, Becky, Lisa, Nehr	The manuscript will highlight data available to Health Syst	Not defined	ASHP Best Practices Submission	Innovation: advance the SPS brand and increase awareness	Finished	8/1/2022
Vizient PMN Project	4	Ruchik Patel	Becky	Deep dive into reasons for PMN across multiple HSSP in a	Not defined	Selected for podium presentation at V	Quality: optimize and evaluate the Clinical Outcomes Program	Execution	12/3/2022
ASHP RA Grant	2	Karen Thomas	Whole SPS Team, Hali H.	The goals of the RA grant are to use 1) existing SPS data to try to identify signals for patients who may be s	Completion of grant project with deliverables (manuscript, presentations)			Planning	6/30/2023
Quarterly Clinical Audits	1	Lisa Kumor	Lauren, Nehrin	Accreditation compliance	Not defined	systematic process, methodology doc	Quality: achieve 100% compliance on URAC and ACHC measures	Execution	12/30/2022
Central Call Center	2	Nehrin Khamo	Nehrin, Laura, involved p	Pharmacies actively receiving calls from outside and inter	Not defined	Create a Central Call Center for all of L	Financial Strength: decrease operating cost per prescription	Execution	
Drug Cards	2	Lisa Kumor & Nehrin Khamo	Hannah Henderson and	creation, dissemination and training on drug cards	Not defined	Process compatible with workflow and	Quality: achieve 100% compliance on URAC and ACHC measures	Execution	12/30/2022
Environmentally Friendly Packaging	2	Nehrin Khamo	John Gargas, Xander, ex	Distribution of specialty medications is an important part o	Use new packing material that are eco friendly for all seasons			Initiation	12/31/2023
SPS Data warehouse development	1	Karen Thomas;#Ruchik Patel	Lauren Moy	Develop a single repository for all SPS related reporting	Aggregate SPS reportingStandardize report ge	Data Warehouse	Innovation: improve data and analytics capabilities to maintain and expand business op	Planning	3/15/2023
Epic Based PA Workflow Implementation	2	Ruchik Patel	?Resident	Identify, build, and implement workflow within Epic to mana	Create referral and work queues; develop traini	New workflow in Epic		Parking Lot	
Establishment of Residency Outcomes	2	Lisa Kumor	Lisa, Karen	Define outcomes to measure and track	Not defined	Unsure	Innovation: advance the SPS brand and increase awareness	Initiation	5/30/2023
Intervention management and documentation	2	Karen Thomas	NN: 2	Intervention management and documentation; Ideas/initi	Not defined	Updated documentation process for i	Quality: optimize and evaluate the Clinical Outcomes Program	Initiation	6/30/2023
Evaluating patient-reported adherence and outcomes in	1	Lisa Kumor	Becky, Vanderbilt SP-Au	The purpose of this study is to examine the association be	Not defined	Unknown - to be discussed with Vanc	Quality: optimize and evaluate the Clinical Outcomes Program	Execution	7/1/2023
Patient Reported Outcomes Collaboration	4	Karen Thomas	Andrea Monteiro (PMPR	Develop a relationship with Andrea whose PhD dissertation	focused on evaluation and validation of patie	Establish a research question with An	Quality: optimize and evaluate the Clinical Outcomes Program	Initiation	12/31/2022
Pitney Bowes	2	Cedomir Micic	Jonathan, Vince, Ruchik	Not defined	Not defined	Not defined	Financial Strength: increase specialty and mail order prescription volume	Parking Lot	
MCA Analysis	1	Lisa Kumor	Khang Nguyen, Lisa, Ru	Not defined	Not defined	Poster AMCP Nexus October 2022	Quality: optimize and evaluate the Clinical Outcomes Program	Execution	
New drug approval SP classification	4	Ruchik Patel	Jake, Karen, Vizient grou	Determine new drug approval SP classification; Develop p	Not defined	Not defined	Financial Strength: optimize drug purchasing processes and minimize unnecessary inve	Execution	
Retroactive Specialty Pharmacy Prescription Capture	2	Ruchik Patel	William Ye	Develop and implement a retroactive prescription capture	Not defined	Poster presentation complete. Ongoi	Financial Strength: meet or exceed budgeted revenue	Execution	
SPS ACPE Webinar Series	2	Matthew Rim	Zeba, Fiona, Matt, Chris,	create SPS disease CE programs, available nationally	Not defined	Not defined	Quality: develop the Specialty Pharmacy CE Program	Execution	
Turning a midsized retail location into a high capacity ma	2	Michael Eagon	Ced, Matt, Karen, Joe Sir	Create a consistent process for all mail order coming out c	Measure baseline outcomes: RX output (speci	Workflows & SOPs; Presentations at V	Innovation: increase capacity by 3% through workflow optimization	Initiation	3/1/2023
Update/refresh of all marketing materials	2	Lisa Kumor	WILL NEED HELP	Time for refresh; make e-version; update to UI Health bran	Not defined	Updated materials and e-versions	Quality: achieve 100% compliance on URAC and ACHC measures; Innovation: advance	Initiation	3/1/2023
Extern onboarding project	2	Nehrin Khamo	Michael Eagon	Describe extern onboarding & training process; develop	additional roles (?) and generate a publication to	share our process		Parking Lot	

Shared project list



Steps


Defined project & important elements
Identified projects
Created and shared a list of projects
Prioritize
Add & remove projects

UI Health SPS definition of ‘prioritization’

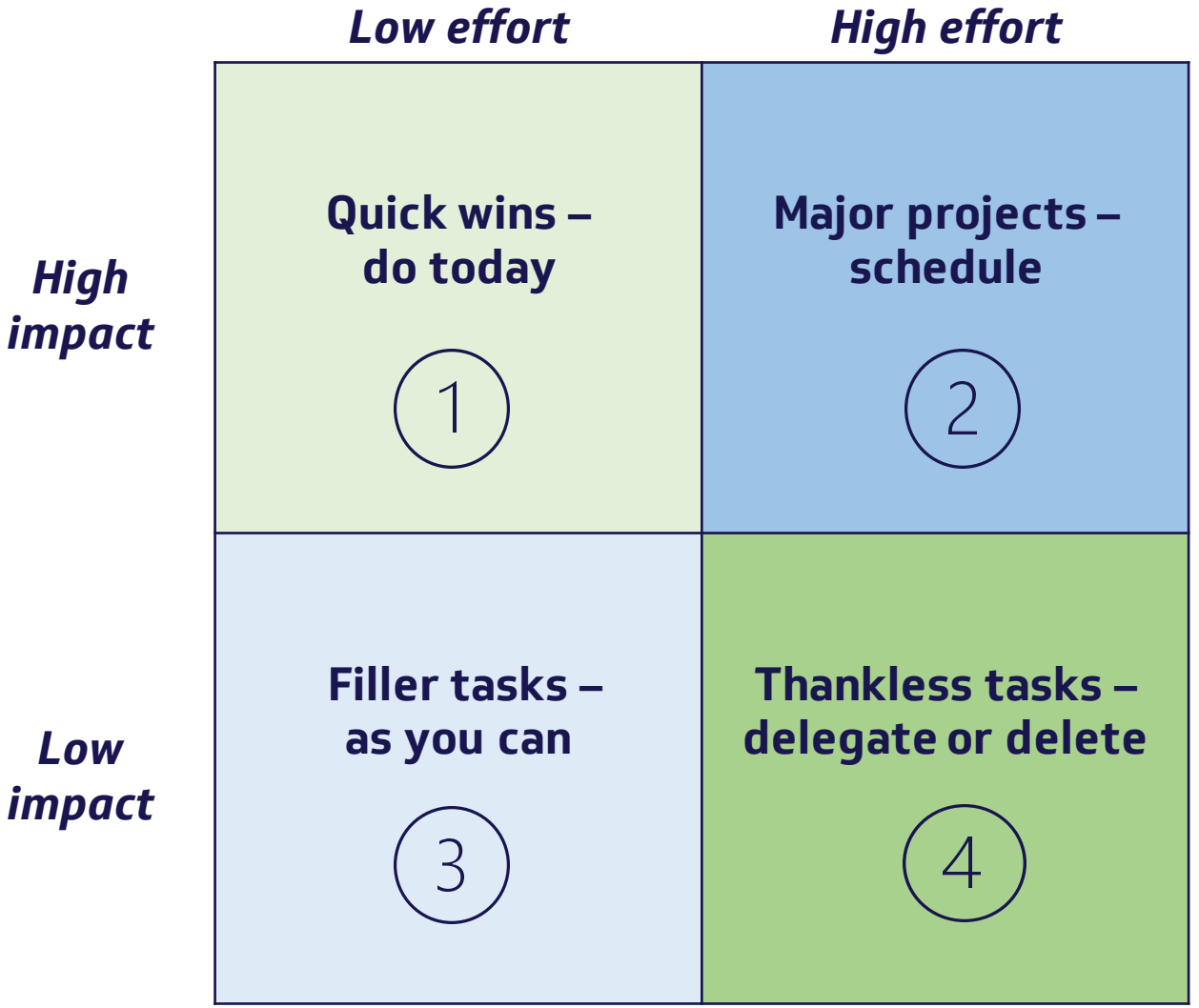
Caveat:

- Must first align with annual goals

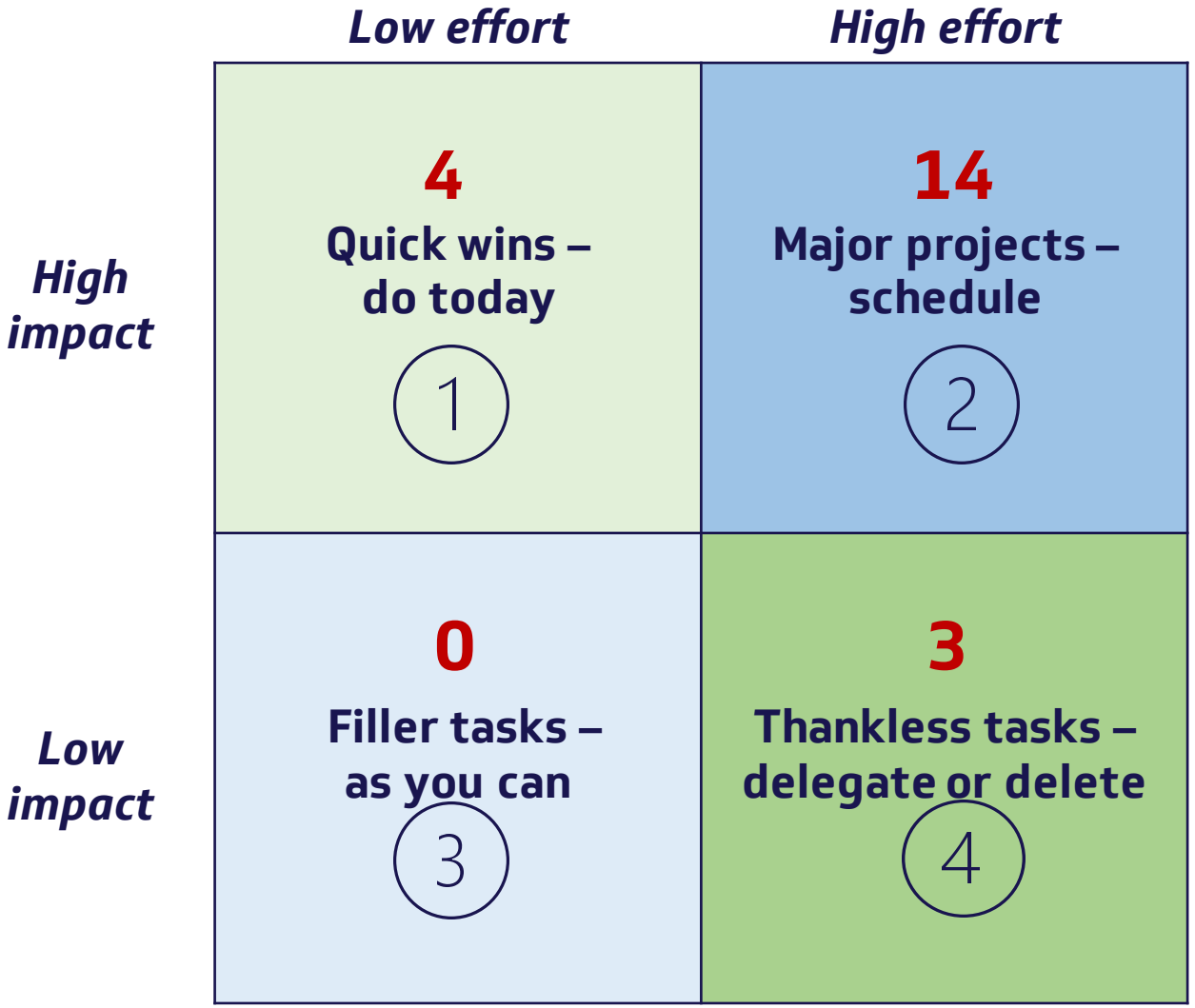
Prioritization:

- Systematic evaluation for deciding what should be done *next*
  - When you finish something – how do you know what to work on next?
- Considers impact & effort

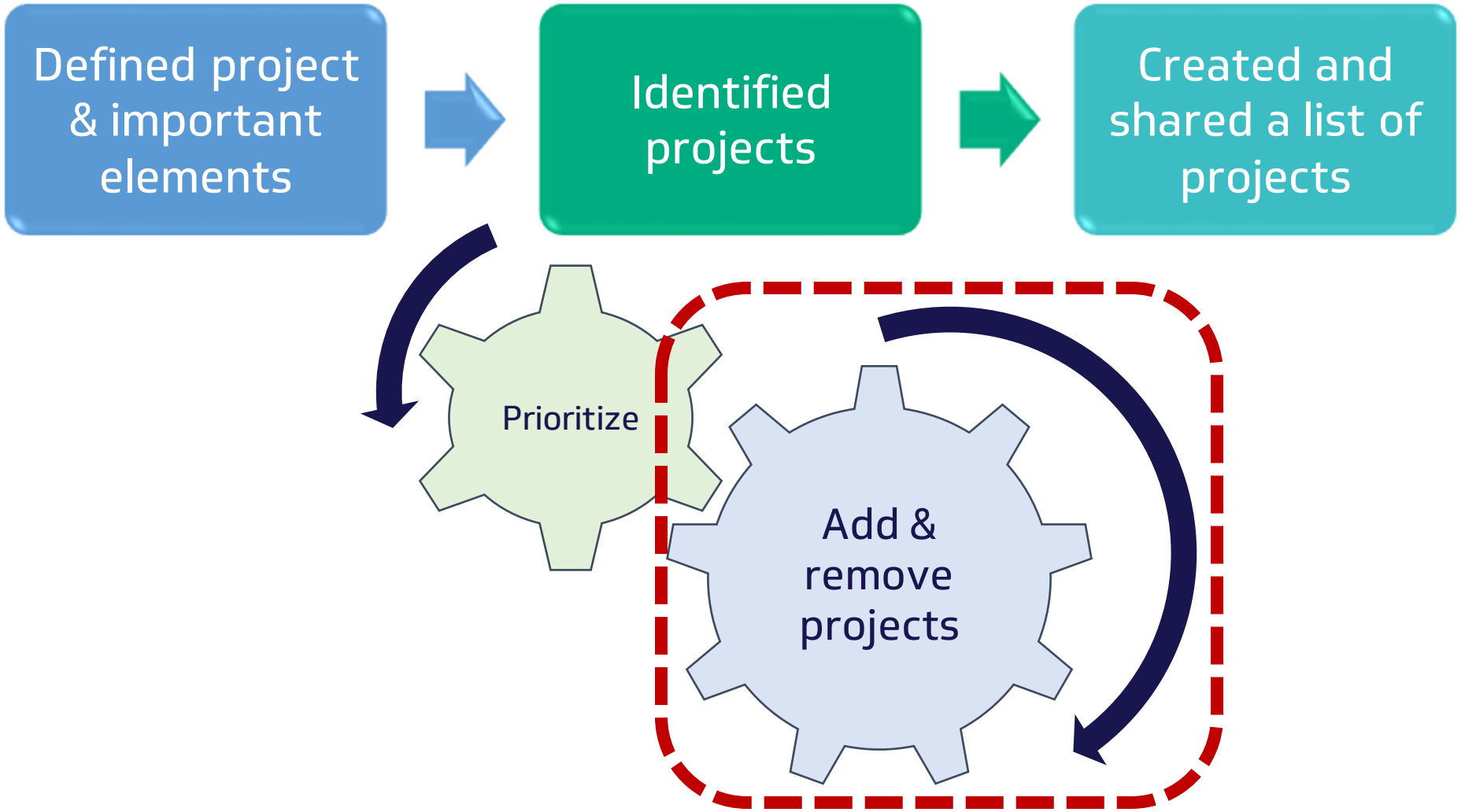
Project prioritization matrix



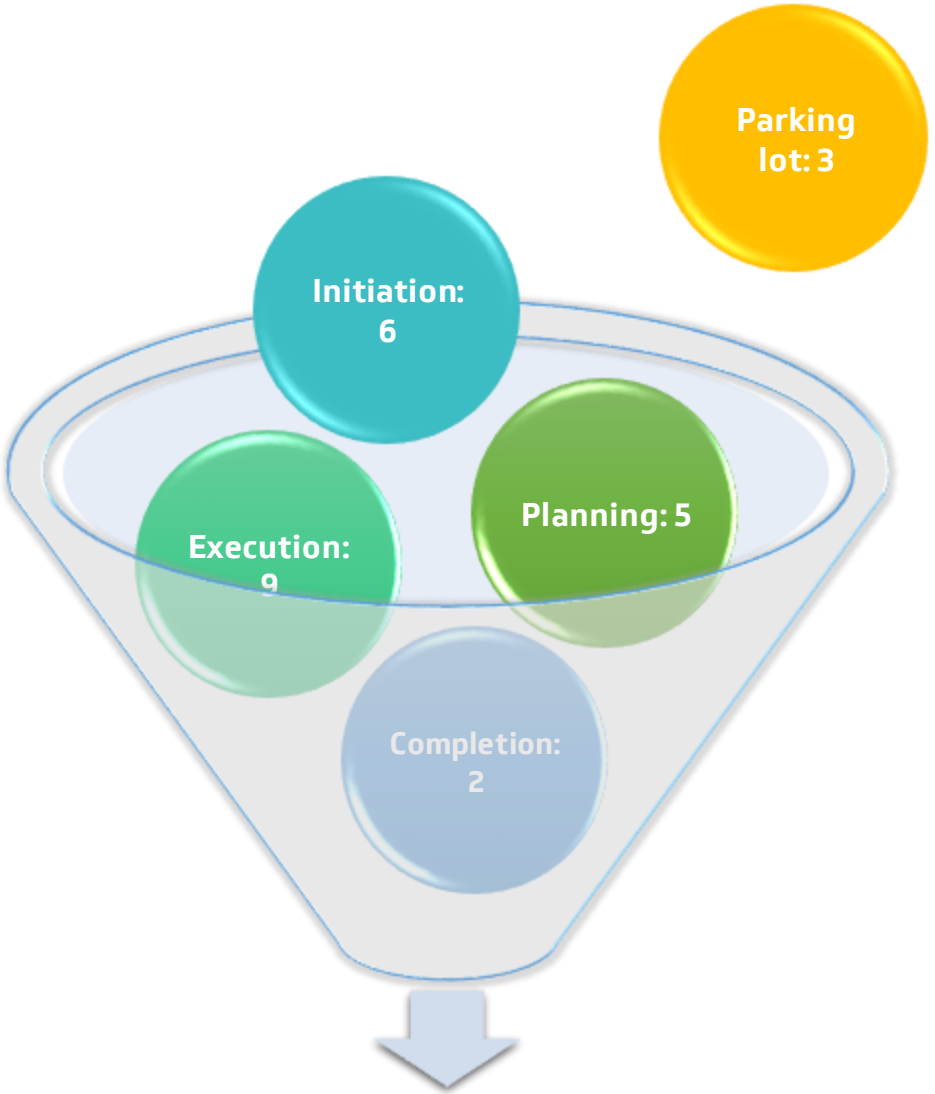
August 2022 project mix



Steps


Defined project & important elements
Identified projects
Created and shared a list of projects
Prioritize
Add & remove projects

Project status



5 finished projects

Next steps

Process refinement

Develop effective project habits

Expand outside of admin team

Summary with Key Takeaways

Possible Benefits

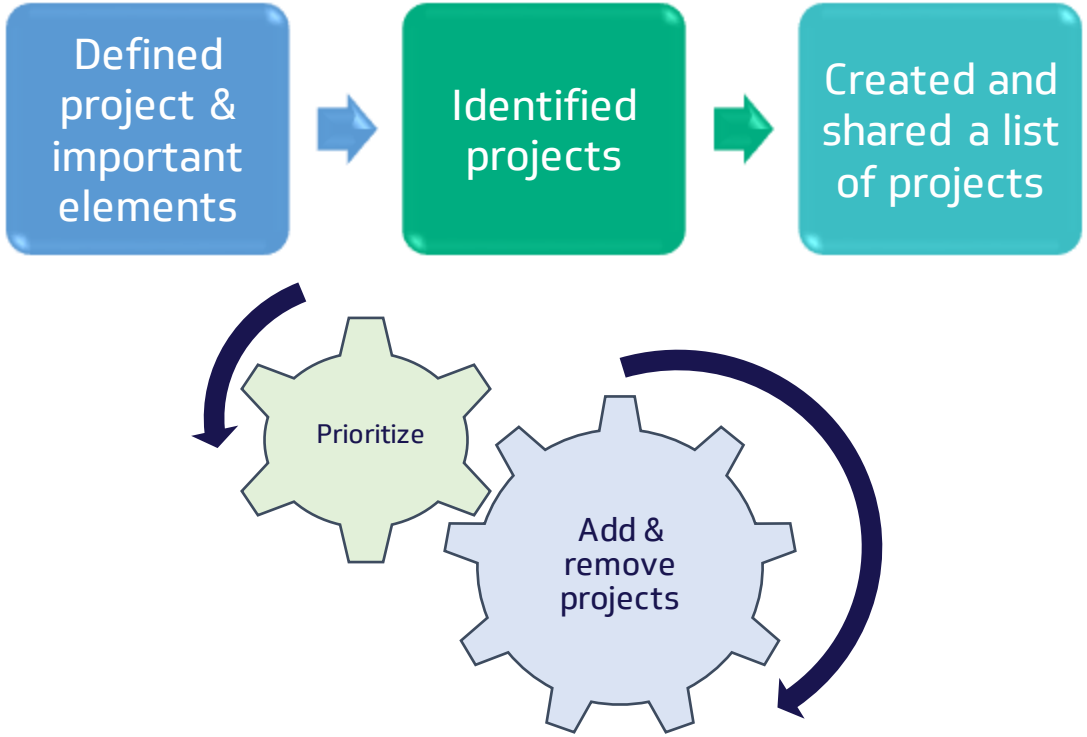
Standard process

- Conserve resources
- ↑ Efficiency

Project list

- ↑ Transparency
- ↑ Collaboration

Process Implementation



Questions?

For more information contact:
Karen C. Thomas at kct@uic.edu

STRONGER

vizient. CONNECTIONS SUMMIT

Sept. 19–21, 2022 #vizientsummit

Vizient Pharmacy Executives and Leaders

Peer-to-Peer Meeting