

'Time is right' for phase two of Project Destiny

By AMANDA BALTAZAR

WASHINGTON — The time is right for Project Destiny, according to results from the first phase of this initiative.

Project Destiny is an ambitious plan to make community pharmacies viable resources for patients in managing their medications and diseases.

It's a joint initiative of the American Pharmacists Association, the National Association of Chain Drug Stores and the National Community Pharmacists Association and supported financially by such pharmaceutical giants as Sanofi-Aventis, GlaxoSmithKline, Boehringer Ingelheim Pharmaceuticals, Pfizer U.S. Pharmaceuticals and Wyeth Pharmaceuticals.

Extensive research conducted during phase one of the project showed that there's a significant unmet consumer need to manage medication therapy, particularly to handle the increase in chronic conditions, such as diabetes and osteoarthritis. The research also proved that pharmacists are ideally situated to fill this need and provide consistent services.

"The model we're trying to build is that the pharmacists are highly accessible in the community pharmacy any time of the day. We want to posi-



Edith Rosato



Mitch Rotholz

tion them as empowering patients to take care of themselves and to see [the pharmacist] as a primary care pharmacist," said Edith Rosato, senior vice president of pharmacy affairs at the NACDS Foundation.

"What we're seeing is a huge opportunity to drive down costs through medication management therapy," she said. "Pharmacists are the best suited to do that and to help patients understand the importance of taking their medication. They can also have an impactful effect on patients' healthcare outcomes."

Pharmacists can be there as a reminder, or to answer questions or concerns, said Doug Hoey, chief operating officer of NCPA. "It's a very basic thing that pharmacists can do, and it's a win for everyone—the payer, the pharmaceutical indus-

try, the pharmacist and the patient."

However, pharmacists' most important role, he said, is emphasizing compliance and persistence since 75 percent of patients do not follow their medication instructions.

Phase one of Project Destiny was completed at the end of 2007 and involved a complete assessment of the marketplace and the identification of what community pharmacy needs. Upon these findings, models were designed to provide the required services.

These models were then evaluated with key stakeholders, including payers, healthcare plans, PBMs and physicians, and refined depending upon feedback. Now, three final models have been identified, and one, possibly two, of these will be implemented in three diverse community pharmacies as pilots under phase two of Project Destiny.

"The important next step is gathering interest in the market for participation in the pilot," Rosato said.

The key things to be watched once the pilots take place, she added, are the scalability of the models and the growth of face-to-face relationship building between the pharmacist and the patients.

They will also be evaluated to ensure consistency, whether the pilot has been rolled out in a grocery chain, an independent store or a mass merchant. There will need to be a baseline level of care, said Rosato, similar to the level of care a patient expects when going to a doctor's office.

During phase two, an extensive communication plan will be implemented, in order to explain the associations' vision, and also to gain stakeholders as advocates.

"This is because phase one showed us that [Project Destiny] could not be accomplished by community pharmacy alone, but needs to be a collaboration with the entire industry," Rosato said.

Gaining advocates is important so that other industry stakeholders don't feel that community pharmacy is infringing upon them, she added. "We want to communicate to them that we can be supportive and not threaten their business. It's important to work together."

The phase two pilots will run for 12 to 18 months, in order to fully assess this stage of Project Destiny.

"From APhA's perspective, we see this as helping move community

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Study shows Part D boosts Type 2 diabetes drug compliance

By DREW BUONO

WASHINGTON — Part D has improved drug coverage and lessened the financial burden for many beneficiaries with Type 2 diabetes, according to a new study by Avalere Health, an advisory company focused on business strategy and public policy. The study also focused on drug utilization and the impact the "doughnut hole" coverage had on patients staying on their drug regimen.

According to the Centers for Disease Control and Prevention, in 2005, 21 percent of seniors, or 10.3 million people over the age of 60, were living with a diagnosis of diabetes. Prior to the beginning of Medicare Part D 1-out-of-4 Medicare dollars was spent to treat diabetes, according to the American Diabetes Association.

In fact, nearly all Medicare beneficiaries with Type 2 diabetes (96 percent) have at least one other chronic

condition, with almost half (46 percent) having five or more chronic conditions. Most of these conditions are related to cardiovascular disease.

Before Part D, one-quarter of seniors reported having no drug coverage. In 2002, about half of Medicare beneficiaries were enrolled in employer-sponsored plans or Medicare health maintenance organizations, which often included drug coverage with cost-sharing requirements. Also, approximately 17 percent of Medicare beneficiaries received drug coverage through Medicaid, with another 9 percent purchasing Medigap or supplemental Medicare coverage that includes drug coverage.

By 2007, 55 percent of the Medicare population, or 24.1 million people, had enrolled in Part D plans, with nearly three-quarters of enrollment concentrated in prescription drug plans and the remainder in Medicare Advantage Prescription drug plans. As a result, less than 10



Bob Atlas, senior vice president of Avalere Health, told attendees at the company's forum on diabetes that Medicare Part D has eased the financial burden on patients with Type 2 diabetes.

percent of seniors were without prescription drug coverage in 2007.

Some of the results of the study presented last month at Avalere's forum on diabetes held in Washington, D.C., were: most drugs used to treat diabetes and its two most common co-occurring

conditions, hypertension (66 percent) and dyslipidemia (36 percent), are widely covered by Part D health plans, at rates of 85 percent to 88 percent, and on tiers 1 and 2 of plan formularies, which are associated with the lowest co-payments. By comparison, previous Avalere analysis showed that Part D formularies included an average of 75 percent of antipsychotic drugs and 88 percent of antidepressants.

In terms of drug utilization and costs for the medications, out-of-pocket diabetes drug costs per prescription were 35 percent lower for stand-alone prescription drug plan enrollees and 25 percent lower for Medicare Advantage prescription drug plan enrollees, as compared with fellow Medicare beneficiaries who chose not to enroll in Part D. PDP enrollees were taking 11.2 percent more prescriptions and MA-PD enrollees 6.2 percent more prescriptions than before they had Part D coverage.

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Diabetes tour

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 cated that 97.5 percent of patients were satisfied or very satisfied with the care they received from their pharmacist coach."

Fera and other APhA leaders said the promising interim results of the 10-city diabetes initiative are in line with the successes demonstrated by a longer-running and better-known patient-care initiative in collaborative care—the Asheville Project in North Carolina, now ongoing for a decade. "DTCC exemplifies how a successful pilot project was used as a launching pad to form a quasi-pharmacy, practice-based research network," APhA noted in its findings. "The Asheville Project has demonstrated that pharmacist intervention in a broad population resulted in employer savings of between \$1,622 and \$3,356 per patient annually.

"The long-term clinical and financial benefits demonstrated in the Asheville Project provide convincing evidence to employers and other purchasers of health services that return on investment is likely from programs that include

medication therapy management services and other disease management approaches. In similar fashion, Fera and colleagues expect the positive trends observed in their interim DTCC analysis to drive

down total direct medical costs over the long term."

William Ellis, executive director and chief executive officer of the APhA Foundation, pointed out how DTCC and the Asheville

Project highlight the role of pharmacists in assisting with drug therapy decisions, providing patient education and monitoring adherence and efficacy.

Employers will be able to

evaluate the economic impact of the program for total health care during the next DTCC reporting phase. Fera said in San Diego that those findings will be disseminated by APhA in late 2008 or early 2009.

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Project Destiny

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 pharmacy from a commodity to being in the healthcare business," said Mitch Rothholz, chief of staff. "With everything going on tied around the cost of products, we see value for the pharmacy model being focused around the pharmacist to increase care."

Not surprisingly, significant hurdles stand in Project Destiny's path, including the magnitude of the project, which potentially involves all of the country's community pharmacies.

There's also the question of where resources will come from, as well as the continued commitment to the program from both pharmacists and the infrastructure around them, including pharmacy owners, chains and insurance companies.