



Patient Care and Pharmacy Services in the VA

Providing care for American's veterans

by Lynnae M. Mahaney, RPh, MBA, FASHP

JPSW published an article about Veterans Administration pharmacy services in the fall of 2002 and another article in 2004 as part of a series on technology.^{1,2} A lot has changed in four short years, particularly due to the war in the Middle East. But let's start with the basics.

VA STRUCTURE – NATIONAL

The mission of the Department of Veterans Affairs is to serve America's veterans and their families with dignity and compassion and to be their principal advocate in ensuring that they receive medical care, benefits, social support, and lasting memorials promoting the health, welfare and dignity of all veterans in recognition of their service to this nation.³ The Department of Veterans Affairs is composed of three entities: Veterans Health Administration (VHA), National Cemetery Administration, and the Veterans Benefits Administration. The VA medical facilities fall under the VHA and are organized into 23 Veterans Integrated Service Networks (VISNs). Quality patient care, education and research are the core elements of the VHA mission.

The VA Great Lakes Health Care System, VISN 12, includes seven VA medical centers, 32 outpatient clinics, five nursing homes and two domiciliaries located throughout Illinois, Northwest Indiana, the Upper Peninsula of Michigan and Wisconsin. The Network area population of over 220,000 veterans accounts for over 30,000 admissions and 2.5 million outpatient visits per year. Facilities in VISN 12 operate 920 medical, surgical and psychiatry hospital beds, as well as 789 nursing home beds and 461 domiciliary beds varying in size and complexity. VISN 12 is involved in the training of a wide vari-

ety of health professions including physicians, nurses, social workers, dentists, eye professionals, occupational therapists and more. In FY 2006 we participated in the training of 674 medical residents, many medical students and 230 other allied health professionals.⁴

VA STRUCTURE – STATE

The state of Wisconsin also provides benefits, programs and services to state residents who entered "active duty" from Wisconsin and continue to reside in the state. The Wisconsin Veterans Trust Fund, a special income surtax, enables provision of these services and is intended to supplement and complement services provided to veterans by the federal government. Wisconsin operates several state programs including veterans' homes, which provide skilled nursing and assisted living, veterans' cemeteries, a homeless transitional assistance program and a military funeral honors program.⁵

VHA ELIGIBILITY AND VETERANS SERVED

When a veteran "signs up" to receive health care from the VA, he or she is evaluated for eligibility based on household income and assets (less than a certain threshold) and degree of service-connected injury or disease. Veterans are further evaluated on their particular service connection and whether a co-pay is to be applied for appointments (\$50) and prescriptions (\$8 for 30 days). Most veterans who were injured in the line of duty do not have co-pays for treatment of the resultant injury or disease.

In the past, many Medicare-aged veterans have accessed VA health care because Medicare did not cover outpatient prescriptions. With the recent Medicare Part D prescription coverage and the aging of

our veterans, we have seen a very small decrease in veterans served across the country. Operation Enduring Freedom and Operation Iraqi Freedom wars, however, have brought more young veterans into the system. VISN 12 actually saw a 5.4% increase in veteran patients from FY04-FY07.

Veterans can maintain local medical providers if they choose. However, to receive medications from the VA, they must establish care with a VA primary care provider who will co-manage their medical conditions with that local provider. The VA formulary must be followed.

Of particular note, and as you might expect, we have seen a marked increase in veterans with Post-Traumatic Stress Disorder (PTSD) and other mental health issues, polytrauma, traumatic brain injury and prosthetic needs in the last few years. The funds appropriated to the VA by Congress reflect these veteran needs.

THE FORMULARY

The Veterans Health Administration Pharmacy Benefits Management (PBM) staff, who are located in Chicago, manage the national formulary and have five major functions:

1. drug use management
2. management of drug distribution and related services
3. management of the cost of pharmaceuticals
4. outcomes research
5. education

The PBM is composed of the Medical Advisory Panel (MAP, the physicians) and a committee representing each of the 23 VISN formulary committees. The current VISN 12 representative is from the North Chicago facility. The MAP VISN formulary committee members are the primary decision-makers concerning the drugs

listed on the national formulary and are also responsible for identifying and fostering the development of disease-specific treatment guidelines as well as disseminating that information. The communication between the PBM and VISN formulary committees is highly interactive and works very well.

All formulary decisions are made by the PBM; there are no VISN or local formularies. The VISN and local P&T committees can request formulary changes and they also provide input to the PBM. The PBM routinely sends out draft drug monographs, treatment guidelines and criteria for use to all facilities for feedback prior to decision making. Contracting for purchasing formulary products is conducted by a separate VA agency. This separation helps avoid conflict of interest.

PATIENT CARE SERVICES AND QUALITY

Most of the larger VA facilities provide acute care services, have onsite clinics, and have community-based outpatient clinics (CBOCs) within 50 miles of the hospital. Many of these facilities also have short term and long term care beds. In Madison, we have an 87-bed hospital providing most types of acute care, including heart and lung transplant, an emergency department, outpatient services in primary care and all specialties, and five CBOCs. Our Rockford CBOC has an outpatient pharmacy and clinical pharmacy staff. We hope to expand this to two other CBOCs in the next year. VAs can now add “annex” clinics when their existing campus space is maximized; these clinics must be within five miles of the primary site.

Quality of care is a major focus for the VA. We have used internally developed quality indicators, known as our External Peer Review Program (EPRP), for many years and we recently incorporated the ORYX and HEDIS measures into our performance plans. This translates to several hundred measures of quality of care, veteran satisfaction, wait times, screening for diseases and conditions, and many mental health-related issues. Each facility and the facility director are evaluated on their achievement of these measures. The pharmacy staff participates in programs to meet many of these measures. In fact, the VISN 12 clinical outcomes data related

to pharmacy are as good as, or better than most of the other VISNs.

PHARMACY SERVICES

Pharmacists in the VA system have a multitude of opportunities for clinical practice and they function with a great deal of autonomy. We have had pharmacists serving in clinical positions — inpatient and outpatient — for over 25 years. For example, all pharmacists at the Madison hospital have prescribing privileges of some sort. Depending on the site, clinical pharmacy services (meaning one-on-one patient appointments with the pharmacists) are provided to outpatients in hypertension, rheumatology, anticoagulation, neurology, geriatrics, infectious disease, mental health, cardiology, hematology and primary care.

Veterans can receive all of their VA prescribed medications from the VA. New prescriptions are filled in the outpatient pharmacy where a patient receives instruction and education from a pharmacist. Most refill prescriptions are filled at one of the five central mail out pharmacies (CMOP) in the country; our VISN utilizes the CMOP in Chicago. All patients maintain a direct relationship with their own VA facility staff; CMOP interactions are conducted by the facility pharmacy staff so that the mail service is seamless.

Inpatient pharmacy services can vary across the country depending on the facility and veteran population. Madison has a decentralized inpatient pharmacy staff responsible for pharmacokinetics, adverse drug reaction monitoring, IV to PO conversion, medication reconciliation at admit and discharge, and discharge counseling. Inpatient service changes this year will include expanding the medication reconciliation process to include the pharmacist reviewing the medication history with the patient at admit, creating an emergency department pharmacist position, and implementing pharmacist-managed anticoagulation services. All pharmacists document interventions with providers, medication reconciliation, allergies, adverse drug reactions and patient education.

Formulary management is another major function of VA pharmacy services, as it is in any health-system. Development and implementation of treatment guidelines and medication criteria for use require the

full-time resources of one or more pharmacists at each facility. VISN 12 has the second lowest cost per patient per year of all the VISNs.

As previously mentioned, part of the VHA mission is to educate health care trainees. Nationally, VA pharmacy is extremely involved in supporting this endeavor as is VISN 12. Five of our seven facilities have one or more ASHP-accredited residency programs, and those five facilities also precept many pharmacy students from across the country.

VA TECHNOLOGY AND MEDICATION SAFETY

One of the most exciting facets of health care at the VA has been the nationwide focus on medication safety and implementation of the Computerized Patient Record System (CPRS) and Bar Code Medication Administration (BCMA). Both have been fully implemented across the country since 2002.

CPRS is a complete patient electronic medical record (EMR) that gives the entire health care team easy access to all of the patient’s demographics, medications, labs, progress notes, procedures and appointments. Practitioners document and order nearly everything into the computer and we make full use of templates in all areas. The computerized records can be efficiently utilized with a click of the mouse from anywhere in our facilities and anywhere else with appropriate access. The ability to easily access patient information from any VA facility where a veteran has received service has been one of the recent additions. For example, we can see with a mouse click the complete prescription history of a veteran. We also now have radiology imaging, scanning and photography applications.

BCMA is a point-of-care solution for validating the administration of medications including the correct patient, drug, dose, route and time. Pharmacists must “finish” the CPRS provider order entry before medication can be administered through the BCMA program. BCMA is now being implemented in many outpatient areas such as infusion clinics and the ED. Pharmacy technicians pre-pack and barcode medications with robot assistance and hand sticker the barcodes on some injectable and bulk products. Some VAs

contract for these services.

We also use an array of dispensing cabinets throughout the VA for medication floor stock, and we have contracts with multiple manufacturers. The purchased software is completely interfaced with the VA dispensing software. Product selection is based upon the specific needs of nursing, pharmacy and providers at each facility.

Our prescription volume continues to grow every year. Given the increase in pharmacist salaries, the cost/benefit ratio has leaned heavily in favor of technology use for outpatient prescription dispensing. The VA pharmacies utilize a multitude of products to improve the accuracy, safety, and efficiency of outpatient prescription dispensing including Baxter, Omnicell, ScriptPro and McKesson. Product selection is based upon the specific needs of that pharmacy as mentioned.

MY HEALTHEVET (MHV) is a new web-based online environment for veterans, family and clinicians. The goal for MHV is to optimize a veteran's health by using web technology combined with essential health record information and online health resources. It offers

- VA-developed health education information and self assessment tools
- Prescription refill and veteran-entered data
- View of co-pay balances and next appointments
- Patient's entry of metrics such as blood pressure
- Access to key portions of their EMR

The VA has an abundance of resources in knowledge and personnel across the

country. We take advantage of this wealth through use of the video teleconference for both administrative and clinical functions. For example, the VISN P&T committee as well as the PBM group meets via video conferencing. We save time and money with this technology and improve our efficiency in decision making through e-mail prior to the meetings. Videoconferencing is also being used by the Madison VA and others to offer services to our CBOC patients for mental health and smoking cessation. Some facilities use it for pharmacist counseling at CBOCs with prescription dispensing cabinets. Videoconferencing does not provide optimal patient care for some disease states, but it certainly plays a role for access and continuity of care in others. VISN 12 employs a full-time communications expert for this function.

The VHA is an extensive health-system aimed at meeting the complete health care needs of our nation's veterans. It is a complex system focused on quality of care, education of health care professionals and research. And most importantly to our profession, it is one of the best places to practice pharmacy in the country. ●

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REFERENCES

1. Mahaney L. Pharmacy from a VA hospital perspective. JPSW Sept/Oct; 2002.
2. Mahaney L. Use of technology in the VA health system. JPSW May/June; 2004.
3. <http://vaaww1.va.gov/MED/>
4. VISN 12 Annual Report. VA Great Lakes Health Care System VISN 12. Hines, IL.
5. <http://dva.state.wi.us/benefits.asp>

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Hillside Health Care International (HHCI) is a faith-based, non-profit organization dedicated to serving God by providing health care and disease prevention to the people of Southern Belize.

Through its main clinic and mobile outreach clinics to more than a dozen indigenous villages, HHCI volunteers provide over 7000 free patient visits each year. HHCI also provides a culturally-rich educational program for students from a variety of health care professions and enables them to better understand their role in international health care.

HHCI is currently looking for a volunteer pharmacy director to provide oversight of the current pharmacy operations and for its newly designed international advance practice experience for doctor of pharmacy students. Modified job description is as follows:

- 6-12 month minimum commitment required.
- Oversight for all pharmacy encounters
- Supervising a year-around teaching program for 1-2 third and fourth year pharmacy students per month including: orientations, evaluations, precepting patient encounters, conducting didactic teaching sessions, helping format a curriculum, creating a meaningful experience through varied clinical activities, oversight of the participants' overall experiences, assisting in correspondence with prospective participants, assisting in the selection process of appropriate participants.
- Oversee pharmacy management and formulary development in collaboration with medical director.
- Other administrative duties such as assisting in the development of written orientation materials, updating the policy and procedure manual, etc.
- Willing to work within a team oriented model of health care
- Willing to work within a Christian environment.

For more information go to
www.hillsidebelize.org
or contact: Jeff Hartman DPT, MPH- state-
side director of operations
jjhartman@wisc.edu 608-751-7672.

In Memoriam

Michael J. Mietzel, 63, passed away unexpectedly on June 27. Born in Fond du Lac, Mietzel graduated from the UW School of Pharmacy in 1967. Much of his early career was with Streu's Pharmacy in Green Bay and later with Wal-Mart, first as a store manager and then doing relief work throughout NE Wisconsin. He retired in May.



He married Sue Nuernberg in Madison in 1966 and they had two children: Matthew and Michele. He was especially fond of his grandson, Samuel with whom he shared his love of nature.

Michael was a member of several pharmacy organizations, including PSW, APhA and the Brown County Pharmacists Association. He was a Vietnam Veteran and a long-time volunteer at Unity Hospice where he worked once a week delivering medications and supplies to patients.