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PROGRESSIVE PARTNERSHIPS: INVESTING IN TRIBAL NATION BUILDING

Recorder Form

Onsite Contact Jackie Eagle 918-520-6334

Recorder: Jennifer McLaughlin

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Session Title: Utilizing the Consolidated Mail Outpatient Pharmacy

Panelists:

Mariano Franchi, Acting National Consolidated Mail Outpatient Pharmacy (CMOP) Director, Veterans Health Administration, Department of Veterans Affairs

CAPT Robert Hayes, National Director, National Supply Service Center, IHS

Summary of Issues and Items Discussed:

Mariano Franchi

- CMOP business model is very different from the private sector mail order system. It functions as a fulfillment center and it does not operate as a system of record.
- Beneficiary care remains coordinated and located in one place. Access is pay as you go so there are no fees to join and no access fees there is only a reimbursement for service.
- We send back an electronic verification when the prescriptions filled, how much got, etc.
- We utilize an Agreement to define the roles –
 - Tribal role - initial review of order, medication profile review, patient consultation, verification of shipping address, daily transmission of orders (most sites transmit once a day), reporting of errors close calls patient complaints (ask for reports on these issues), notification of changes in product utilization (to ensure adequate product in stock).
 - CMOP role – verify received orders, responsible for accurate and timely dispensment of orders, provide feedback on web app, if have to cancel order they provide reason why it occurred, maintain proper inventory control.
- CMOP Operations – not system of record. All patient records and profiles are operated by the sending pharmacy. We do not change the information we receive we either fill it or send it back to the pharmacy for clarification. If there is an error in something sent we will send it back and ask them to correct it and return it. Primarily we provide high volume medication. We Do NOT Fill Schedule II substances (narcotics). We do not provide low volume products – i.e. fewer than 10 prescriptions per month across the system. We also do not provide IV add mixtures.
- Life of CMOP Outpatient prescription – The order starts with the provider, the pharmacist provides prescription and transmitted to CMOP system. CMOP makes sure it received all of the transmissions and they are allocated to the various dispensers, all sent to core database in Tucson AZ and they will review it and determine which facility to transfer the order to, orders set up for processing, dispensed, then verified by pharmacist and dose makes sense, prescription is packaged and use a third party mail system – weigh, separate by zip code and puts them in delivery system, delivery by vendor (primary use USPS, UPS and fed ex)
- Life of outpatient prescription 1-24 hours await verification once CMOP received prescription has 48 hours to fill usually within high 30 hours. Average delivery takes 2-3 days and we tell patients to plan on 7-10 days so we ask them to place an order early.
- Basic size of CMOP – production for FY2016 – 119.7 million prescriptions produced and this year 121-122 million will be produced. 470,000 prescriptions per work day, spent 3.4 billion on cost of drugs, 223 million mail, personnel 128.3 million and operating costs 66.9 million.

- There are seven (7) operating CMOP facilities Chelmsford, MA, Charleston, SC, Hines, Leavenworth, TX, Tucson, AZ, Lancaster, Murfreesboro, KY.
- JD Power and Associates conducted a National Pharmacy Studies – customer satisfaction survey VA mail order system rated among the best every year. It received the highest score for 6 of the 8 years.
- The Process – The system takes the empty vials, prints label and it is married to a puck (container) and driven along conveyer belt with RFID readers so we know where it is and where it is going at all times. The system takes it to dispensing cell, the bottle then goes to pharmacist who reviews the directions for use and confirms that it is the right drug, and eyeball assessment to make sure it is the right number of pills, then go to capper and then to de-pucking process – goes into a tote or packet.
- Most systems mirror this process although we do not have the same automation in all systems – there are differences in technology.

Rob Hayes

Why CMOP?

- Adherence and patient experience appeal to us. Customer service more convenience to patient. Allowed pharmacist to assume clinical roles and included on patient healthcare teams. Overall it has been well received.
- Safety is the most important thing and we have perfected limited prescription errors, multiple facilities and quality improvement process.
- Many facilities experiencing wait times and learned they already went through this many years ago when doing 100% on site service – it was a huge burden. Today, nearly 80% go through the CMOP system.
- Studies on improved drug adherence – good studies say mailing prescriptions improved it.
- The IHS uses VA pharmaceutical so access to two federal pricing programs – important Tribal programs take advantage of federal drug prices.
- IHS can use big four prices – get best price available. VA spends 6-7 billion a year where IHS spends 146 million per year. They have the ability to go out and drive market share and we can add to that.
- CMOP is another dimension – some products can get cheaper.
- Drug costs – what we would spend through vendor; non-drug costs ancillary items, cost to fill prescription and the capital fee.
- Filling process – prescription is owned by the facility the pharmacists are que-ing the prescriptions and all filled by CMOP. If something goes down it can be re-routed to another CMOP and they can rotate the workload but most part everything goes through Leavenworth, TX.
- We have reservations and facilities that serve multiple consortiums.
- Over the last several years it continues to grow as facilities use it – In December, we hit the 2 million prescription mark.
- Requirements for Tribal participation – Tribes have access to VA CMOP. This Agreement is based on connectivity between RPMS system and the VA. Other minimum requirements – gets down to IHS network involves IT with IT address and server at facility has to be set up and configured to use CMOP.
- Timeline – After establish Agreement and meet technical requirements system is up and going. Started to test on Tribal sites and hope to have done by end of fiscal year and hope every federal facility use CMOP by end of fiscal year.
- Key Points – Prescription is owned by the facilities; VA doesn't see the patients information the pharmacists fill it; Local pharmacy can use the CMOP as a central fill; Tribe must meet minimum technical requirements in order to use the system.

Questions from the Audience:

Q. Number of pills you can get filled - 30 day or 90 day?

A. Most of fills we do is 90 days.

Q. Is it recurring meds or is it just one order?

A. Most customers send in 90 days with 2-3 refills. We do not have an automated refill system.

A. Prescriptions are at the control of the facility IHS.

Q. Are prices cheaper with mail order?

A. It is an added services not geared toward savings. However, CMOP can buy bulk loads and cuts down on select few products.

Q. Is it all formulary – do we know what they carry?

A. We do have non-formulary meds as well. Our database lists all the drugs we provide.

A. A lot of products are available but you can't get every product through CMOP.

Q. Prescriptions can be filled for vets and non-vets or just vets?

A. It is for any AI/AN.

Q. What about non-beneficiaries?

A. It is applicable to the law.

Q. Is Third party billing is the same?

A. Yes – it is quod by the pharmacist and delivered to the patient with your information on it.

Q. If Tribe wants to take advantage of the CMOP what is the timeline?

A. Focus is on Tribal programs that were federal and ones already configured but after those sites we think we can handle other Tribes. Clock runs as soon as Agreement signed. May be available tomorrow or Monday.

Q. So the technical work is short and the legal work long?

A. Technical work – contains an opt in or opt out feature. Opt in is would you like to get prescription by mail and opt out is everyone will get by mail and if don't want it opt out. Legal process – fill out Agreement and go through vetting process. Facilities accessing HRSA 340b program could take up to three months. Still learning in this process. Testing it enough feel great addition to service.

Q. Small Tribes with 1000 patients - can contract out with pharmacist to review before go to VA?

A. It depends on particular facility. There is a lot of tele-pharmacy. Some use pharmaceutical prime vendor for access but not very many.

Q. Is there any specific medication that will not be able to be mailed out like narcotics?

A. Yes, narcotics are Schedule II Option and CMOP cannot fill them. We can fill levels III, IV and V. We also do not dispense IV add mixtures or low volume.

Q. I was on CMOP and they won't refill unless prescription is low so there is a gap where a patient can be without medication. Can something be worked out?

A. The prescription is owned by facility so they have to call it in. It is a common problem. While it is an added benefit to get it by mail there are some holes there. Communicate with the pharmacist because they have ability to fill it sooner. We want to make sure you don't miss doses. It takes collaboration to make sure you don't run out.

Q. We do have the pharmacist or main refill line.

A. Refill lines can be a pain.

Q. Can IHS use 340b program for non-beneficiaries?

A. 340b primary ability to serve patient is based on the definition of patient. It can be a non-Indian but it has to be a patient.

Q. Requirement of RPMS – heard rumor that VA moving away from RPMS to another system. If Tribe interested can you create a patch for Tribes that don't have RPMS?

A. The interface is based on requirements in place with CMOP and VA system so not looking to do another program other than RPMS. It would take a significant amount of funding.

A. CMOP system is only built one way.

Follow Materials, Documents, Websites for Reference:

Interested in program contact: Todd.warren@ihs.gov; James.cummings@ihs.gov

VA-IHS CMOP Collaboration Sharepoint Site:

<http://vhacollaboration.ihs.gov/IHSCMOP/default.aspx>

Dear Tribal Leader Letter – Directors Blog