The Pharmacy Services Support Center

The 340B Access Resource Center

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HRSA's Pharmacy Services Support Center



LEARNING OBJECTIVES

Understanding the purpose and function of PSSC

1

2

Describing the valuable services PSSC offers

3

Explaining the foundational principles upon which PSSC operates











Serves as the primary access resource for 340B

Information & Assistance





Optimize Value





PSSC: Vision and Mission



VISION

access to affordable, clinically, and cost effective pharmacy services

MISSION

provide information, education, and policy analysis
optimize the value
improve medication use and advance patient care



Value of PSSC











Relationships and Networking

Program Development





PSSC Call Center

1-800-628-6297

or <u>PSSC@aphanet.org</u>





PharmTA

Free technical assistance to eligible entities

To request, call **1-800-628-6297**





PSSC Website

pssc.aphanet.org/



"No comprehensive health care without comprehensive pharmacy services" House Lub No. Administration

HONE ABOUT THE "J408 PROGRAM" POLICY ISSUES NEWS & EVENTS ASK PSSC RESOURCES FAGS

Welcome to Pharmacy Services Support Center

About the Pharmacy Services Support Center (PSSC)

The HRSA Pharmacy Services Support Center (PSSC) is a resource that was established in 2002 to assist HRSA grantees and eligible health care sites optimize the value of the 3408 Program and provide clinically and cost effective pharmacy services that improve medication use and advance patient care. The PSSC operates under a contract between the <u>American Pharmacids Association (APN6)</u> and the <u>Office of Pharmacy Affairs (OPA)</u>, in the HRSA Healthcare Systems Bureau.

The mission of PSSC is to provide information, education, and policy analysis to help eligible entities optimize the value of the 340B program and provide dirically and cost effective pharmacy services that improve medication use and advance patient care.

About the 3408 Drug Pricing Program

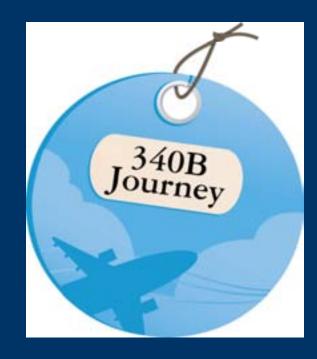
The 340B Drug Pricing Program is a federal program that requires drug manufacturers to provide outpatient drugs to eligible health care centers, clinics, and hospitals (termed "covered entities") at a reduced price. This requirement is described in Section 340B of the Public Health Service Act, which was enacted in 1992 to provide financial relief to those facilities that provide care to the medically underserved.

For more information about the 3408 Drug Pricing Program and to view a list of eligible entities, please visit "About the 3408 Program" section on our web site.



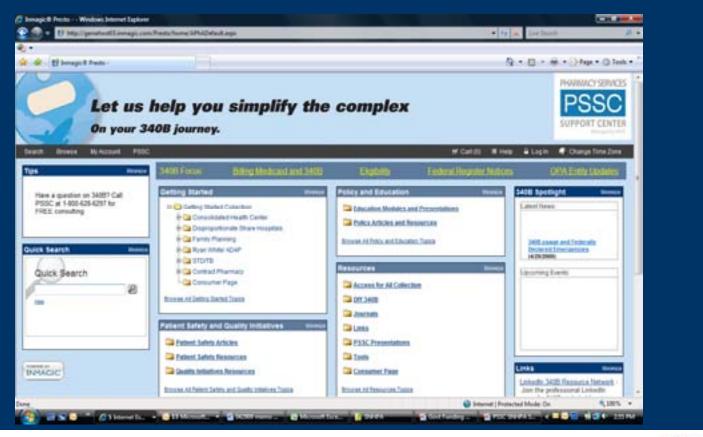


Let us help you simplify the complex...





Knowledge Management System





Policy Analysis

Monitors, analyzes, and communicates policy developments within the scope of the 340B Program





Relationships and Networking

- Live Presentations
- Articles in journals and Pharmacy Today
- Interactive web-based learning opportunities



Dialogue and collaboration with other safety net stakeholder organizations

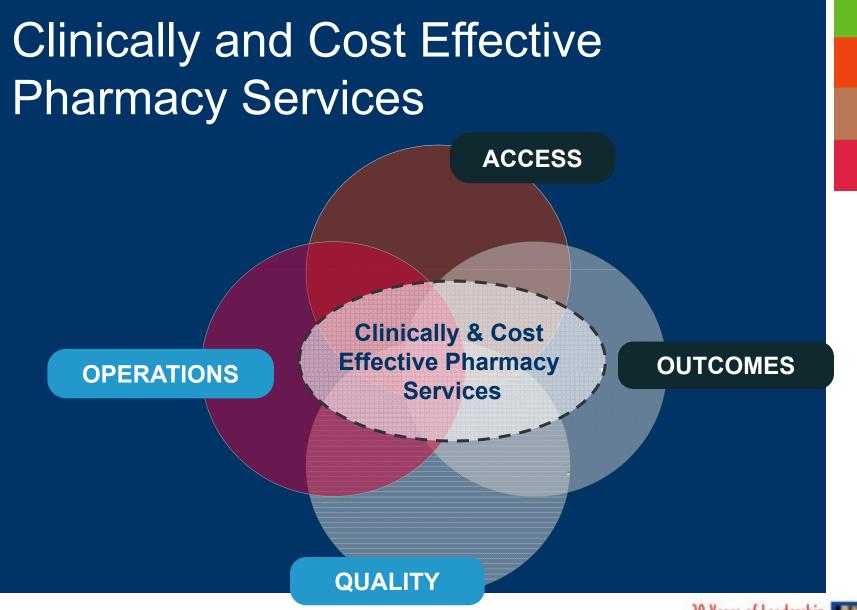


Program Development

Education and Tools for covered entities
 340B Policy and Procedure Guides
 Multiple Contract Pharmacy Decision Analysis
 Contract Pharmacy Management Vendor Analysis
 340B Program Integrity Assessment
 Contract Pharmacy Alternative Dispensing Fee

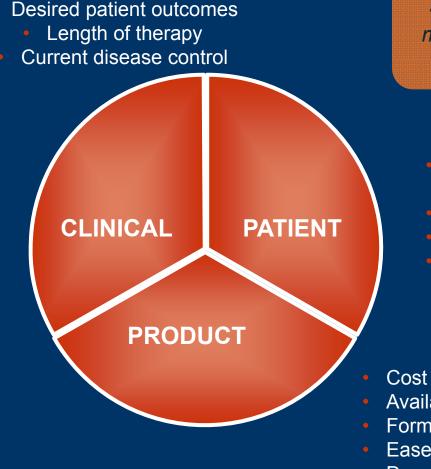








Meeting Individual Patient Access Needs



40 million uninsured pay 60% more than prices negotiated by large purchasers

- Ability of patient to understand drug therapy
- Special needs of patient
- Program eligibility
- Personal financial resources

- Cost to supply product
- Available inventory
- Formulary status
- Ease of use
- Drug safety and efficacy

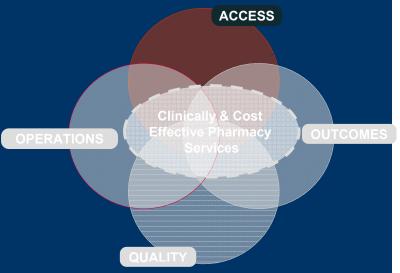


Meeting Individual Patient Access Needs

- PSSC Call Center and PharmTA Program
- The HRSA Prime Vendor Program

Drug Formulary Management Tool

 ASHP/PSSC Patient Assistance Program (PAP) Resource Center <u>http://www.ashp.org/pap/</u>





Outcomes Driven Pharmaceutical Care

Costs associated with adverse effects of drugs in the United States exceed the cost of drugs themselves

ATIONS

OUTCOMES

QUALITY

Clinically & Cost



High Quality Pharmacy Service

Safe medication processes

Tracking

Trending

Preventing medication errors

Drug utilization review

Assessing patient satisfaction

RATIONS

Clinically & Cost Effective Pharmacy Services

OUTCOMES

QUALITY



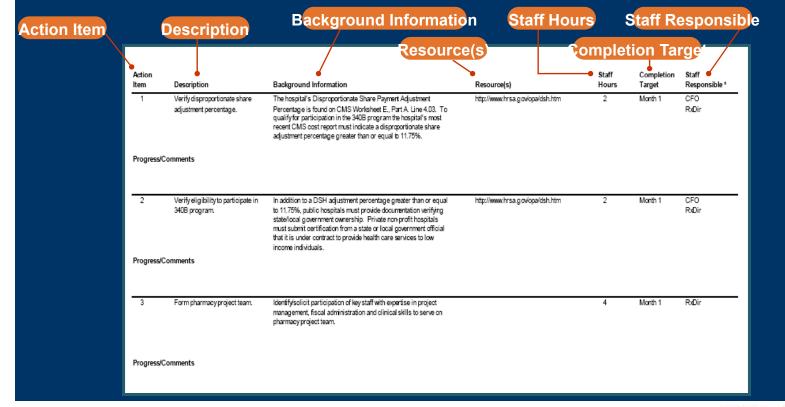
Efficient Business Practices





340B Action Plans

Available for in-house and contract pharmacies and Disproportionate Share Hospitals





Interactive Financial Analysis

Pharmacy Payer Type	Mix	SFS Structure			Pharmacy Services in MA "All Inclusive" Rate	s	
3rd Party Insured (Non-Medicaid)		Level 1			HMO managed MA will be included in an "Ali	Inclusive" Rate:	
HMO Managed Medicaid		Dispensing Fee			If "No", FFS	Dispensing Fee:	
State Medicaid		% Mark-up on Meds	0.0%		If "Yes", PPS Increa	se for Pharmacy	
Sliding Fee Scale - Level 1		Maximum Charge? (Y / N)	N		# of Clinic PP	S Visits per year	
Sliding Fee Scale - Level 2		Maximum Charge					
Sliding Fee Scale - Level 3		Level 2			State managed MA will be included in an "All	Inclusive" Rate:	
Sliding Fee Scale - Level 4		Dispensing Fee			If "No", FFS	Dispensing Fee:	
Sliding Fee Scale - Level 5		% Mark-up on Meds	0.0%		If "Yes", PPS Increase for Pharmacy		
Manf. Assistance Programs		Maximum Charge? (Y / N)	N		# of Clinic PP	S Visits per year	
Samples		Maximum Charge					
Total <i>(must be 100%)</i>	0.0%	Level 3			Revenue from Clinical Services		
		Dispensing Fee			Encounters/year		
Clinic Prescription Volume		% Mark-up on Meds	0.0%			Avg. \$/Encounter	
Utilization Rate (Rxs/visit/year)		Maximum Charge? (Y / N)	N				
Clinic Visits/year		Maximum Charge	\$0.00		Profit/Loss Summ	ary	
		Level 4			Projected Income	Revenue	P/L by Payer
Capture Rate (%)		Dispensing Fee			3rd Party Insured	\$0	#DIV/0/
3rd Party Insured		% Mark-up on Meds	0.0%		HMO Medicaid	\$0	#DIV/0/
HMO MA		Maximum Charge? (Y / N)	N		State Medicaid	\$0	#DIV/0/
State Medicaid		Maximum Charge	\$0.00		SFS Level 1	\$0	#DIV/0/
SFS		Level 5 (Cash U&C)			SFS Level 2	\$0	#DIV/0/
		Dispensing Fee			SFS Level 3		#DIV/0/
Generic Medication Utiliation		% Mark-up on Meds	0.0%		SFS Level 4		#DIV/0/
% Generic, SFS		Maximum Charge? (Y / N)	N		SFS Level 5		#DIV/0/
% Generic, Non-SFS		Maximum Charge	\$0.00		MAP Administration		#DIV/0!
					Clinical Services		
3rd Party Margin (%)		MAP Fee per Rx			Total Projected Income	\$0	
Brand					Projected Expenses Payrol		
Generic					Supplies		
Avg. Drug Cost (\$)					Contract Services		
per Brand Rx					Miscellaneous		
per Generic Rx					Total Projected Expenses	\$0	
					Projected Annual Profit/Loss		
Copyright ©2004 Medpin A Program of the Public Health Institute Projected Start-up Exp						\$0	
					Projected Profit/Loss, Year 1:	\$0	
Vorksheet developed via support provided by the Pharmacy Services Support Center							
of the American Pharmacists Association (http://pssc.aphanet.com) and HRSA.							
Author: Todd D. Sore	nsen, Pharm.D.,	University of Minnesota (June 2005)					



The 340B Integrity and Quality (340B IQ) Leading Practice Achievement



Pharmacy Services Support Center Peer to Peer Program Who can apply?

Any organization that is registered with OPA and participating in the 340B program is eligible to apply for the Peer to Peer Mentor program.

What are the requirements?

Demonstrate outstanding processes to improve access, quality, operations and outcomes. An interest in helping other 340B organizations to become leading practices sites. Finalist will have a site visit performed by PSSC



Where can I get an enrollment form? <u>http://pssc.aphanet.org/</u>

When will this program start? Fall 2010

How does it work if we are accepted?

You will work with other 340B entities, comparable in size and operations to your organization.

We would like to ask each organization to offer at least 3-5 hours per month to assist other organizations.



What's in it for me?

- Organizations selected will receive a <u>recognition plaque</u>;
- Acknowledgment in publications and PSSC website;
- Complementary <u>membership</u> in APhA for three leadership team members in each organization;
- <u>Stipends</u> up to \$25,000 for their ambulatory care or community pharmacy residency programs;
- Financial support for <u>conference attendance</u> to represent 340B stakeholders;
- Participation in <u>monthly conference calls</u> with PSSC and OPA leadership.



What's in it for us?

- Organizations will self identify;
- Expand the reach to 340B entities as the program grows;
- Increase understanding of the issues covered entities face in implementing and optimizing the 340B program;
- Connect 340B stakeholders to form partnerships;
- Strengthen pre- and post-graduate training of the next generation of pharmacists in 340B;
- Promote the expansion of clinical pharmacy services in underserved communities;
- Allow covered entities to share experiences with the 340B program with PSSC and OPA.





High quality





Trusted



Committed to clinically & cost effective pharmacy services



1-800-628-6297



pssc.aphanet.org

