HRSA Agency Report to PharmPAC
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Submitted by CDR Josephine Lyght

HRSA Leads Efforts to Improve Patient Safety, Health Outcomes & Pharmacy Services

One and a half million people are injured each year as a result of medication errors, and HRSA is leading the charge to reduce those numbers.

On August 14-15, HRSA brought to Washington more than 300 leading safety net providers, pharmacists and representatives of national organizations to learn how to cut patient errors and improve health outcomes by integrating clinical pharmacy services into primary care. The occasion was the first Learning Session of HRSA's Patient Safety and Clinical Pharmacy Services Collaborative (PSPC).

Co-directed by HRSA's Office of Pharmacy Affairs and Center for Quality, the PSPC was created to help physicians, nurses, pharmacists and other health professionals work together and learn from each other to deliver better and safer care.

The meeting began with an explanation of how the collaborative process will work over the next 16 months. The PSPC will use an "All Teach, All Learn," rapid-action, interactive model based on the proven success of HRSA's Organ Donation Collaborative.

Participants were divided into 80 multidisciplinary, cross-organizational teams from communities across the country, each member with a vested interest in patient safety and improved health outcomes.

All are also involved in expanding clinical pharmacy services, which encompasses activities like counseling patients on how to take their medications safely and examining all the drugs they take to avoid dangerous drug interactions.

One of the videos shown at the meeting noted that the role of the pharmacist in a clinical setting should go beyond "making medicines" to "making medicines work" for patients.

A typical multidisciplinary team might include, for example, a medical director and nurse from a health center, a critical access hospital clinician, and a pharmacist. All teams have at least one HRSA-supported organization, and six of the teams include a Poison Control Center funded by HRSA's Poison Control Program.

At the meeting, teams were taught leading practices from "expert faculty." The faculty are people who have already succeeded in improving clinical pharmacy services to raise health outcomes in their own environments.

Throughout the day, participants were encouraged with dramatic success stories about a wide range of accomplishments — from improving diabetes rates to achieving impressive cost savings. And they received a somber reminder of why they were there and why patient safety is so important.

Following the meeting, teams returned home to test ways to improve operations in their own organizations and fanned out into their communities to share these practices with other health care providers. A Leadership Coordinating Council of national organizations and HRSA's state-based partners are supporting the teams.

The seeds for the PSPC were planted as far back as 1999, when the Institute of Medicine (IOM) released its landmark study, *To Err is Human*. In addition to their finding that more than 1.5 million injuries occur each year from medication errors, IOM also revealed that for every dollar spent on ambulatory medications, another dollar is spent to treat new health problems caused by these medications.

Jimmy Mitchell, co-director of the PSPC and director of HRSA's Office of Pharmacy Affairs noted the dramatic increase in HRSA's 340B drug discount program, through which safety-net organizations bought more than $5 billion in discounted drugs in 2007.

The rapid growth in access to these drugs highlights the need to ramp up clinical pharmacy services to help patients take their drugs as prescribed and avoid harmful interactions.

Looking to the future, the next Learning Session is planned for December 3-4, followed by one in April and another in the fall of 2009.

HRSA Administrator Elizabeth Duke Lauds Progress Against HIV/AIDS

Amid fresh reports that more Americans are infected each year with HIV/AIDS than previously thought, 2,300 grantees and clinicians participating in the Ryan White Program convened last month for HRSA's 5th biennial conference. From the opening moments at the Marriott Wardman Park on Aug. 25, the mood of the group was somber.

The HIV/AIDS Bureau administers the Ryan White Program which provides more than $2.1 billion to cities, states and individual clinics to pay for health care and life-sustaining maintenance drugs for 530,000 medically vulnerable, low-income Americans.

That means about half of the estimated 1.1 million HIV-positive individuals nationwide are treated each year through the Ryan White Program, and many patients receive care at a HRSA-funded health center site.

Thanks to health care from 2,300 Ryan White providers and the introduction of new anti-retroviral drugs in recent years, the annual death rate has been slashed from 100,000 in the mid-1990s -- when the program first took hold -- to a current level of about 15,000.

HRSA Plays Key Role in PEPFAR Aid

In July of this year, President Bush signed a bill extending the President's Emergency Plan for AIDS Relief (PEPFAR) for another five years and tripling the funding from $15 billion to $48 billion. Most of the money — $39 billion — will fight HIV/AIDS with $4 billion targeted to treat tuberculosis and $5 billion for malaria.

HRSA's Global HIV/AIDS Program, located in the HIV/AIDS Bureau, is the third largest provider of PEPFAR funds to organizations that implement its programs, exceeded only by the State Department and the Centers for Disease Control and Prevention.

Before PEPFAR was launched in 2003, it was estimated that about 50,000 people were receiving treatment for HIV/AIDS in sub-Saharan Africa. Today that number has risen to nearly 1.7 million, with most of the increase occurring in the 12 sub-Saharan nations targeted by PEPFAR: Botswana, Cote d'Ivoire, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia. PEPFAR's other three focus countries are Guyana, Haiti and Vietnam.

Drawing on the HIV/AIDS Bureau's two decades of experience with the Ryan White Program, the Global HIV/AIDS Program primarily focuses on improving HIV/AIDS care and treatment, increasing health manpower and institutional capacity, and enhancing data collection and evaluation. The new legislation calls for substantial expansion in each of those areas, such as training 140,000 new health care workers within the next five years.

Even with the increased funding, the global HIV/AIDS epidemic presents a monumental challenge. Some 33 million people are currently living with HIV, half of whom are women. More than 25 million have died, making HIV/AIDS the leading cause of death in Africa and the fourth leading cause of death worldwide.

HRSA Software Improves Care for HIV/AIDS Patients Worldwide

CAREWare, the electronic health information system developed by HRSA to track information on clients receiving care under the Ryan White HIV/AIDS Program, has gone global.

First implemented in 2000, CAREWare provides a free, easy to use, standardized tool for HIV/AIDS service providers to collect client information. It can monitor quality of care at clinics, maintain schedules, track how clients use medications, and produce required reports. Today more than 350 Ryan White Program grantees and providers use CAREWare to manage more than 100,000 patient records.

With that domestic experience as a base — and with funds from the President's Emergency Plan for AIDS Relief (PEPFAR) and support from HRSA's Global AIDS Program — the software is being used increasingly in countries around the world to improve the way they treat and track their own citizens living with HIV/AIDS.

The first use of CAREWare outside the United States occurred in 2003, when John Milberg, a health scientist in the HIV/AIDS Bureau's Division of Science and Policy, was invited to Uganda to demonstrate the software at the Mildmay Center, a large outpatient clinic in the capital city of Kampala. Today the center uses CAREWare to manage the records of more than 2,000 HIV/AIDS patients. It uses all facets of the software, including patient registration, clinical follow-up, and pharmacy and visit scheduling.

Recently the software has been implemented in Nigeria through a partnership between PEPFAR grantee AIDS Relief (a consortium under Catholic Relief Services) and the University of Maryland's Institute of Human Virology. About two dozen clinics there are using CAREWare to manage 20,000 patient records, and they electronically import a large volume of laboratory test results directly into the software.

Another international activity is underway in Hanoi, Vietnam, where a CAREWare pilot project is being implemented in a major outpatient HIV/AIDS clinic. The project is being coordinated with I-TECH — the International Training and Education Center on HIV — and the Centers for Disease Control and Prevention's Global AIDS Program, in cooperation with the Hanoi School of Public Health.

Discussions continue with CDC representatives in Latin America to explore the potential roll-out of CAREWare in HIV/AIDS clinics in Honduras and Panama. CAREWare is also being used at clinics in St. Petersburg and Orenburg, Russia, and the software has been translated into Russian, Vietnamese, Thai and Spanish.

Child Health Day

This 80th Child Health Day is the right time for parents, caregivers, teachers, school nurses and all adults who care about kids to address childhood obesity and overweight. Recent studies suggest that 1 in 6 U.S. children between 2 and 19 is overweight, a risk factor for serious health conditions including asthma, diabetes and heart disease.

The next HRSA Commissioned Officer Brown Bag session is scheduled for Wednesday, October 8, 2008 from 12:00 noon to 1:00 pm EST. The topic of discussion is TBA.