Challenges and Opportunities for Hospital Pharmacists

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https://www.healthcatalyst.com/wp-content/uploads/2013/08/HiRes.jpg, accessed 11/20/16

Objectives

- Describe the rationale behind the focus on value in healthcare
- Define population health
- Describe pharmacy services that provide value
- Develop a process for value-based formulary decisions

What's Driving the Focus on Value?

http://earthzebra.files.wordpress.com/2011/06/follow-the-dollar.png?w=490, accessed 11/20/16

Inefficiency in the US

- Payment for volume vs value (episodes of care vs health outcomes)
- Insufficient attention to health: prevention, primary care, health literacy, and long-term results
- Lack of information on costs, comparative effectiveness, quality and health outcomes

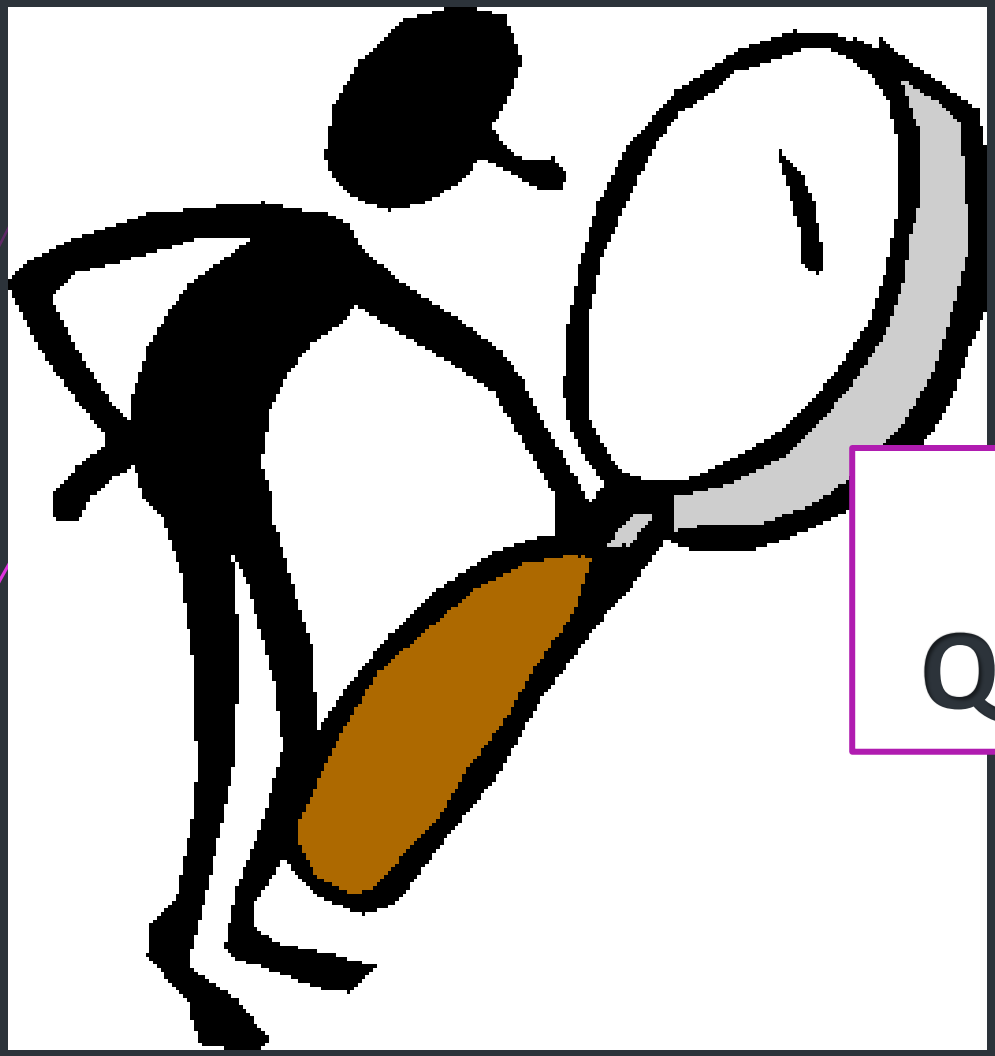
Fineberg HV. A successful and sustainable health –system-how to get there from here. NEJM. 2012:366:1020-27.

Inefficiency in the US

- Scientific uncertainty about effectiveness and cost, especially of newer tests and treatments
- Administrative complexity:
  - Multiple forms, regimens, and requirements of different insurers
- Fragmentation of care
- Insufficient involvement of patients in decision-making (as in end-of-life care)

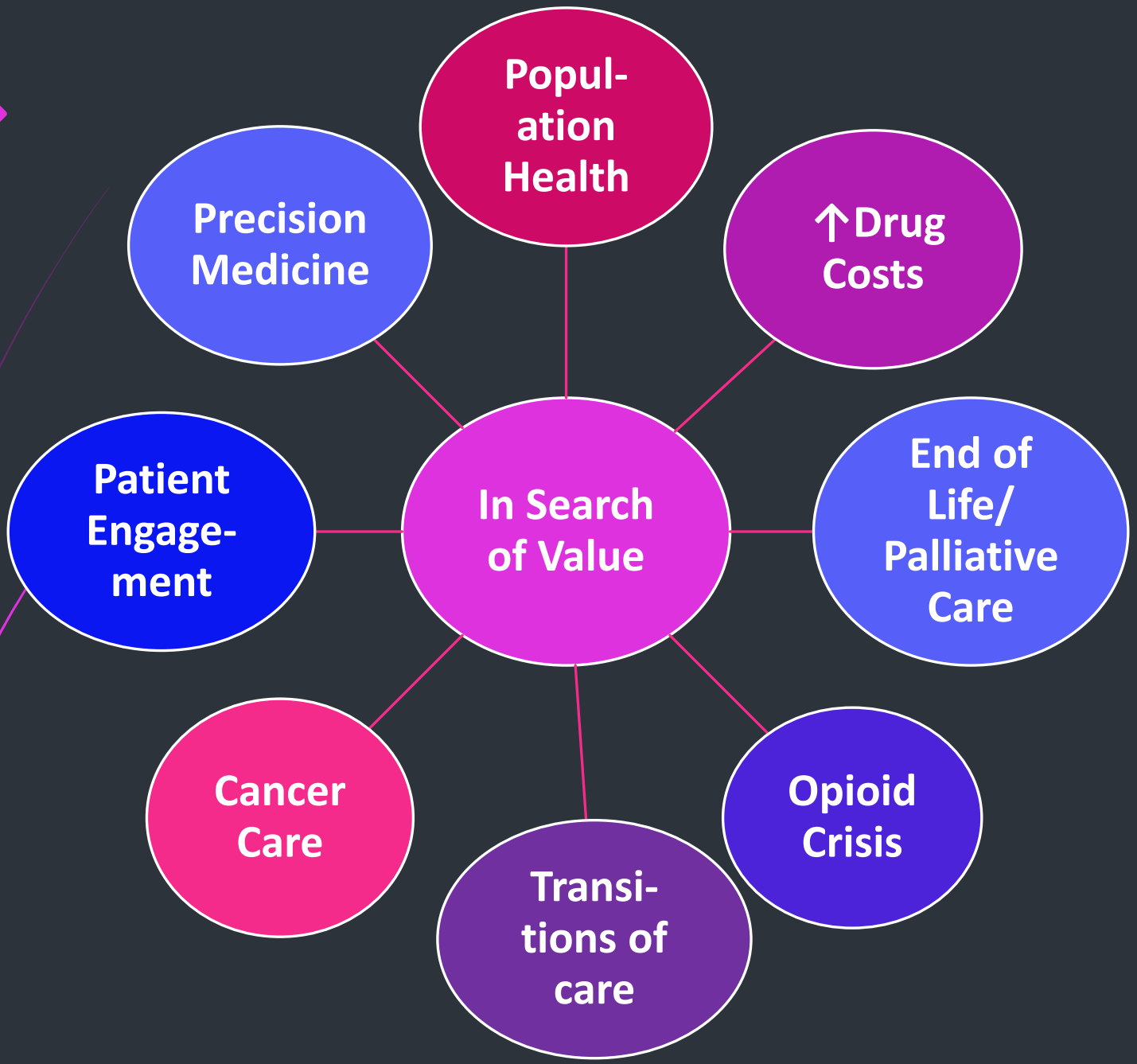
Fineberg HV. A successful and sustainable health –system-how to get there from here. NEJM. 2012:366:1020-27.

What is Value?



Value= Quality/Cost

http://html.rincondelvago.com/000200731.png, accessed 1/22/17

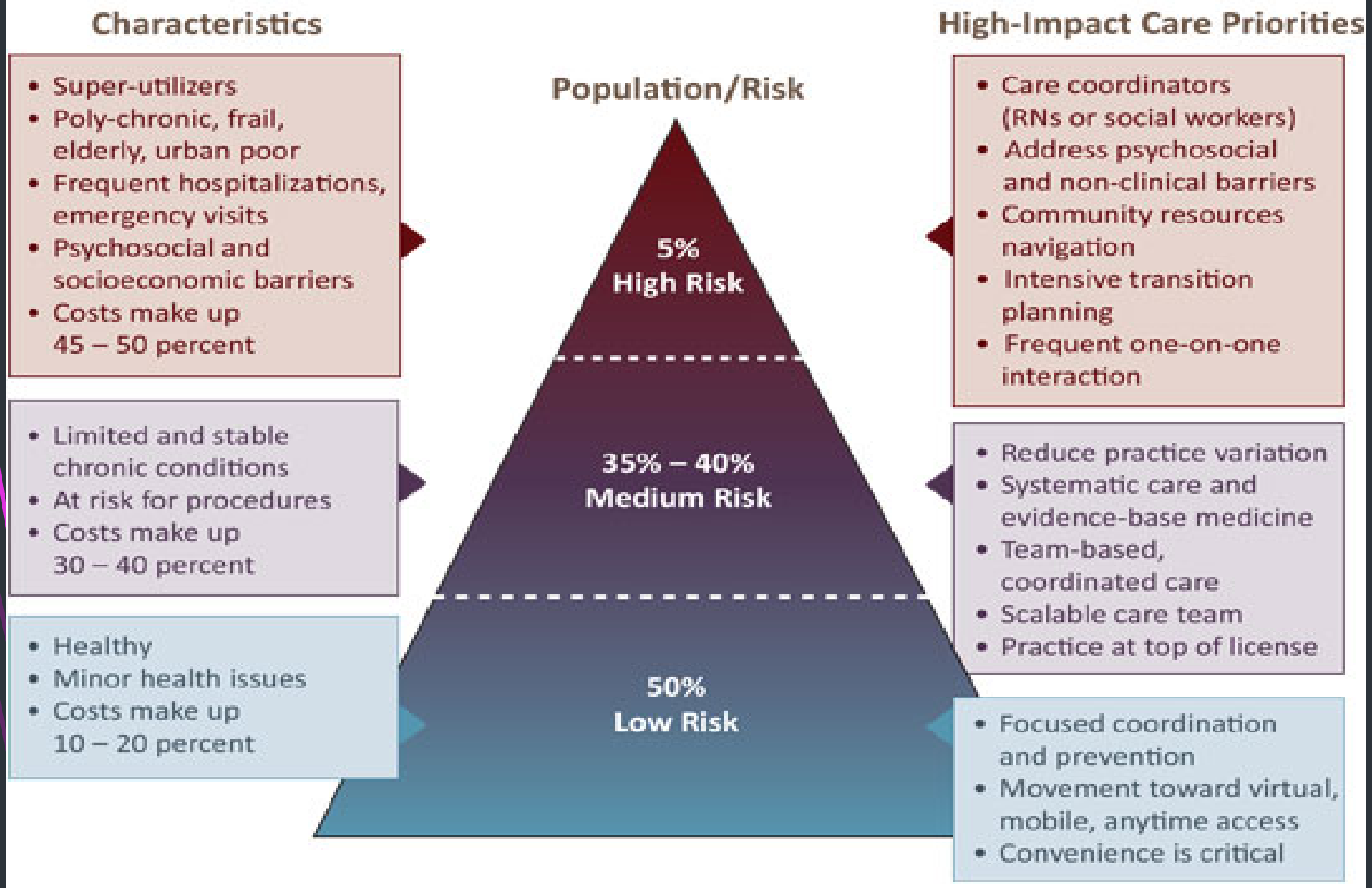

Popul-
ation
Health
Precision
Medicine
↑Drug
Costs
Patient
Engage-
ment
In Search
of Value
End of
Life/
Palliative
Care
Cancer
Care
Opioid
Crisis
Transi-
tions of
care

Population Health

- Programs intended to improve health status of a population of patients
- Driven by payment reform to improve outcomes while lowering costs
- Focus on prevention, reducing readmissions and costs
  - Annual wellness visits
    - Medication evaluation
  - Transitions of care
  - Pre- and post-acute care
  - Palliative/End-of-Life care

Shane R, Deculus CL. P Population Health Management: Aligning incentives to transform care delivery. In: Zellmer WA, ed.Pharmacy forecast 2016-2020: strategic planning advice for pharmacy departments in hospitals and health systems. December 2015. Bethesda, MD: ASHP Research and Education Foundation: 9-12.
www.ashpfoundation.org/pharmacyforecast

Population Health Pyramid



http://www.claconnect.com/uploadedImages/Images/General/Illustrations_and_objects/Population-Health-Pyramid.jpg?n=9483, 11/20/16.

Cancer Care
Population Health Needs

- Preventing Readmissions
  - All-cause readmission for cancer pts: 14.6%
- Drug-Drug Interactions (DDIs) in 72% of oncology pts
  - 2% of hospitalizations in cancer pts due to DDI
- Adherence
  - Only 64% to 88% of breast cancer patients are adherent
  - Non-adherent chronic myelogenous leukemia pts have poorer outcomes, higher costs, and more treatment resistance

http://www.longwoods.com/content/23044 accessed 1/28/15.
http://annonc.oxfordjournals.org/content/early/2009/08/27/annonc.mdp369.full accessed 4/1/15.

Cancer Care

"Inappropriate medication use among older patients with cancer"

- N=248 pts, average age=79.9 yrs
- Geriatric oncology assessment and medication reconciliation by pharmacist
- 87% had solid tumors
- Results
  - Average number of medications: 9.23/pt
  - Inappropriate medication use based on Beers criteria: 40%
  - Excessive polypharmacy: 43%

Evaluation of a Pharmacist-Led Medication Assessment Used to Identify Prevalence of and Associations With Polypharmacy and Potentially Inappropriate Medication Use Among Ambulatory Senior Adults With Cancer *JCO.2014.58.7550; published online on March 23, 2015*;

Cancer Care

Preventing Harm with New Therapies

<u>Immunotherapy delayed reactions</u>

- Talimogene for melanoma
  - First oncolytic viral therapy-modifed herpes simplex
  - Indication: inoperable melanoma
  - Pseudoprogression at 3 month post treatment-increased size of lesion associated with response to therapy
  - Employee protection
- Ipilimumab for melanoma
  - Colitis 5 weeks and hepatitis 6-12 weeks after therapy

American Society of Clinical Oncology Choosing Wisely®

- Do not use cancer-directed therapy for solid tumor patients with the following characteristics:
  - **low performance status (3 or 4)**,
  - no benefit from prior evidence-based interventions,
  - not eligible for a clinical trial,
  - no strong evidence supporting the clinical value of further anticancer treatment
- Why target chemotherapy use at the end of life?
  - Compared with patients receiving standard care for metastatic NSCLC, patients receiving early palliative care had **less aggressive care** at end of life but **improved quality of life** and **longer survival** (Temel, et al. NEJM 2010)

Determining Performance Status: Eastern Cooperative Oncology Group (ECOG) Score

- Which best describes the patient's performance status?
  - Fully active, able to carry on all pre-disease performance without restriction (ECOG 0)
  - Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature (ECOG 1)
  - Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours (ECOG 2)
  - Capable of only limited self-care, confined to bed or chair more than 50% of waking hours (ECOG 3)
  - Completely disabled. Cannot carry on any self care. Totally confined to bed or chair (ECOG 4)

Cedars-Sinai Medical Center (CSMC) Chemotherapy Stewardship

- Reducing harm at end of life
  - ECOG required on chemotherapy (oral and IV) orders
  - Pharmacist to identify orders for chemotherapy where ECOG>2
  - Case referred for MD review and discussion prior to initiation.

Oncology Pharmacist Specialist Scope of Practice

- Evaluation of orders in context of patient
- Symptom management and supportive care
- Formulary management
- Guideline and order set development
- Cost-savings initiatives
- Drug shortage management
- Safe sterile compounding
- Medication adherence
- Research support
- Policy development
- Medication reconciliation
- Medication safety
- Maintenance of oncology medication–related electronic health records
- Clinician education
- Patient/Family Education
- Palliative/End of Life Care

http://jop.ascopubs.org/content/10/3/e142.extract

U.S. Healthcare Payment Reform

https://images.search.yahoo.com/yhs/search;_ylt=AwrTceE8eDBYx2EAfognnIlQ;_ylu=X3oDMTE0MG00dGliBGNvbG8DZ3ExBHBvcwMxBHZ0aWQDUFJEQkNLMl8xBHNlYwNzYw--?p=Payment&fr=yhs-mozilla-001&hspart=mozilla&hsimp=yhs-001#id=18&iurl=http%3A%2F%2Fsuperiornv.com%2Fwp-content%2Fuploads%2F2014%2F04%2FMake-a-payment-on-your-auto-insurance-las-vegas.jpg&action=close

A Journey Through the Bundle Jungle

48 Clinical Bundles Proposed

http://www.pageresource.com/wallpapers/wallpaper/jungle-animals-murals-for-trend-design-interior_117623.jpg, accessed 11/22/16.

Cardiac Care

Effective 7/1/17, 98 areas

- Includes medical as well as surgical services with goal of coordination among all health providers: hospital, MDs, SNFs, home health
  - Coronary Artery Bypass Graft (CABG)
  - Acute Myocardial Infarction (AMI)
- Episode of care plus 90 days post-discharge
- Metrics include:

30 day risk-adjusted mortality

Excess days in hospital post MI

1 year mortality

Functional performance changes

ED Visits

Patient satisfaction

Care deferred after 90 days

https://innovation.cms.gov/initiatives/epm/, accessed 11/19/16

http://www.mdedge.com/ecardiologynews/article/110820/acute-coronary-syndromes/cms-proposes-bundled-payments-ami-cabg, accessed 11/20/16

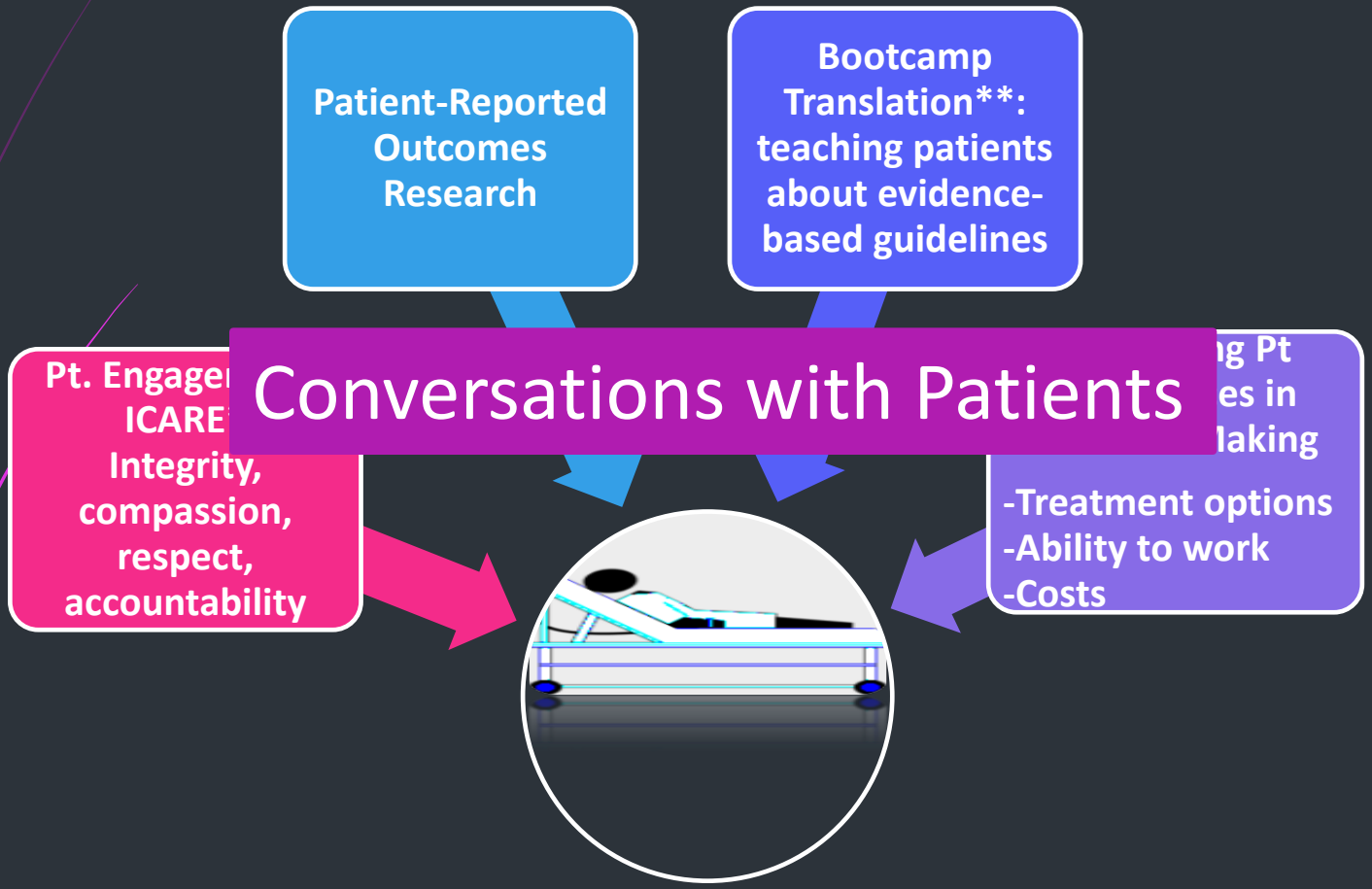
Patient-Centered Care Models
Focus on Team-Based Care

http://www.hmh.net/ContentMgmtNew/uploads/FCC-%20Freeman%20Creek/Screen%20Shot%202014-12-10%20at%209.11.56%20PM.png, accessed 11/20/16

Healthcare Consumerism

http://ihearthealthcaredotcom.files.wordpress.com/2012/07/crop56.jpg, accessed 11/20/16

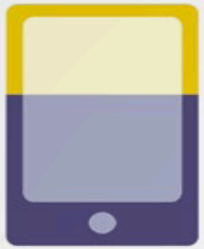
Patient Engagement Imperative



*https://muse.jhu.edu/chapter/1789675, accessed 11/1/16

**http://content.healthaffairs.org/content/35/4/613.abstract, accessed 11/22/16

Patient Engagement: Digital Health



63%

of adult cell owners use their phones to go online

- Has doubled since 2009
- 34% mostly go online using their cell phone
- 21% do most of their online browsing using their mobile phone—and not some other device such as a desktop or laptop computer

69%

of U.S. adults track a health indicator like weight, diet, exercise routine or symptom

- Half track "in their heads"
- One-third keep notes on paper
- One in five use technology to keep tabs on their health status

35%

of U.S. adults have gone online to figure out a medical condition

- Of these, half followed up with a visit to a medical professional

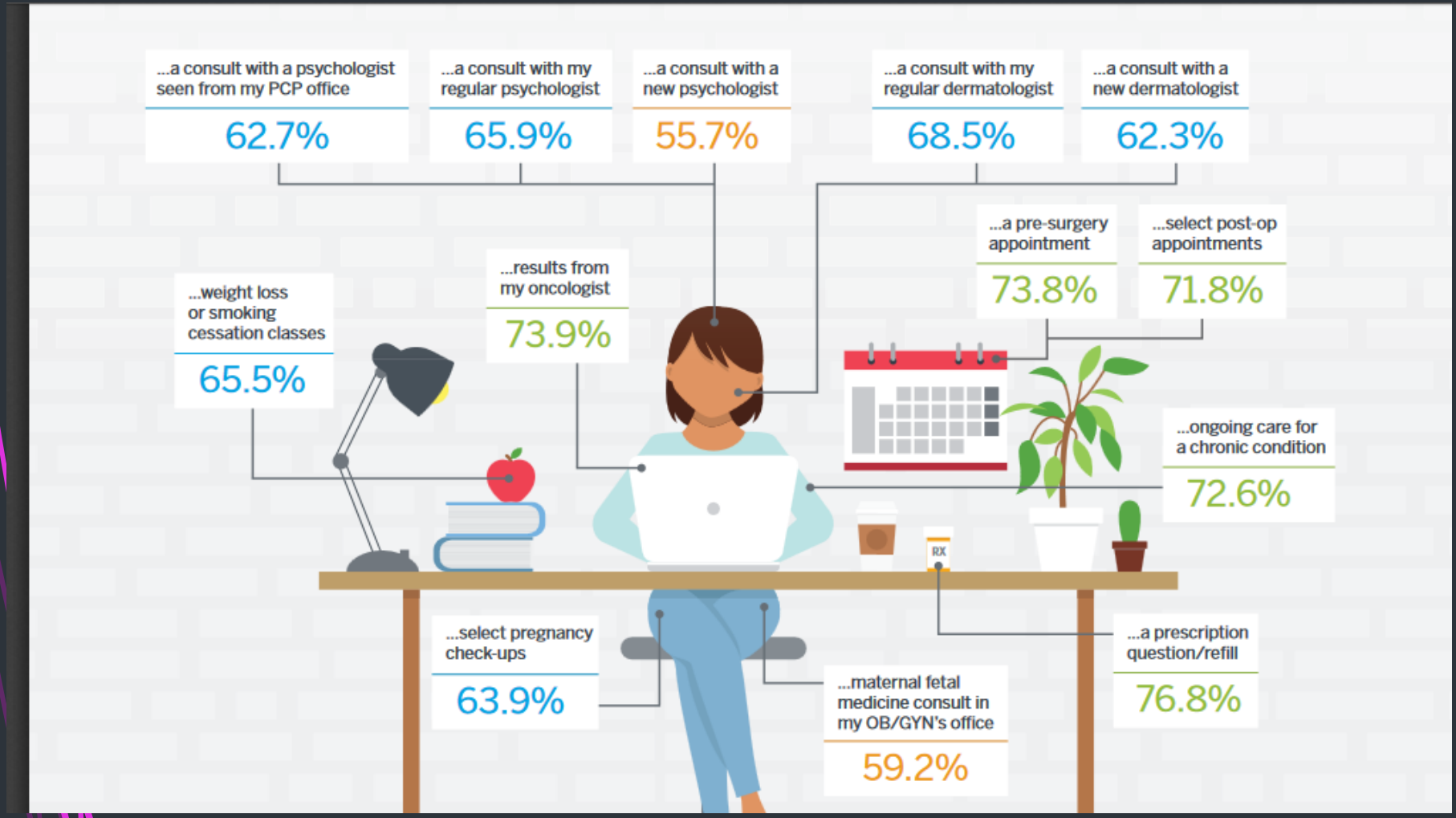
39%

of U.S. adults provide care for a loved one

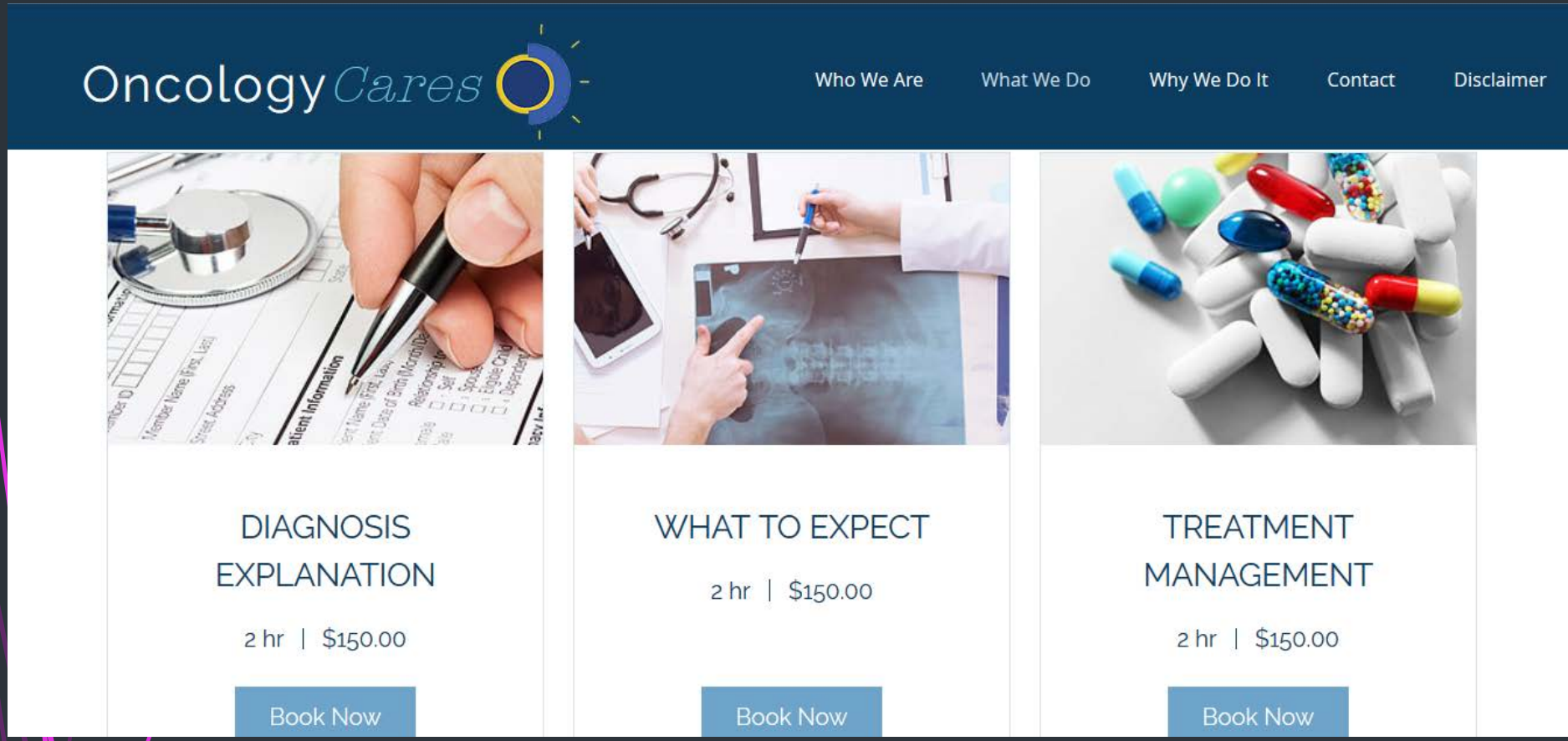
- Up from 30% in 2010
- Many navigate health care with the help of technology

https://www.athenahealth.com/whitepapers/patient-engagement-strategies/ accessed 1/19/16

% of Consumers Ready for Virtual Visits



https://www.advisory.com/-/media/Advisory-com/Research/MPLC/Resources/Posters/Specialty-Virtual-Visits/33338_MIC_Virtual_Visit_infographic_web.pdf, accessed 11/6/16



Founded in 2016 by an oncology pharmacist who completed training at MD Anderson

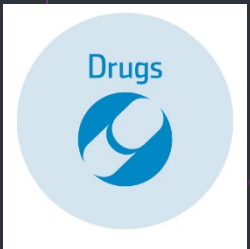
http://www.onccares.com/what-we-do, 11/20/16

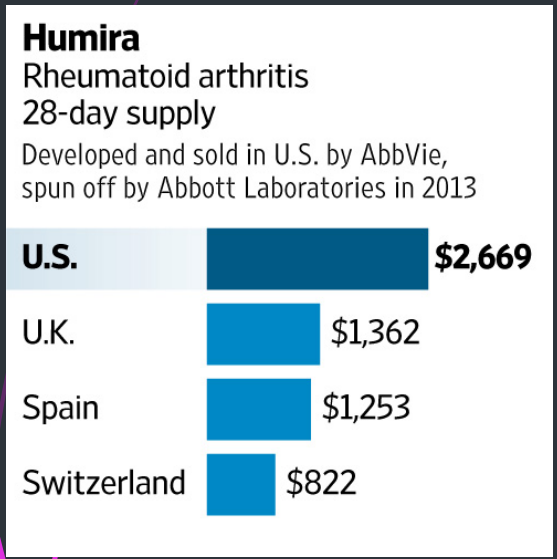
Healthcare Challenges

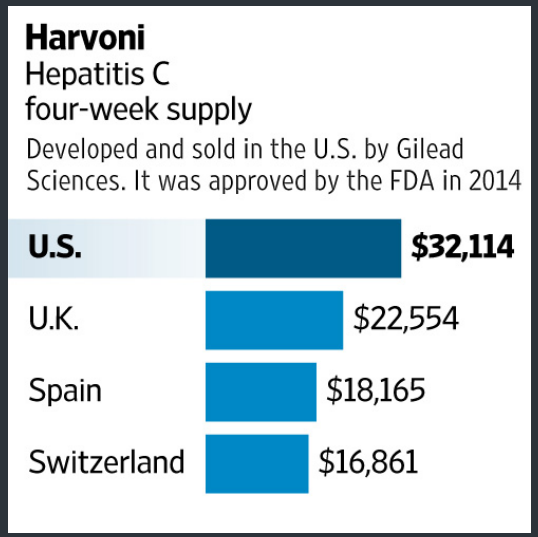
- Cost of some drugs jumped as much as 3,600% over 2 years

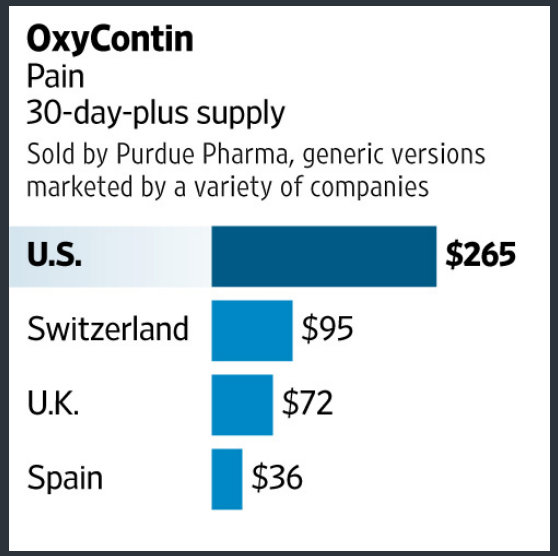
http://www.aha.org/advocacy-issues/drugpricing/index.shtml, accessed 11/3/16
https://www.ama-assn.org/ama-supports-changing-fundamentals-drug-pricing, accessed 11/3/16

Who Pays the Most for Medications?









Crook D; Brynildsen E. The Short Answer, WSJ, 1/26/17

What an IPHONE could cost if it was a medication

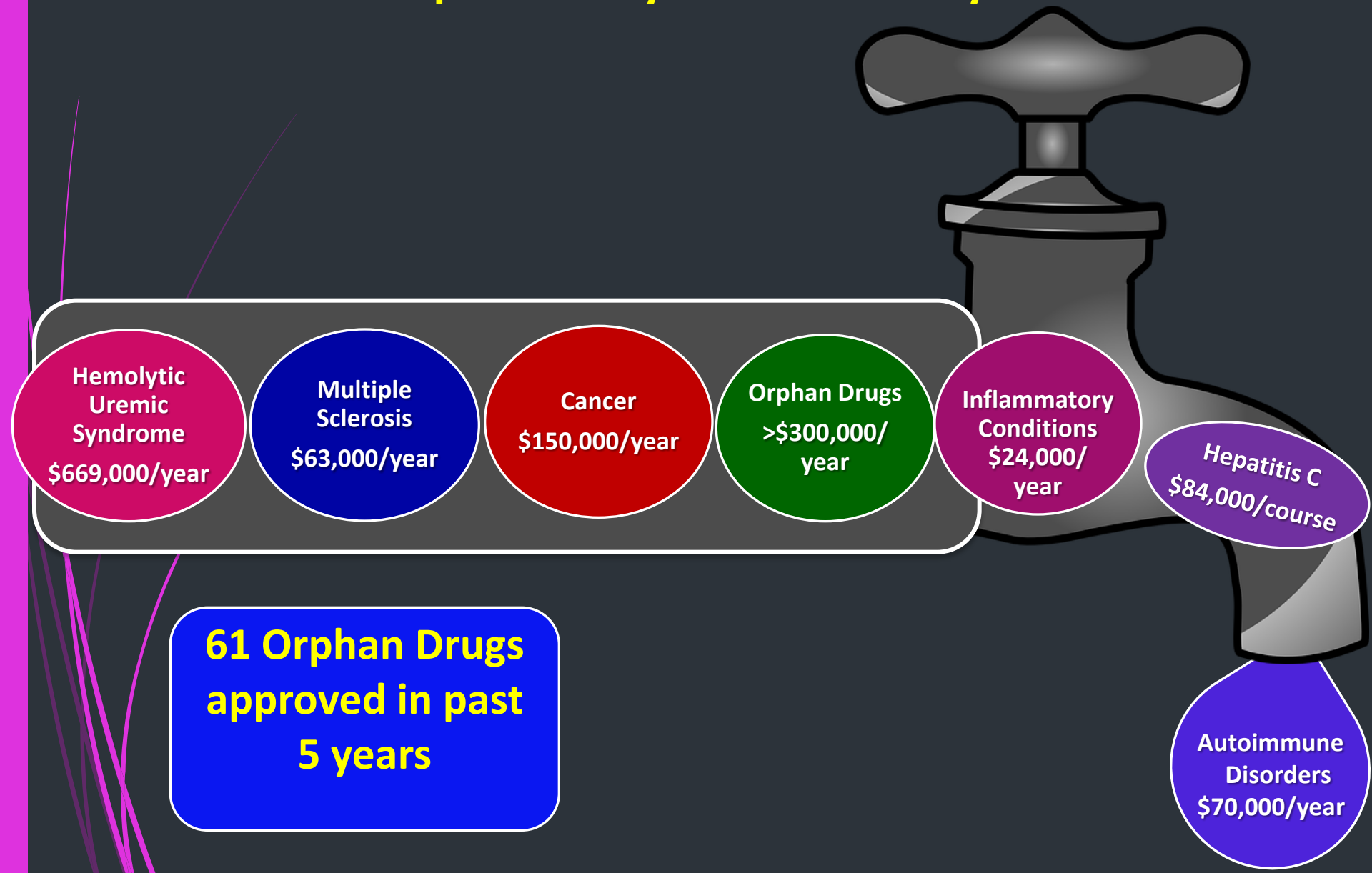
Percent increase of drug	Cost of an iPhone
50% increase on average by Valeant Pharmaceuticals 2015	$823.50
91.5% increase in doxycycline in 2014	$50,755.05
529.9% increase in omeprazole in 2015	$291,464.10

500% Price

$600

- **269 drugs with >50% price increase since 2009**
  - **117 of these have increased by at least 100% ,** *Business Insider Sept. 8, 2016*
- Biogen raised the price of its **Avonex drug for multiple sclerosis 21 times over a decade** despite steadily falling prescription demand. *WSJ Oct 5, 2015*
- **Mylan Price Increases**
  - **Mylan Tied Executive Pay to Aggressive Profit Targets** , *WSJ September 1, 2016*
  - **542%** increase for ursodiol, a generic medicine used to treat gallstones.
  - **444%** increase for metoclopramide, a generic drug for GI reflux, *statnews.com June 10, 2016*

Specialty Pharmacy



61 Orphan Drugs approved in past 5 years

Orphan Drugs

What are they?

- Drugs for disease states affecting *<200,000 people or ultra-orphan <10,000*
  - 7 year exclusivity, tax credits, waived fees
- **Gaucher's Disease: $300,000/year**
- **Paryoxysmal nocturnal hemoglobinuria: $440,000/year**
- **Spinal muscular atrophy: $750,000 first year (nusinersen)**

Value-Based Inpatient Formulary Framework

Assess Clinical Evidence

- Superiority to existing therapies
- Comparison to existing therapies
- Level of evidence
- Endpoints measured in trials
- Resolves or prevents condition for admission
- Improves function or alleviates symptoms

Assess Safety/Tolerability

- Black Box Warnings and/or REMS
- Harmful drug interactions
- Incidence of discontinuation due to ADEs
- Requires significant lab monitoring
- Requires ICU or cardiac monitoring
- Risk in elderly or special populations
- Available for <1 year

Cost Considerations

- Cost/day vs. cost/treatment course vs. cost/QALY
- Long term cost-effectiveness?
- Annual budget impact based on estimated volume
- Patient out-of-pocket costs
- Costs for any required lab monitoring

Value-Based Inpatient Formulary Framework

Assess Clinical Evidence

- Number Needed to Treat
- Confidence intervals
- Relative Risk Reduction vs. Absolute Risk Reduction
- New Drugs: FDA Advisory panel assessment

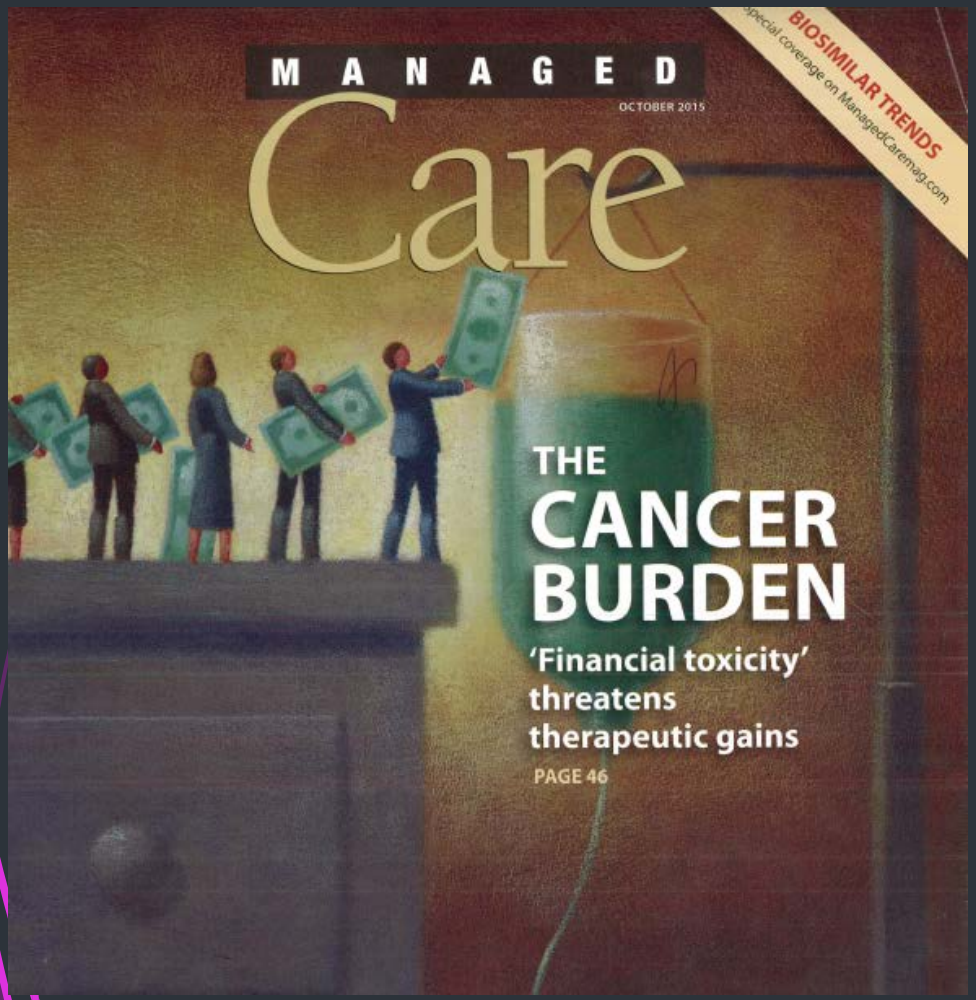
Site of Care Considerations

- Is inpatient administration required?
- Will insurance cover continued doses if needed?

Monitoring Utilization

- Pharmacist intervention for usage outside of approved criteria
- Concurrent physician champion review
- Retrospective evaluation

Value in Cancer Care



U.S. cost of oncology medicines in the ↑$15.9 billion or 72% over past 5 yrs.

Financial Toxicity: COST* Measure correlated with Health-Related Quality of Life

*** Comprehensive Score for Financial Toxicity**

https://www.ncbi.nlm.nih.gov/pubmed/27716900, accessed 11/30/16

Value-Based Formulary Management in Oncology

- Development of a standard definition of a "meaningful outcome" for new drugs
  - Minimum 25% improvement in baseline median overall survival using the current standard of care
- ASCO Value Framework: Clinical Efficacy+Toxicity and Cost
- Indication-based pricing for cancer drugs based on Memorial Sloan-Kettering model
  - **Cost per per year of life gained:** Nab-paclitaxel

    Metastatic breast cancer improvement in median survival : 0.18 year

    Cost per year of life gained: $145,000

    Non-small cell lung cancer: improvement of 0.08 year

    Cost per year of life gained: $400,000

http://www.wsj.com/articles/new-push-ties-cost-of-drugs-to-how-well-they-work-1432684755. accessed 1/28//16.
http://jama.jamanetwork.com/article.aspx?articleid=1915075 accessed 1/28/16
http://ascopubs.org/doi/full/10.1200/JCO.2016.68.2518?trendmd-shared=0, accessed 11/24/16

Trabectedin For Liposarcoma And Leiomyosarcoma

Table of Contents

CEDARS-SINAI MEDICAL CENTER

Implication for pharmacy operation:

Complexity	Weight-based dosing/Calculation required?	☒ Yes ☐ No
	Laboratory results review prior to each dose	☒ Yes ☐ No
	Special monitoring or observation (extravasation)	☐ Yes ☒ No
Special preparation (For compounded agent only)	Low-protein binding 0.2-1.2 micron in-line filter required?	☒ Yes ☐ No
	Any special ancillary supplies (e.g. non-PVC bag, safety-shielded needles) or supplies not currently on standard hospital supplies? Ambulatory infusion pump (CADD pump)	☒ Yes ☐ No
	Preparation in BSC-II or better?	☒ Yes ☐ No
	Any stability issue (e.g. < 1 hour after preparation)?	☒ Yes ☐ No
	Any potential compounding issue? If yes, describe issue: _____	☐ Yes ☒ No
	☒ Single-use vial ☐ Multi-dose vial	
Storage	Required refrigerator or freezer storage?	☒ Yes ☐ No
	Is the requested drug a controlled substance drug?	☐ Yes ☒ No
FDA/ISMP list?	Look-Alike drug names?	☐ Yes ☒ No
	High-Alert medication list?	☒ Yes ☐ No
	"DO NOT CRUSH" list?	☐ Yes ☒ No

CEDARS-SINAI MEDICAL CENTER

Value of Care Assessment (ADVANCED DISEASE)

Trabectedin vs. Dacarbazine for metastatic liposarcoma or leiomyosarcoma after failure of conventional therapy (Phase III)

SECTION 1: CLINICAL BENEFIT

	EFFICACY ELEMENTS				BONUS POINT				NCCN evidence block ESQCA score:
	HR for death	Median OS	Median PFS	RR	Tail of the curve	Palliation	QoL	Treatment free interval	
Trabectedin	NR	12.4 mo.	4.2 mo	9.9 %	☐ OS ☒ PFS	NR	NR	NR	N/A
Dacarbazine	NR	12.9 mo.	1.5 mo.	6.9%	☐ OS ☐ PFS	NR	NR	NR	N/A
Summary	CLINICAL BENEFIT ASSESSMENT: ☐ HIGH (HR for death or median OS benefit) ☒ MEDIUM ☐ LOW Quality of evidence: Level 1								

SECTION 2: TOXICITY

	REPORTED TOXICITIES					NCCN "S" score
	Grade 1 and 2 < 10%	Grade 1 and 2 ≥ 10%	Grade 3 and 4 < 5%	Grade 3 and 4 ≥ 5%	Emetogenicity	
Trabectedin	0	16	7	9	☐ High ☒ Moderate ☐ Low/Minimal	N/A
Dacarbazine	4	12	7	3	☒ High ☐ Moderate ☐ Low/Minimal	
Summary	TOXICITY ASSESSMENT: ☒ HIGH ☒ MEDIUM ☐ LOW Seven treatment related deaths (2.1%) were reported in Trabectedin group, compared to none from Dacarbazine group.					

Precision Medicine

- Precision Medicine Initiative: 2015 Presidential State of the Union Address
  - "The mission of the National Institutes of Health (NIH) is to "enable a new era of medicine through research, technology, and policies …toward development of individualized care."
- Population health goal: Reduce variation in care
- Precision Medicine goal: Leveraging understanding about molecular basis of diseases to support treatment decisions for patient subgroups
- >140 medications with pharmaocogenomic labeling
- Clinical Pharmacogenetics Implementation Consortium (CPIC) has developed 17 guidelines for medications/classes

http://www.ajhp.org/content/ajhp/73/23/1906.full.pdf. Accessed 11/14/16

Precision Cancer Medicine

- Sequencing the entire genome of a tumor and corresponding germline of an individual patient with cancer costs <$5000 (US)
- Molecular matching of treatments possible
- Evidence suggests that a biomarker-based selection of patients, even in the phase 1 setting, is associated with significantly better outcomes.[1]
- Therapies that matched a patient's molecular aberration had a 27% response rate and a median overall survival (OS) of 13.4 months compared with a 5% response rate and a median OS of 9 months among patients with no matched treatment.[2]

1. http://jamanetwork.com/journals/jamaoncology/fullarticle/2527365, accessed 1/28/17
2. http://clincancerres.aacrjournals.org/content/18/22/6373.long, accessed 1/28/17

Opioid Stewardship

- National focus on opioid epidemic and harm
  - 32% misuse of opioid prescriptions
  - Initiation of opioids in hospitals has contributed to epidemic
- Overuse of opioids in health-systems due to focus on pain
  - 5th vital sign
  - Joint Commission requirements
  - Patient satisfaction
- Quality, safety and cost benefits of reducing opioid use
  - ↓ adverse drug events (ADEs): respiratory depression, falls
  - Reduced length of say
  - ↓$$$ across the continuum of care: overuse, addiction, ADEs

http://www.everydayhealth.com/addiction/over-half-of-nonsurgical-hospital-patients-get-opioids-9549.aspx, accessed 1/18/17

Opioid Stewardship Goals

- Minimize unnecessary opioids in order sets
- Discourage use of opioids for MILD pain and use other modalities and medications
- Minimize use of long acting opioids
- Implement automatic stop orders for opioids
- Standardize & reduce opioid duration of therapy prescriptions at discharge, i.e., 5 days
- Healthcare provider education (MD, RNs, Pharmacist)

Opioid Stewardship Goals

- Develop and implement pain mgmt. best practices for specific populations, e.g., spinal pts, orthopedics, etc
- Implement multi-modal analgesia
  - Gabapentin + oral acetaminophen
  - COX-2 inhibitors
- Evaluate opportunities associated with PCA/PCEA dosing and opioid monitoring
- Develop program to reduce chronic opioid use

Patient-Centered Model for Pharmacy Practice

Traditional Focus

Resolving the Acute Care Episode

Medication Order Management

Patient - Centered Focus

Why is the patient here?

What do they need?

Comprehensive Medication Management

Comprehensive Medication Management (CMM)

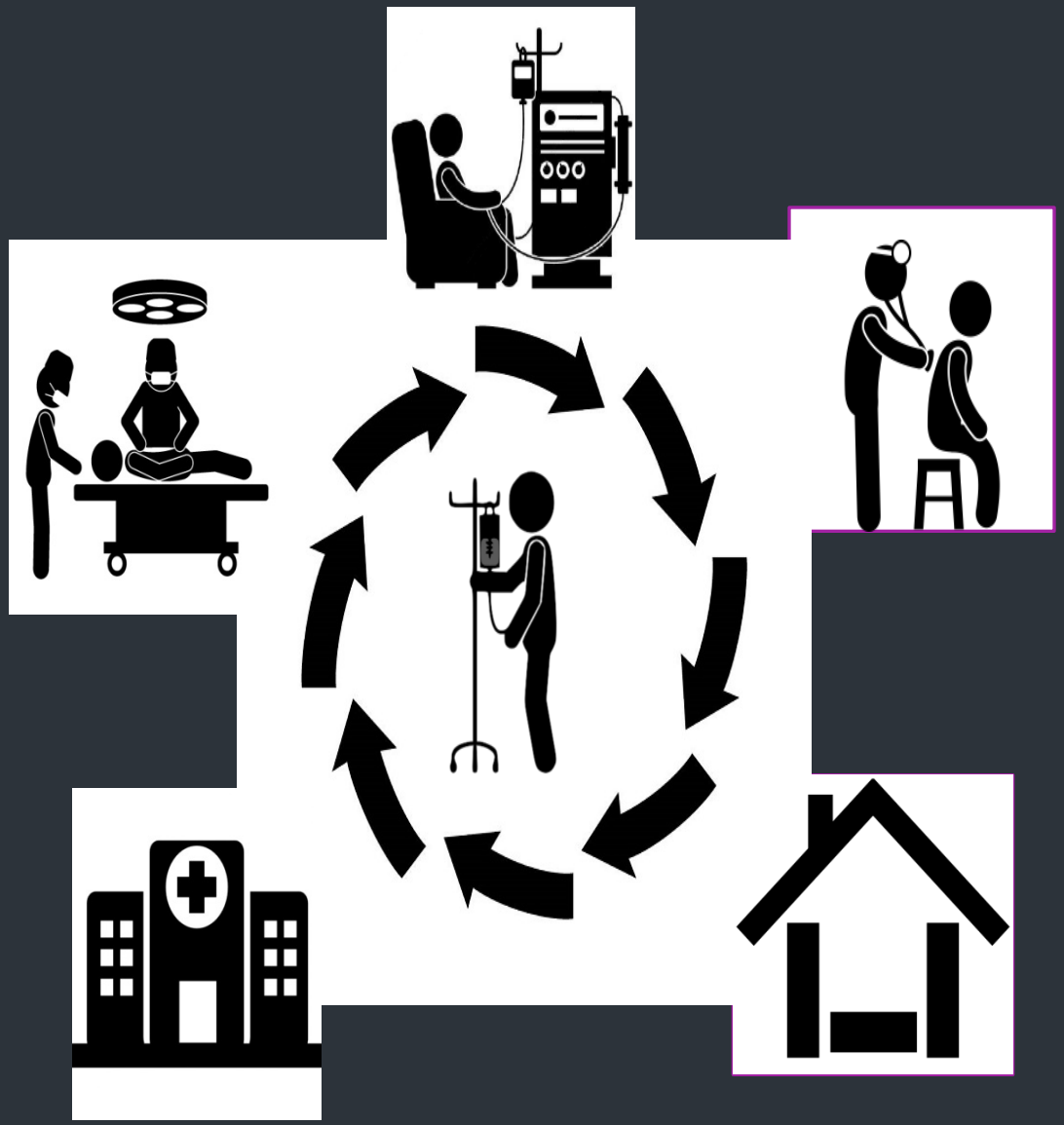
- **Evidenced-based clinical services**
  - Decrease costs and improves chronic disease outcomes by ensuring optimal prescribing, monitoring, education, and use of medications that engages physicians, pharmacists, and patients
- **Population**: Complex high-risk patients
- **Improved outcomes**: quality of life, access, patients' health literacy, physician and team satisfaction and continuity of care

https://www.cdph.ca.gov/programs/cdcb/Documents/CMMWhitePaperCDPH2015Dec23FINALrev.pdf, accessed 10/9/16

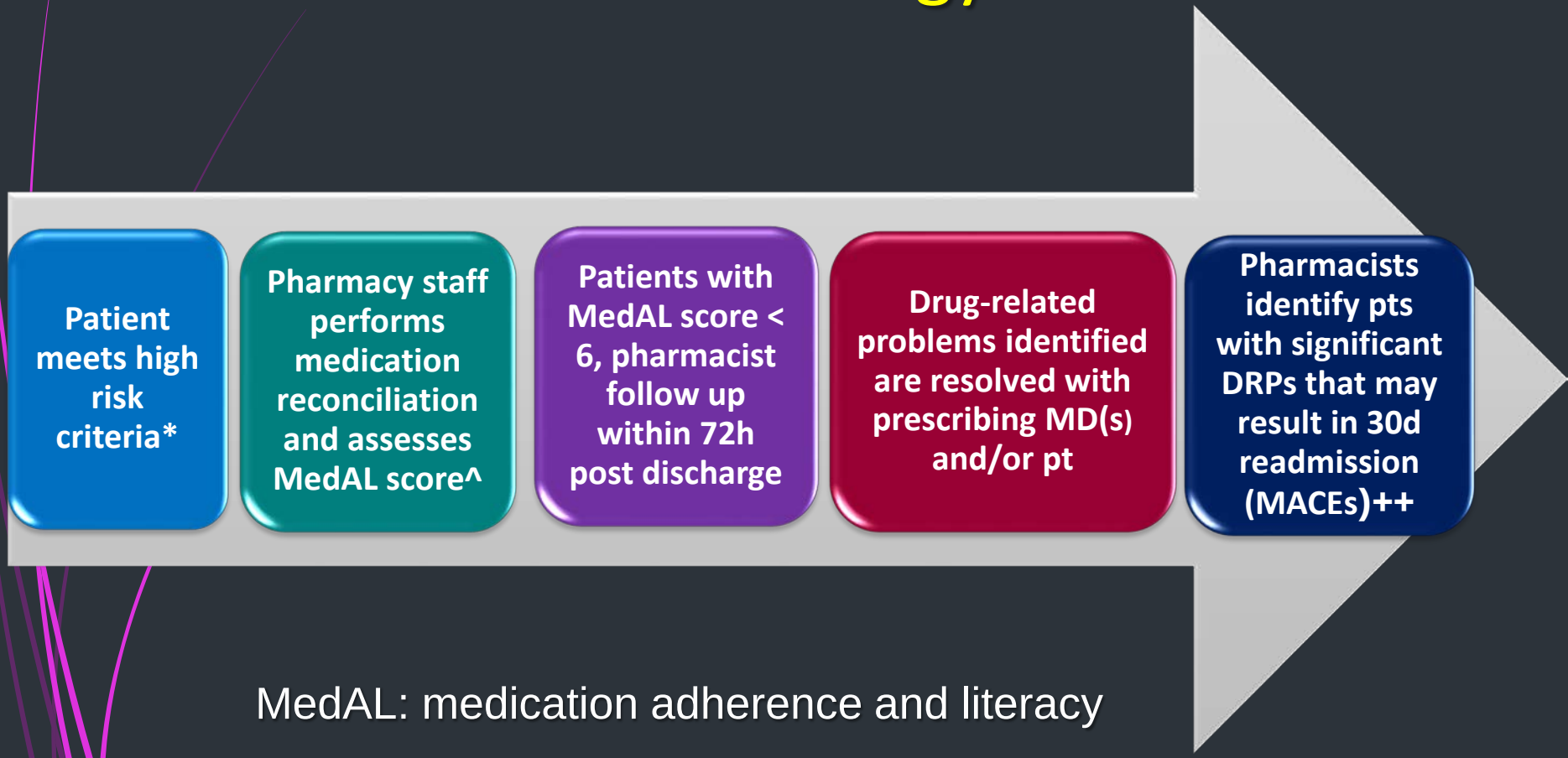
Examples of CMM Results

- Pharmacist-Led Anticoagulation Center:
  - 53% decrease in admissions and 41% less emergency department visits
- Senior Transitions of Care Program
  - 60% decrease in 30-day readmissions and annual cost avoidance(inpatient and outpatient) was $503,278.
- Heart Failure Continuum of Care Network
  - 50% reduction in readmissions compared to patients that were not enrolled (12 percent vs. 24 percent, p=0.005)

Risks Across the Continuum of Care



CSMC Safe Medication Transitions Methodology



MedAL: medication adherence and literacy

*High risk criteria: > 10 chronic meds, on anticoagulant, diagnosis of CHF w/ EF< 40%, pneumonia
^MedAL score: CSMC algorithm to assess patient's medication adherence and medication literacy
++Physician validation of likelihood of readmission

Pharmacy Impact on Reducing Readmissions

- Transitions of care services established 2010
- Preventing **Medication-related Acute Care Episodes (MACES)** began as a leadership goal in 2014
- Pharmacists contacted high risk patients within 72 hours after discharge
- Results
  - Relative reduction in readmissions by 25%
  - Absolute reduction in readmissions by 5.4%
  - Cost-effectiveness analysis proved this program to be **cost-effective** through 1000 simulations

Safe Medication Transitions Results

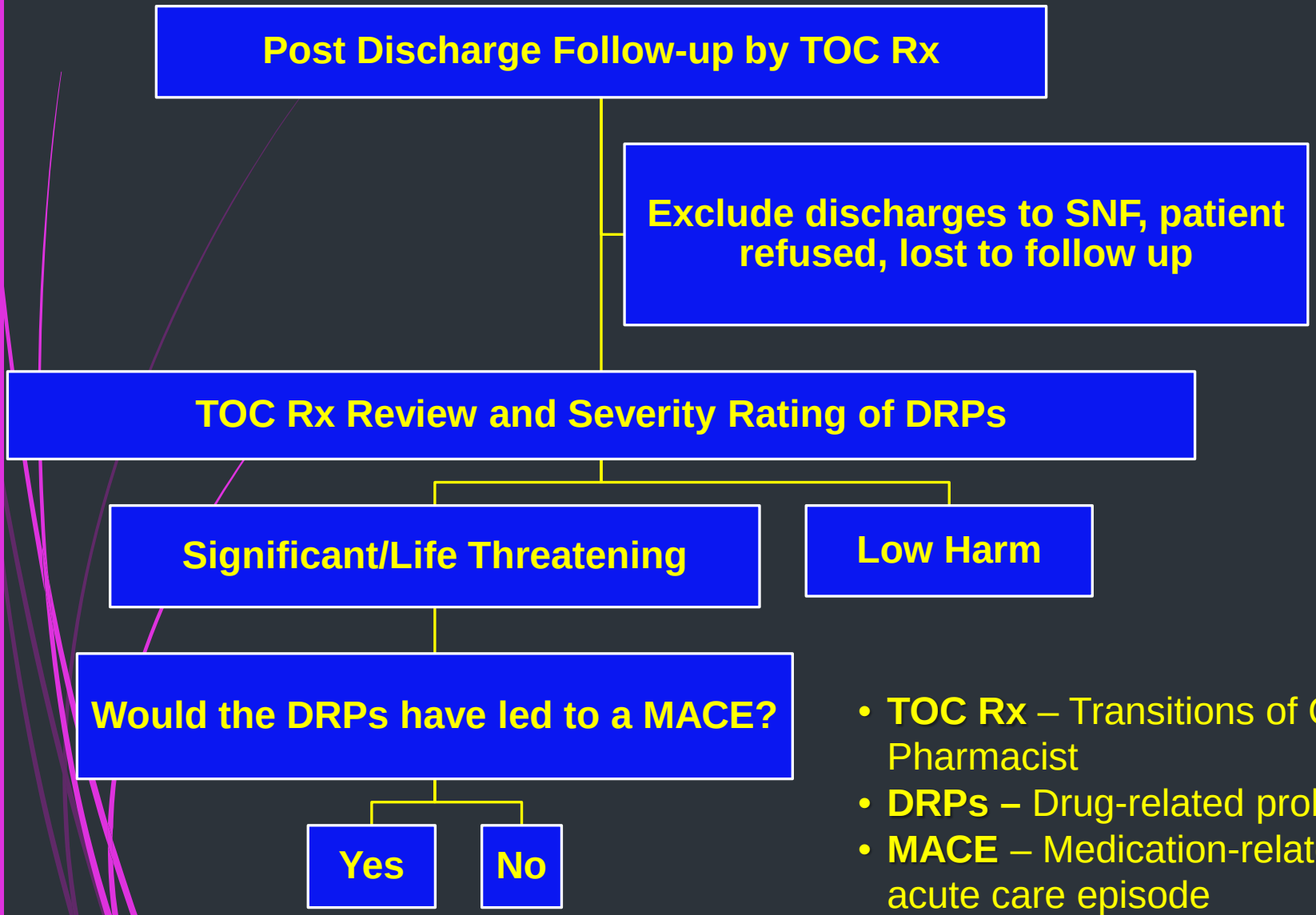
- 7.4 medication history errors/high risk pt on admission
- Pts with low and intermediate adherence have a 2.54-fold higher odds of readmission compared those with high adherence (p=0.05).
- 4.3 drug-related problems/patient post-discharge
  - Approximately 50% of problems are pt. related and 50% are prescriber-related

Preventing Medication-Related Acute Care Episodes (MACES)

Multi-Center Quality Improvement Project

- Objective: Assess the impact of pharmacists' post-discharge follow-up on high risk patients
- Primary Outcome: # drug-related problems and % (MACEs prevented by pharmacist resolution of drug-related problems confirmed by MDs
- Study Period: 6 weeks
- # of Sites: 9 academic medical centers

MACE Toolkit

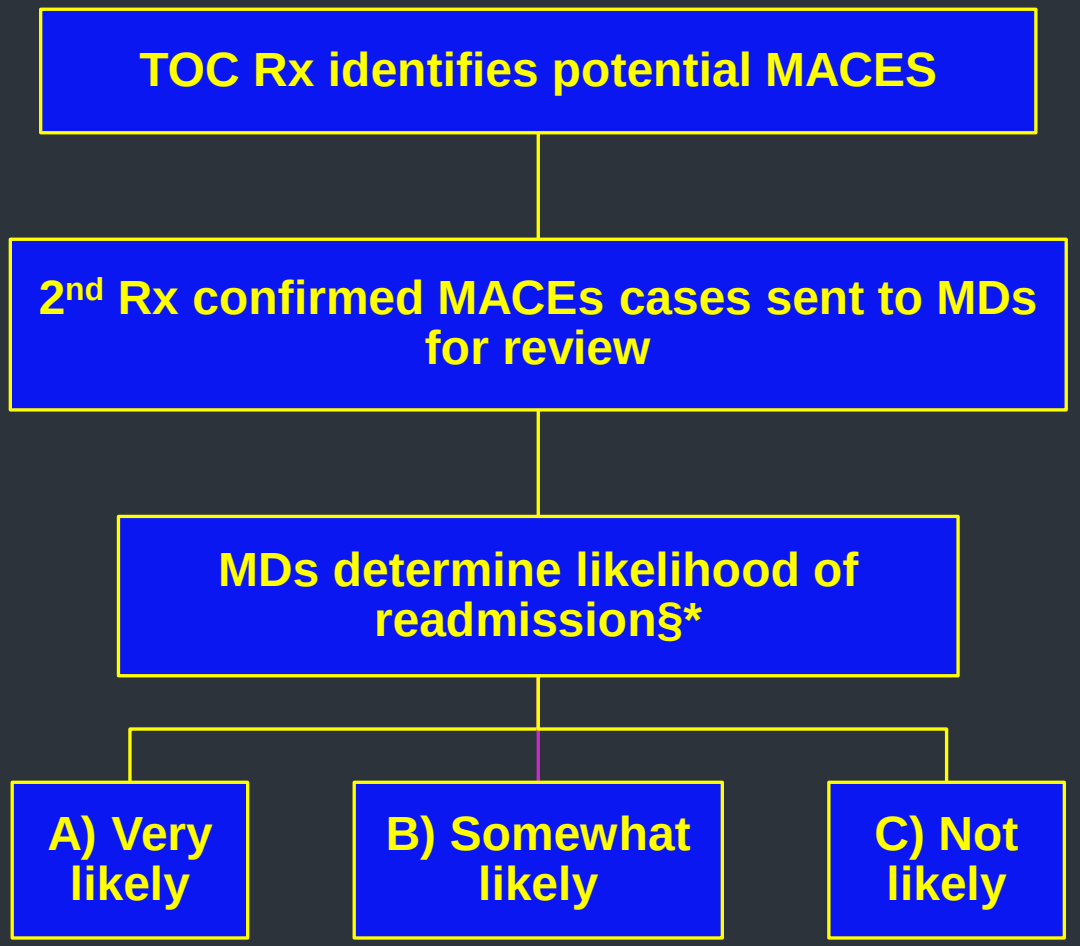


- **TOC Rx** – Transitions of Care Pharmacist
- **DRPs –** Drug-related problems
- **MACE** – Medication-related acute care episode

MACE Toolkit
Pharmacist and Physician Review

§ Key Principles
- Assessment of likelihood of 30-day readmission
- Will be seen by primary MD within 14 days post-discharge

* Definitions
- **Yes, Very likely** = ≥50% increase above average risk for readmission
- **Yes, Somewhat likely** = 20-49% increase above average risk for readmission
- **Not likely** = not at significantly increased risk for readmission (0-19%)



Examples of MACEs

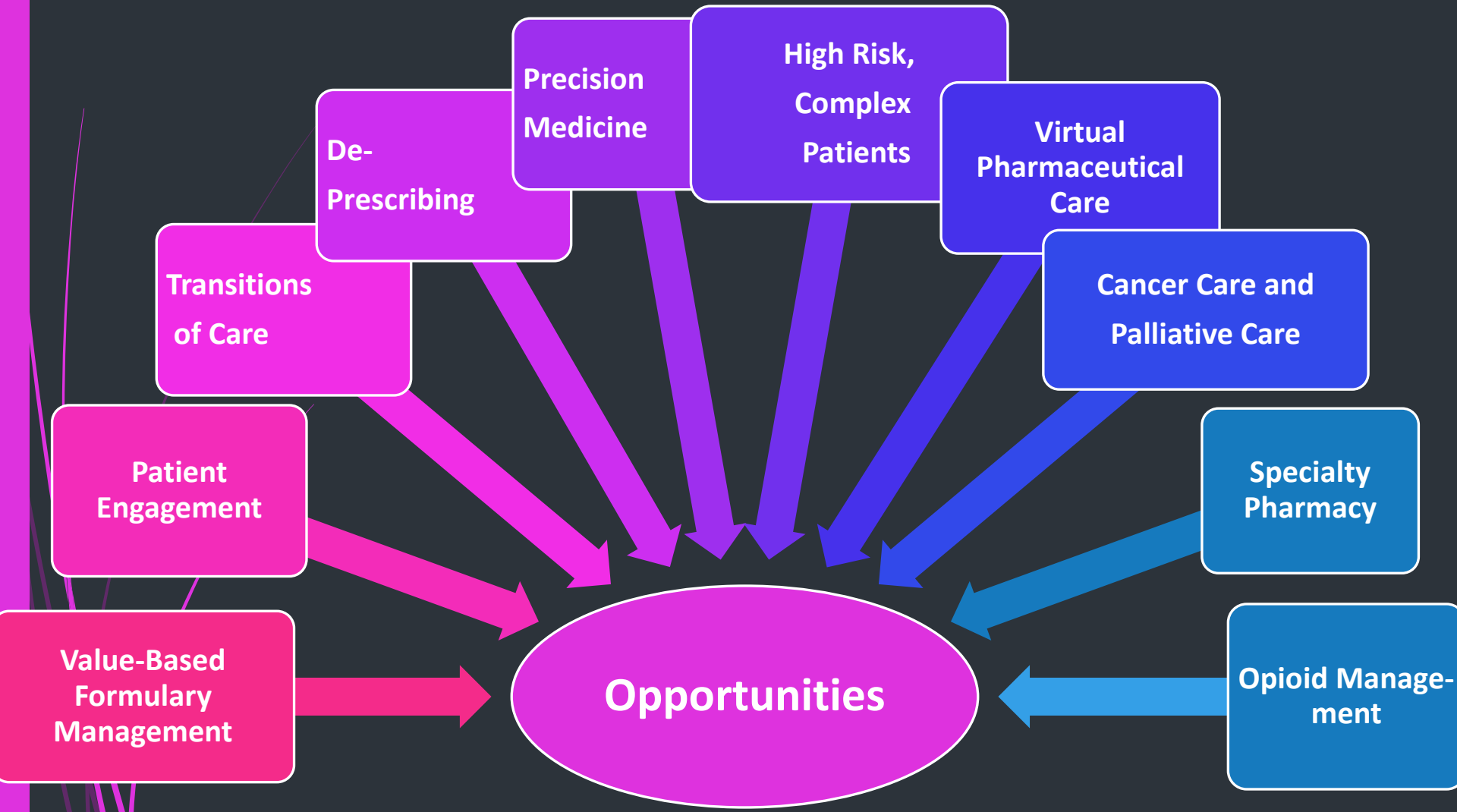
Case	DRPs Identified and Pharmacists Actions	Preventable MACE
91 yo F CC: possible UTI PMH: CVA, afib	1) Metoprolol dose ↑50 mg BID and started on digoxin. Family reports HR in the 40s. 2) Levofloxacin prescribed 5-day course based on dirty UA. Denies symptoms; culture results suggests colonization. 3) Rivaroxaban 20mg daily in pt w/ CrCL 29 ml/min. **Recommendations** 1) Hold metoprolol and D/C digoxin or check level. 2) D/C levofloxacin 3) Rivaroxaban dose change to 15 mg daily	**Yes, Very Likely** Readmission due to bradycardia, bleeding
77 yo F CC: hyperglycemia (BG 649 on admission) PMH: DM2, CAD, HTN	1) Insulin: Pt did not pick up insulin glargine and not checking BG. 2) Simvastatin: pt was not taking **Recommendations** 1) Called in prescription and educated on compliance 2) Called in prescription for simvastatin, test strips	**Yes, Very Likely** Readmission due to non-compliance with medication

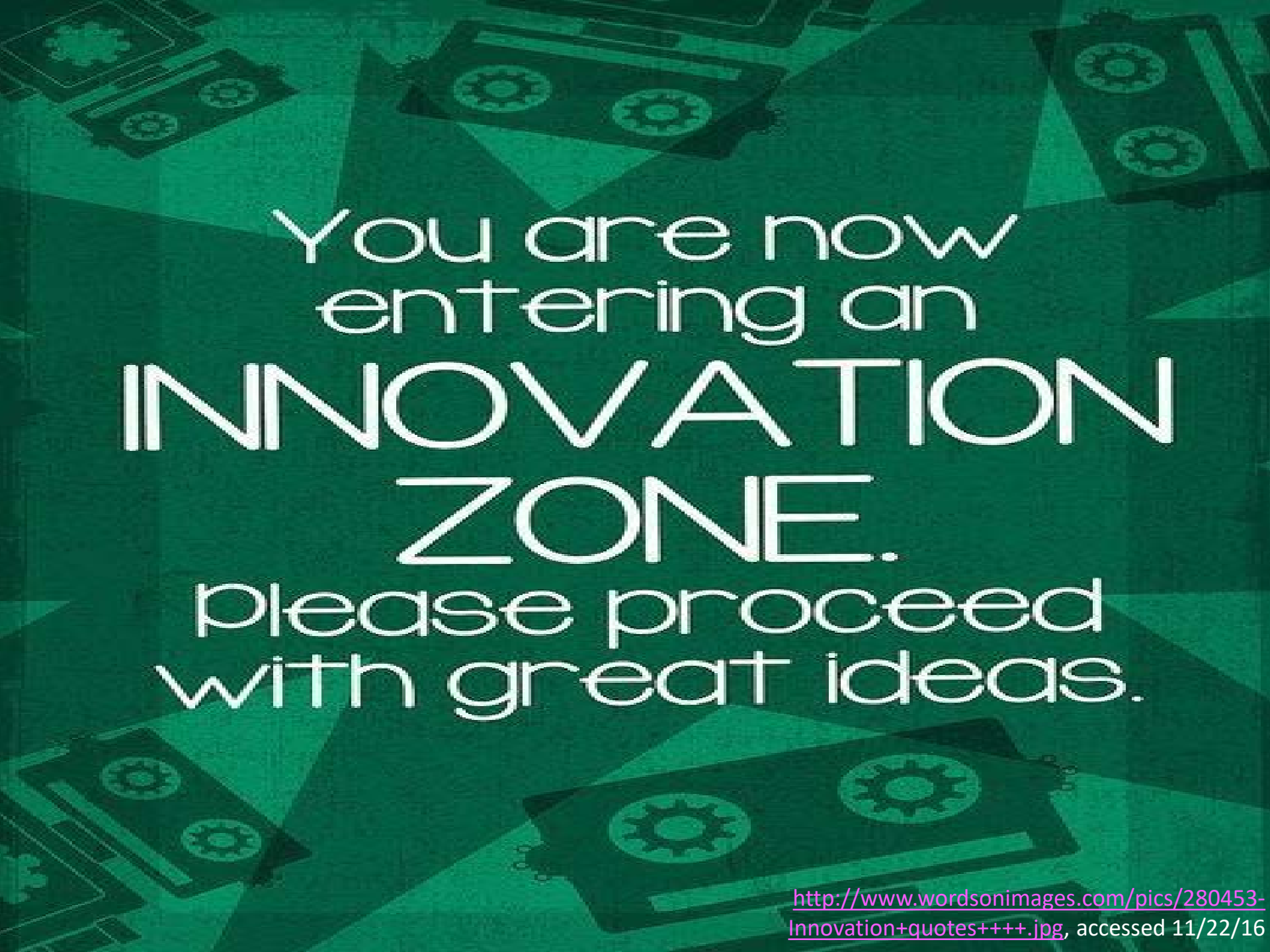
MACEs Results

- **Total # post-discharge follow-ups**
  - 840 patients
  - Average: 93.9 patients/site (range: 29-115 pts/site)
- **Total DRPs Identified**
  - 959 DRPs
    - Life threatening: 2.8%
    - Serious or significant: 56.6%
- **% of MACEs prevented**
  - 27.9% (range: 9.6% - 93.9%)

Medication Overload
WSJ 10/11/16

Deprescribing.org, accessed 11/20/16
Choosingwisely.org, accessed 11/20/16


Precision Medicine
High Risk, Complex Patients
De-Prescribing
Virtual Pharmaceutical Care
Transitions of Care
Cancer Care and Palliative Care
Patient Engagement
Specialty Pharmacy
Value-Based Formulary Management
Opportunities
Opioid Manage-ment



http://www.wordsonimages.com/pics/280453-Innovation+quotes++++.jpg, accessed 11/22/16