

The New York State Council of Health-system Pharmacists

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Collaborative Drug Therapy Management – Expansion and Elimination of Sunset S4296 (LaValle)/A10196 (Seawright)

Fact Sheet
June 1st, 2018

Who the bill applies to:

- Pharmacists qualified to perform Collaborative Drug Therapy Management (CDTM)
- Nurse Practitioners as a provider of services for purposes of CDTM

What the bill does:

- Makes permanent the law which authorizes CDTM permanent (expires July 2020)
- Adds Nurse Practitioners as a provider of services for purposes of CDTM

Why this legislation is needed:

- Passage supports robust development of CDTM services without the uncertainty of a sunset every two years. Adding Nurse Practitioners expands the scope and access to CDTM across the state
- CDTM demonstration project from NYS Education Department detailed successes of CDTM in improving health, enhancing satisfaction, and outlining opportunities for substantial financial savings:
 - Diabetes:
 - Patients managed by collaborating pharmacists in four clinics showed an increase in the percentage achieving their target hemoglobin A1C by 22% to 39% over four to 12 months. Projected estimates of cost savings for the 195 patients receiving care under the CDTM initiatives is \$147,000 - \$537,000 annually. Extrapolating to the 10.4% of NYS adults with diabetes could result in an annual savings of as much as \$1.5 to \$5.3 billion.
 - Anticoagulation:
 - Control of anticoagulation is needed for optimal therapeutic outcomes. This is measured by the time the anticoagulation is in the therapeutic range (TTR). Studies have shown that increases in TTR as little as 5% impact hospitalizations, ED visits and mortality. Pharmacist anticoagulation management achieved higher TTR values (71–85%) than expected with usual care (51–76%). This could mean 9,000 less deaths, 15,000 less adverse events and annual savings of \$214m.
 - Heart Failure:
 - Both pilot programs demonstrated a substantial reduction in readmission rates at 30 days (9% and 0, respectively), compared to the nationwide readmission rate of 24%: a 62% reduction in re-hospitalizations. Readmission rates at 90 days were substantially lower, ranging from 6–15%. Data provided by the AHRQ Health care utilization project showed expected economic impact for patients managed by the project would be \$319,000. Extrapolating this to NYS expenditures would give a potential reduction of \$600 million annually.

Support:

- Strongly supported by the New York State Council of Health System Pharmacists