The Pharmacist eCare Plan

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#NCPA2017
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Disclosure

David Pope is the co-owner of Creative Pharmacist and will not discuss off label use and/or investigational use in the following presentation. The conflict of interest was resolved by peer review of the slide content.

Learning Objectives

**Objectives for Pharmacists**

- Discuss key components for eCare Plans that are interoperable for use with partners in the healthcare community to enhance patient care.
- Outline methods for using the eCare Plan to improve physician partnerships and patient satisfaction.
- Discuss coordination of the eCare Plan into the existing workflow of the community pharmacy.

**Objectives for Technicians**

- Discuss key components for eCare Plans that are interoperable for use with partners in the healthcare community to enhance patient care.
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- Discuss coordination of the eCare Plan into the existing workflow of the community pharmacy.
The Landscape is Changing

- Laws are changing
  - Washington= Provider Status
  - California, Tennessee

- Payers are noticing
  - Risk reduction

- Pharmacists are organizing
  - CPESN's building throughout the country

Clinical Communication

- New communication methods are vital in order to improve outcomes, develop pharmacist-led pathways
  - Example: The simple act of taking a blood pressure inside the pharmacy
  - Example: The ‘touchdown’
The History of the Medical Claim

• First disability claims occurred in 1850
  • Insurance based on steamboat and railroad accidents
  • Claims were sent via paper
• Paper claims were utilized throughout the beginning of the modern history of private insurance until modern use of electronic health records produced
• Electronic claims for clinical services are now expected
• Pharmacists are now offering clinical services
  • Therefore, pharmacists are expected to bill for clinical services like other healthcare professionals

CDA’s: The Document You Can Send

How clinical documents can be sent to another healthcare provider

Healthcare Provider A
• Uses EHR A

In order for a clinical document to be sent, it must be in the same language and format

Healthcare Provider B
• Uses EHR B
CDA’s: The Document You Can Send

How clinical documents can be sent to another healthcare provider

Physician A
• Uses EHR A

If you can write in the same language and in the same format, and do it securely, you can exchange data

Physician B
• Uses EHR B

CDA’s

• Allows certain data to be ‘consumed’ by the receiving system, such as an EHR
  • In other words, the blood pressure reading you take in the pharmacy and document in your system should be placed into the blood pressure field of the physician

• Prevents data from having to be printed and sent via couriers
CDA’s

• In order to transfer documents, there must be a standard language and format
• HL7 developed the standards for these documents, called CDA’s (consolidated document architectures)
• CDA’s are simply formats of clinical documents

CDA’s are like Microsoft Word Templates

Choose your template
CDA’s

- Currently, there are 9 CDA templates
  - Continuity of Care Document
  - Consultation Notes
  - Discharge Summary
  - Imaging Integration, and DICOM Diagnostic Imaging Reports
  - History and Physical
  - Operative Note
  - Progress Note
  - Procedure Note
- A 10th one is on the way: the Pharmacist eCare Plan

CDA’s- Terms to Know

- HL7
  - The paragraphs of a page
- CDA
  - The template of the document
- Pharmacist eCare Plan
  - A pharmacist-specific CDA template
- FHIR Format
  - An updated version of HL7 (the paragraphs of the page)
Pharmacist eCare Plan

• Developed in concert with the PharmacyHIT Workgroup, the Community Care of North Carolina, and more
• Allows a pharmacist to document:
  • Clinical thoughts
  • Findings
  • Education
  • Drug Therapy Problems
  • And more
• Once documented, it can be sent to a provider

Pharmacist eCare Plan

• Currently in use with the Community Care of North Carolina (CCNC)
• CCNC is utilizing the eCare Plan in an alternative way
  • Using it as the documentation required for reimbursement of services to pharmacist
• Announced by CPESN-USA as a requirement for all CPESN’s beginning late 2017
Requirements of the Pharmacist eCare Plan

- Currently being finalized (Fall 2017)
- Requirements:
  - Final medication list
  - Drug Therapy Problems (DTP’s)
  - Medication allergies
  - Patient information
- Can carry additional information, such as education, immunizations, etc

Sending the eCare Plan Securely

- The eCare plan can be sent to a provider through Direct Secure Messaging
  - Required for Meaningful Use
  - Similar to secure mail
- This is a secure pathway that delivers the CDA
  - You choose who you send the document to...similar to email
- In order to get a Direct Secure Messaging address, you’ll need to be approved by a HISP (Health Information Services Provider)
Sending the eCare Plan Securely

- The HISP will verify you are who you say you are
- Once verified, you’ll have access to the provider directory, allowing you to choose the provider you’d like to send to
- You’ll also be able to receive documents with your direct address
  - Direct addresses can only receive clinical documents

Enhanced Service Networks

Coming to a state near you
Value-Based Care is Here

- North Carolina pharmacies in the CCNC solution are now being paid for value-based care
- CCNC patient admission rates are consistently 40-50% lower than non-CCNC Medicaid patients
- Transitional care management patients are 20% less likely to return to the hospital
- CCNC has delivered the state of North Carolina a 4-year savings of nearly $1 Billion

Payers are Noticing

- Pharmacists have new opportunities for direct billing and reimbursement
  - Diabetes Self-Management Education (DSME)
  - Pre-Diabetes Counseling
  - CLIA-waived tests
    - Cholesterol
    - A1c
  - Michigan= MTM Reimbursement

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Documenting Clinical Claims

- Documentation must ‘fit the bill’
  - Specifics of documentation are based on:
    - Standards of practice
    - Specific insurance requirements
  - Some services you provide are ‘time-based,’ while others are ‘service-based’
    - Time-based: DSME Services, Office Visit (E/M codes)
    - Service-based: A1c test, Cholesterol test
- Documentation should fit in your workflow
  - Utilize the med sync appointment to leverage your clinical workflow

Value-Based Care is Here

“Our first goal is for 30% of all Medicare provider payments to be in alternative payment models that are tied to how well providers care for their patients, instead of how much care they provide – and to do it by 2016. Our goal would then be to get to 50% by 2018.”

“Our second goal is for virtually all Medicare fee-for-service payments to be tied to quality and value; at least 85% in 2016 and 90% in 2018.”

-Sylvia Mathews Burwell, HHS Secretary

Patient Care Services

- Patient care services must be *individualized*.
  - Only 50% of chronic care medications are taken properly

- Patient care services must be *dosed according to need*.
  - Should every patient receive all services, including patient monitoring?
  - i.e. 28 y.o. well-controlled HTN patient vs 64 y.o. uncontrolled HTN patient

- Patient care services must be *documented appropriately*.
  - “If you didn’t document it, you didn’t do it.”

**Why Value-Based Care Matters**

- Pharmacists improve outcomes through medication management and optimization, education, accountability, and more

- Insurers are taking notice and are rapidly expanding pharmacists’ abilities to bill for clinical claims

- Pharmacists as providers is coming (in fact, it’s already here)
  - Washington
  - Tennessee
  - Senate Bill 109
How Can You Prepare?

• Learn
  • Connect with your state pharmacy association to discover clinical services you can offer in your state
  • Discover steps you’ll need to take to offer these services
    • CLIA-waiver
    • DSME Accreditation
    • CPESN

• Prepare
  • Develop your documentation system
  • Engage with common insurances in your area
    • What type of insurance offerings do they provide?
      • i.e. PPO, HMO, etc?

How Can You Prepare?

• Engage
  • Connect with others in your state who may be offering similar services
  • Engage with your patients
    • Actively market your services
Change: 3 Questions Everyone Asks Themselves

By Andy Stanley

- What is it?
- Why are we doing it?
- How does it involve me?

- Today’s clinical landscape involves utilizing the scope, reach, and knowledge of the clinical community pharmacist
- Your business will be impacted by the Pharmacist eCare plan. Will you be ready?

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Active Learning

- The Pharmacist eCare Plan is a type of:
  a) CDC
  b) CNBC
  c) CDA
  d) CMA

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Active Learning

- Which X12 Form is used for determining patient insurance eligibility?
- The Pharmacist eCare Plan is a type of:
  a) CDC
  b) CNBC
  c) CDA
  d) CMA

Active Learning

- A HISP is a:
  a) 837p
  b) 835
  c) 270
  d) 99210
  e) 8675309
Active Learning

• Which X12 Form is used when filing a medical claim?

a) 837p  
b) 835  
c) 270  
d) 99210  
e) 8675309

Background on the Appointment-Based Model

• 86% of healthcare is driven by chronic care patients  
  • Only 50% of chronic care medications are taken properly

• Studies show a MAP improves adherence  
  • NCPA study: Patients enrolled in the program had 2.5 times greater odds of adherence as controls during the evaluation period.  
  • Patients enrolled in ABMS are 21% less likely to discontinue drug therapy than patients not enrolled.

• Studies show a MAP improves fill rates  
  • NASPA Study: Average person filled 2 more refills per year per medication

“While exploring the mountain peaks, sometimes you get burned”

Questions?

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