Fueling Pharmacy Change: From Community Pharmacy Foundation (CPF) Grants to Action

Community Pharmacy Foundation

Anne Marie Kondic, PharmD
Executive Director

Disclosures

- **Anne Marie Kondic**, PharmD, is the Executive Director of the Community Pharmacy Foundation. The conflict of interest was resolved by peer review of the slide content.
- **Amanda Schroepfer**, PharmD with Goodrich Pharmacy received a grant from the Community Pharmacy Foundation. The conflict of interest was resolved by peer review of the slide content.
- **Geoff Twigg**, PharmD with Apple Discount Drugs received a grant from the Community Pharmacy Foundation. The conflict of interest was resolved by peer review of the slide content.
- **Josh Feldman**, PharmD with Mercy Family Pharmacy East received a grant from the Community Pharmacy Foundation. The conflict of interest was resolved by peer review of the slide content.
- **Minnie Newman**, RPh with Star Discount Pharmacy received a grant from the Community Pharmacy Foundation. The conflict of interest was resolved by peer review of the slide content.
Learning Objectives

• Discuss the potential for using research grants to pilot action-oriented research for the community pharmacy market.

• Outline the CPF grant projects and their purpose.

• Discuss how research results can be implemented in other communities to create new opportunities for community pharmacy.

Poll

• Have you heard about the Community Pharmacy Foundation (CPF)?

• Are you a CPF grantee or co-investigator?

• Are you thinking of an innovative idea in your community pharmacy to advance patient care?
Discuss the potential for using research grants to pilot action-oriented research for the community pharmacy market.

- CPF was established in 2000 as the result of a pre-trial class-action discriminatory pricing lawsuit settlement filed by the Pharmacy Freedom Fund against the brand name prescription drug manufacturers
- Approximately 18.5 million dollars was awarded
- There were 5 original board members which has grown to 7
- Average grant award $40,000 (excludes indirect costs & equipment)

CPF is interested in grant funding that highlights new and emerging patient care innovations that are replicable, transferable and financially sustainable in community pharmacy practice.
CPF Grant Topics – National & Individual (May 2017)

<table>
<thead>
<tr>
<th>Completion Year</th>
<th>Organization</th>
<th>Grant Title</th>
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<tr>
<td>2006 – Current</td>
<td>NACDS Foundation</td>
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<td>Independent Pharmacy Ownership Transfer Toolkit</td>
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<td>2007</td>
<td>ISMP</td>
<td>Use Medicines Safely</td>
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<td>2009</td>
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<td>Protect Your Pharmacy Now</td>
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<td>2009 – 2013</td>
<td>PQA</td>
<td>Block Grant During Formative Years</td>
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<td>2012 – 2015</td>
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<td>Dispose My Meds, Return Unused Medications Program</td>
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<td>2015 – 2016</td>
<td>NADPA</td>
<td>Store Two Pieces &amp; Update</td>
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<td>2015</td>
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<td>Development of Model Pharmacist Collaborative Practice Authority Language</td>
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<td>2015</td>
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<td>Development of a Pharmacy Star Rating System Education of Community Pharmacists on Star Ratings</td>
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<td>2016</td>
<td>NADPA</td>
<td>Development of Model Adult Care Protocols for Pharmacist-Centered Care</td>
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<td>In Study</td>
<td>APhA Foundation</td>
<td>APhA Implementation Institute</td>
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<td>In Study</td>
<td>NADPA</td>
<td>Pharmacy Quality Ratings Incorporating the Consumer Perspective</td>
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<tr>
<td>In Study</td>
<td>NCPA</td>
<td>Enhancing Community Pharmacy Enhanced Services Networks (CPSNs) Outreach and Education</td>
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CPF Classification Category | Count | Percent |
--- | --- | --- |
Medication Management, Safety & Quality | 73 | 43% |
Pharmacy Management & Ownership | 45 | 26% |
Therapeutics, Diseases & Populations | 27 | 16% |
Profession, Academics & Economics | 26 | 15% |
Grand Total | 171 | 100% |

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www.ncpaukt.org/2017annual
Learning Assessment

- CPF grant funding criteria consists of projects that are replicable, transferable and _________.
  A. Scalable
  B. Sustainable
  C. Co-funded

CPF Grant Projects and Purpose

<table>
<thead>
<tr>
<th>PI Grantee</th>
<th>Role</th>
<th>Location</th>
<th>Grant Title</th>
<th>Category</th>
<th>Completion</th>
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<tr>
<td>Amanda Schroepfer,</td>
<td>Pharmacist</td>
<td>Goodrich Pharmacy - Minnesota</td>
<td>Implementation of a Marketing Strategy to increase patient participation in Medication Therapy Management at a Community Pharmacy</td>
<td>Service Pharmacy Billing</td>
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<td>Integrating Pharmacy Technicians into MTM Workflow</td>
<td>Service Enhancement Pharmacy Billing</td>
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<tr>
<td>Geoffrey Twigg,</td>
<td>Clinical Pharmacist,</td>
<td>Apple Discount Drugs - Maryland</td>
<td>Pharmacy Center of Excellence - Interprofessional Approach to Increase Billable Care-Events in a Rural Community</td>
<td>Service Medical Billing</td>
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<td>Evaluation of Community Pharmacist-Managed Transitions of Care on Hospital Readmission Rates</td>
<td>Service Economic Savings</td>
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<td>Outpatient Pharmacy Services, Mercy Family Pharmacies - Iowa</td>
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Implementation of Professional Pharmacy Services in Australian Community Pharmacies Framework

Moulin JC, Sabater-Hernández D, Benrimoj SI

BMC Health Serv Res. 2016 Aug 25;16:439

Implementation of a Marketing Strategy to Increase Patient Participation in Medication Therapy Management at a Community Pharmacy and Integrating Pharmacy Technicians into MTM Workflow

Goodrich Pharmacy
Amanda Schroepfer, PharmD, BCACP

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Project #1 - Implementation of a Marketing Strategy to Increase Patient Participation in Medication Therapy Management at a Community Pharmacy

• ‘Trigger’
  • Frustration with lack of response from “cold calling” patients for MTM

• Goal
  • Provide more MTM services for patient care and increased revenue. Determine what marketing strategies work best with our patients.

• Strategies
  • Patient letter and brochure to increase awareness and knowledge of MTM
  • One version of the letter identified the patient’s primary care provider (PCP endorsed recruitment letter)

Project #1 - Implementation of a Marketing Strategy to Increase Patient Participation in Medication Therapy Management at a Community Pharmacy

• Summary and ‘So What’
  • 155 patients contacted, 39 appointments scheduled
  • 16-19% increase in MTM billable services in patient groups that received the letters
  • Doctor endorsed letter did not lead to more patients enrolling in MTM

• What’s next?
  • Moved to different marketing strategies including utilizing pharmacy technician and leverage physician relationships and referrals

• Transferability and Sustainability
Project #2 - Integrating Pharmacy Technicians into MTM Workflow (In Study)

- ‘Trigger’
  - What happens to patients once the MTM pharmacists gets patients to their goal?
  - Pharmacists needed help managing MTM scheduling and patient follow up

- Goals
  - Determine if patients continue to meet health-related goal after released from MTM
  - Increase uptake/revenue from billable initial/follow up MTM services

- What’s Currently Happening?
  - Technician helps manage MTM scheduling/no show/cold call
  - Technician calling patient follow up on MTM services using calling scripts
Pharmacy Center of Excellence - Interprofessional Approach to Increase Billable Care-Events in a Rural Community

Apple Discount Drugs
Geoffrey Twigg, PharmD

- ‘Trigger’
  - Infrastructure in place to offer pharmacist directed clinical services, however, mechanism for funding did not exist

- Goal
  - Create a medical clinic within the community pharmacy for incident-to billing to expand diabetes education services to more eligible patients.

- Strategies
  - Identify legal and regulatory requirements
  - Hire a medical team for oversight (employee vs contract)
  - Marketing to existing patients, new patients and healthcare providers
Pharmacy Center of Excellence - Interprofessional Approach to Increase Billable Care-Events in a Rural Community

• Summary and ‘So What’
  • Opened a pharmacy-based medical clinic as an LLC
  • Positive patient outcomes led to limited provider status with a local payer of a PCMH
  • Electronic access to patient medical records and direct billing for diabetes care

• What’s next?
  • Pre-diabetic patients, number of diabetes classes, and patients served
  • Patient encounters paid by third parties
  • Referrals to inside the pharmacy for other services (CPAP, DME, etc)

• Transferability and Sustainability
  • Allowed the pharmacy to open program to commercial insurance patients
  • More ‘touch points’ inside the pharmacy to offer billable, pharmacy based services

Resources

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<th>P.I.</th>
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www.ncpaval.org/ncpaval

10/11/2017
Evaluation of Community Pharmacist-Managed Transitions of Care on Hospital Readmission Rates

Mercy Family Pharmacies

Joshua Feldmann, PharmD

• ‘Trigger’
  • Health-system balance of quality payments and reduced readmissions

• Goal
  • Document reduced hospitalization visits and costs to justify funding for a community pharmacy care transition service
  • Perspective – hospital reduced revenue vs. re-hospitalization quality measures penalty

• Strategies
  • In-hospital community pharmacist visit and 2 phone follow-up calls by Mercy pharmacist or local community pharmacist
  • Demonstration project paid pharmacists $40 for 2 completed follow-up phone calls
Evaluation of Community Pharmacist-Managed Transitions of Care on Hospital Readmission Rates

• Summary and ‘So What’
  • Patients with the pharmacist service returned to the same hospital almost 3 times less frequently (8.3% pharmacist intervention vs. 21.4% no pharmacist)

• What’s next?
  • Continued implementation
  • Admission and discharge medication reconciliation accuracy

• Transferability and Sustainability
  • Value-based care models

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<td>Evaluation of Community Pharmacist-Managed Transitions of Care on Hospital Readmission Rates</td>
<td>Medication Management, Safety &amp; Quality Location: Iowa</td>
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Joshua Feldmann, RPh PharmD
Mercy Medical Center

http://communitypharmacyfoundation.org/grants/grants_search.asp?search_text=feldmann
Establishing a Pharmacist Led Physician Based Clinic for Provision of Medicare Annual Wellness Visits

Star Discount Pharmacy
Minnie Newman, PharmD

• ‘Trigger’
  • Personal relationship and conversation with local physician
  • Pharmacy services marketing efforts

• Goal
  • Partner with a collaborative physician practice and financially support Annual Wellness Visits within a clinic
    • Medicare billing for patients during 1st year of Medicare coverage (under provider code G0438 – Initial Annual Wellness Visit)

• Strategies
  • Implement collaborative practice (CPA) and contract payment agreements
  • Develop processes for patient pharmacist scheduling, clinical information retrieval and obtaining patient vitals
Establishing a Pharmacist Led Physician Based Clinic for Provision of Medicare Annual Wellness Visits

- **Summary and ‘So What’**
  - Community pharmacist provided AWV was implemented in a medical clinic
    - Limited uptake (253 patients contacted; 58 patient appointment visits)
    - Skewed shared reimbursement payments
      - 50/50 split of total payment did not fully cover pharmacist time to prepare, deliver and document the service
    - The physician continues to benefit financially from the Annual Wellness Visit long after the visit is complete

- **What’s next?**
  - Continuing with initial physician and expanding to other physicians

- **Transferability and Sustainability**
  - Contracted rate vs. Percent of billable services

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**Resources**
Fueling Pharmacy Change... Barriers to Overcome

• Grantee project ‘trigger events’ included all the following except:
  A. Patient resistance to pharmacist ‘cold calls’ for MTM
  B. Lack of funding mechanism for pharmacist directed clinical services
  C. Health-system balance of quality payments and reduced readmissions
  D. Established medical clinic pharmacy billing model

Panel Discussion

Amanda Schroepfer
Goodrich Pharmacy
Minnesota

Geoffrey Twigg
Apple Discount Drugs
Maryland

Joshua Feldmann
Mercy Family Pharmacies
Iowa

Minnie Newman
Star Discount Pharmacy
Alabama
“Share and Tell”

• Everyone “Share”
  • Share your thoughts on the following questions with your neighbor
    • Replicable: What project idea discussed today could you take action to consider implementing in your pharmacy or in collaboration with other providers?
    • Transferable: What tips or pearls in the discussion today could help you overcome a potential barrier?

• One Responder for each Question “Tell”
  • Replicable
  • Transferable

Q & A
Continued Discussion
**Contact Information**

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<tr>
<td>Linda Garrelts MacLean, BPharm, RPh, FACAl</td>
<td>Vice Dean for External Relations</td>
<td>Clinical Professor</td>
<td>Washington State University CPF Vice President</td>
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