



Changing the Game: Enhanced Opportunities through Enhanced Services Networks
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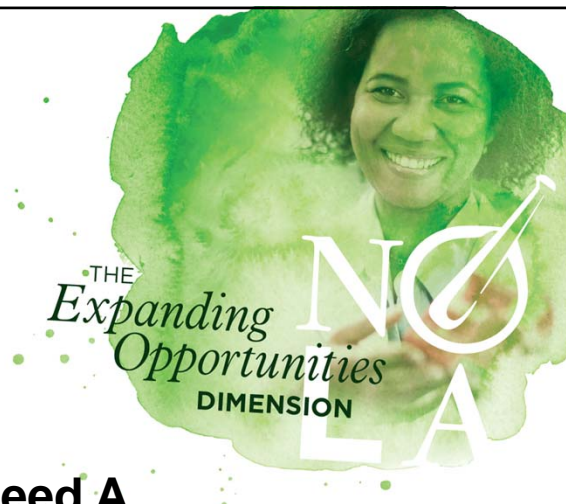
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Learning Objectives

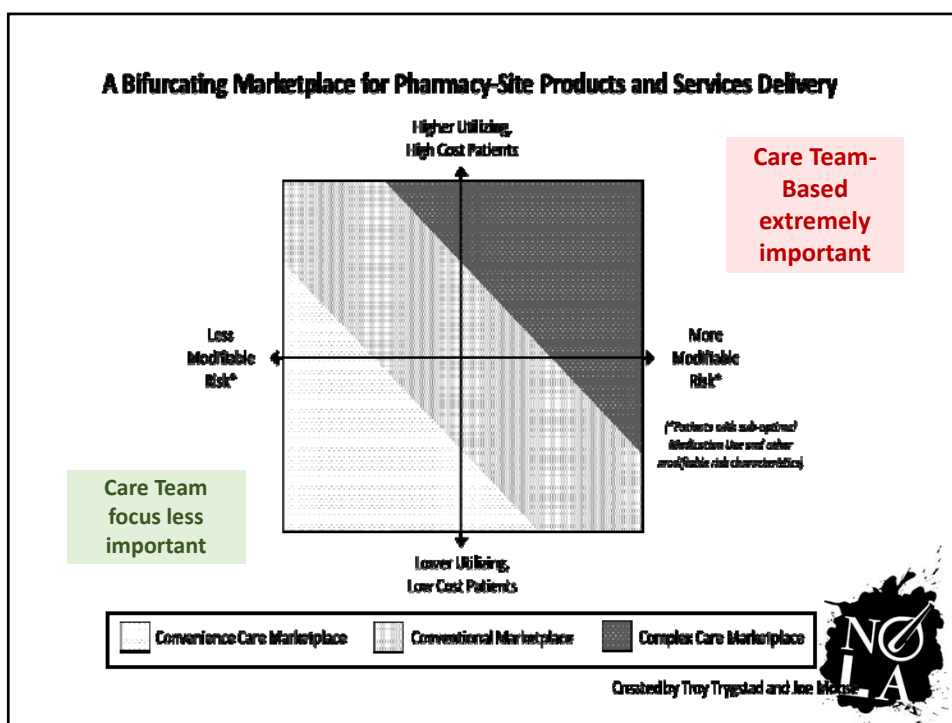
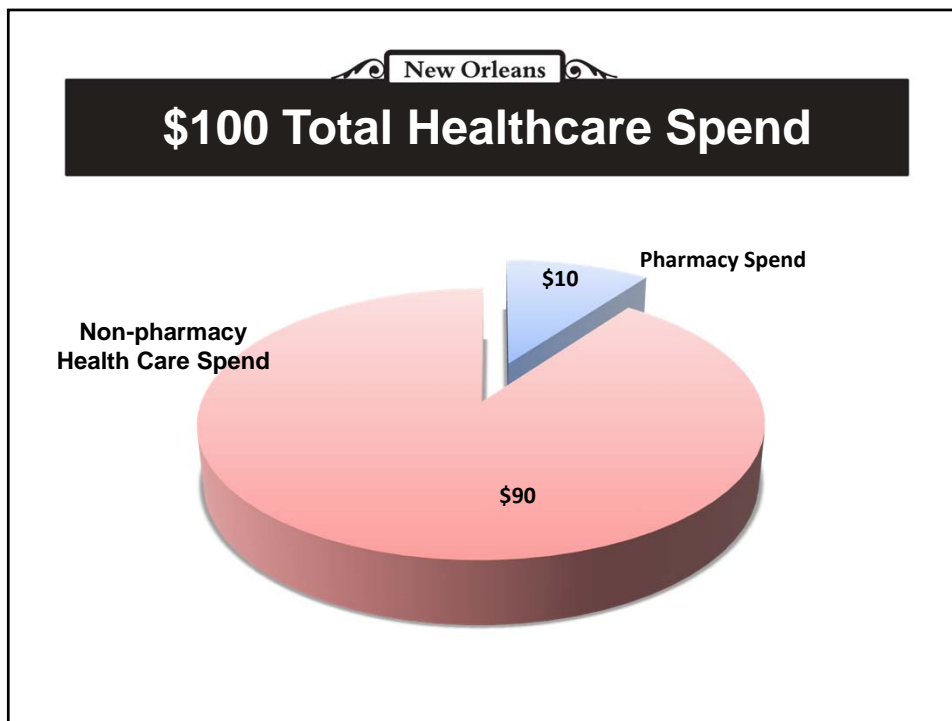
1. Evaluate the basic standards common to existing community pharmacy enhanced service networks (CPESNs).
2. Outline processes and best practices for forming a CPESN.
3. Discuss tactics for using a CPESN to build health care partnerships for community pharmacy networks.



**Why Do We Need A
CPESNSM?**

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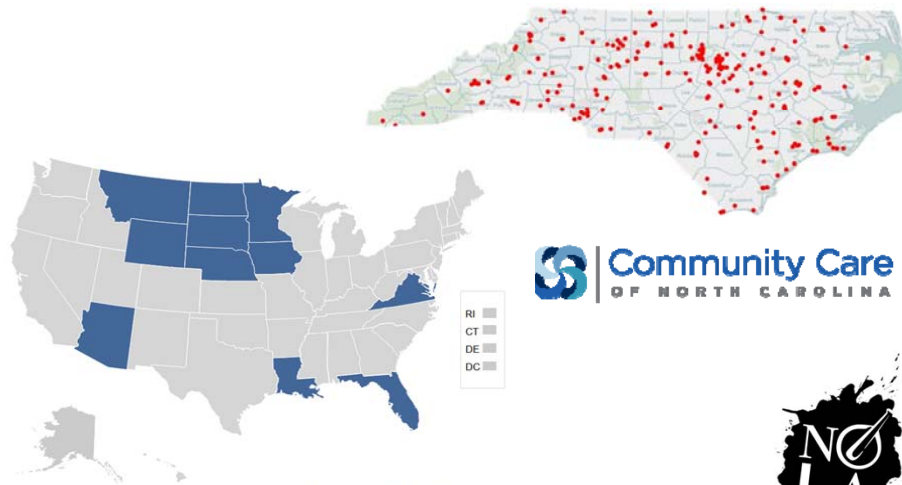
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- ## Creating a Floor to Price
- AWP + 5% + \$5
 - AWP + \$5
 - AWP – 10% + \$5
 - AWP – 18% + \$1.50
 - AAC + \$5
 - NADAC + \$5
 - NADAC – 5% ... ?????????

**Important Innovations Are Happening and CMS Has
Interest in the Role of Community Pharmacy:
Enhanced MTM Model/CCNC Innovations**



Source: Centers for Medicare & Medicaid Services

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The GET for Community Pharmacy:
We are going to make you stand out in a crowd

- We are not talking about 20,000 pharmacies on day one.
- We are talking about the 4,000 pharmacies **that look different.**
- 4,000 is not the end game. It is planting seeds for the next decade.



**The NC Experience:
Building a CPESN**

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Goal of North Carolina CPESN

Create a network of pharmacies
willing and able to:

- 1) Provide enhanced services
- 2) Be held accountable for clinical and global health outcomes
- 3) Coordinate care with the patient-centered medical home care team

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Community Pharmacy Enhanced Services Network

Enhanced Pharmacy Services - Services that transcend conventional requirements of an outpatient pharmacy program contract that are [focused on improving clinical and global patient outcomes](#)

Examples include, but are not limited to:

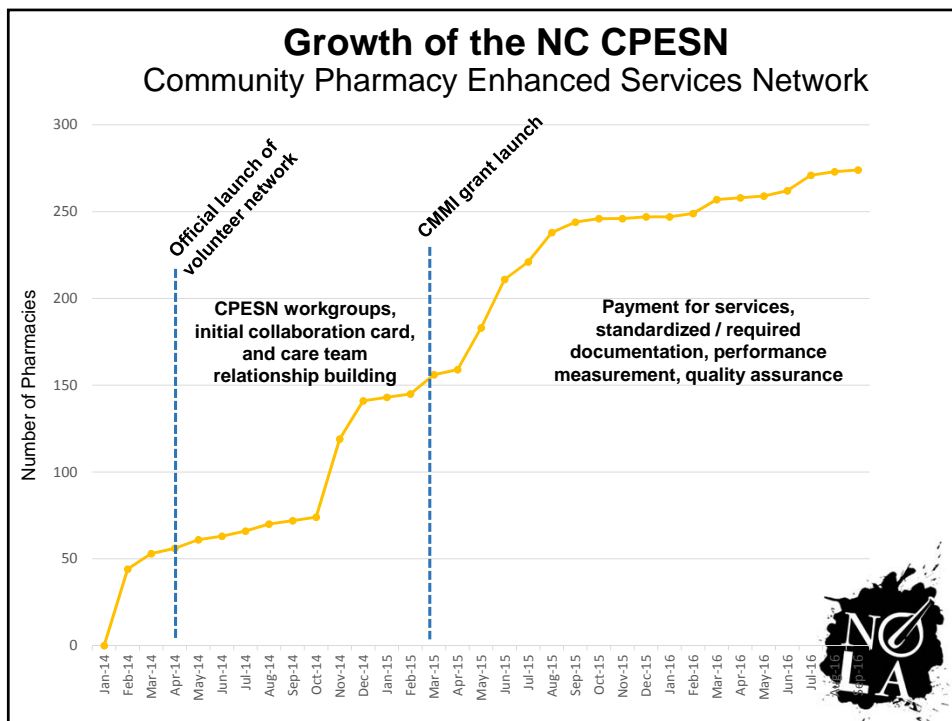
- In-home delivery with patient status review
- Medication synchronization with clinical review
- Adherence packaging with patient coaching
- Community pharmacy care management services

North Carolina CPESN

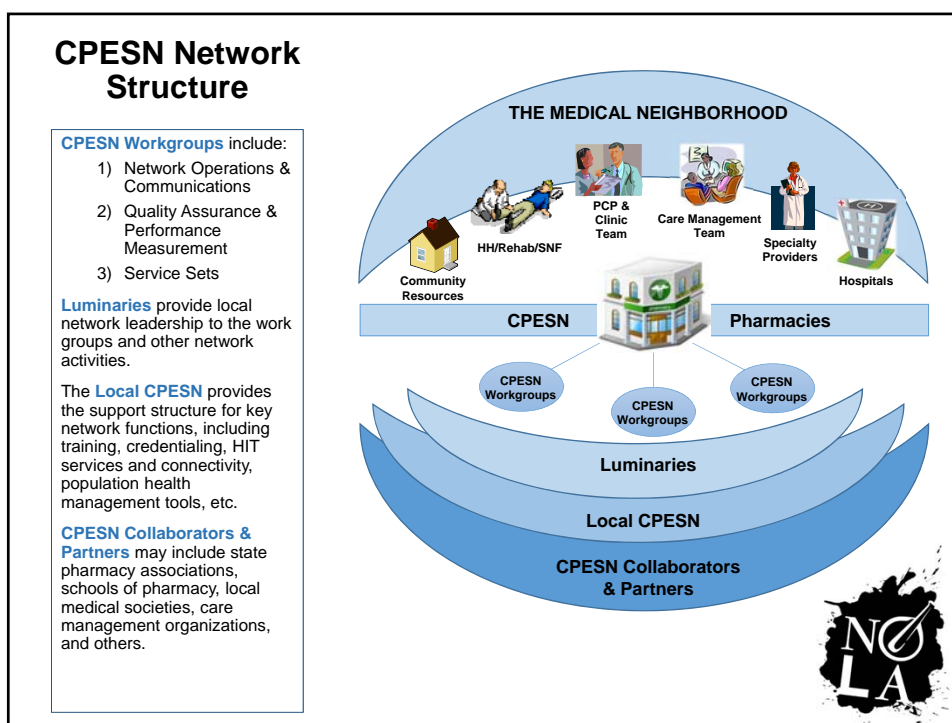
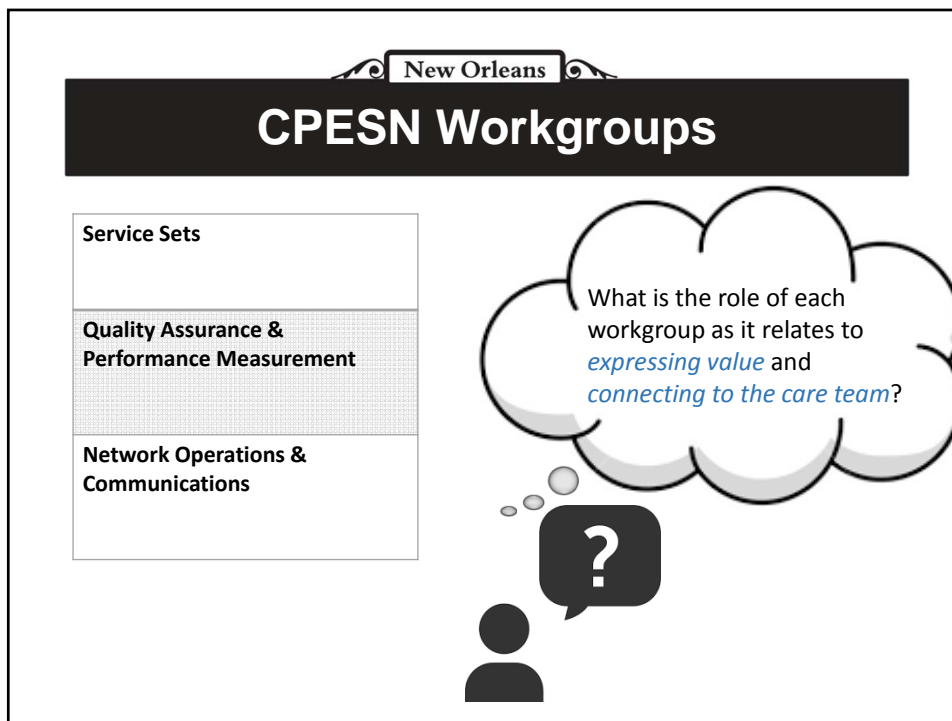


- Started with ~70 community pharmacies in a volunteer network in April 2014
- Growth was fueled by a Centers for Medicare and Medicaid Innovations grant beginning in September 2014
- 274 pharmacies as of September 2016





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CPESN Workgroups	
Service Sets	Selects and defines the standard (required) and optional services provided by CPESN pharmacies, and how they should be communicated to the local care team
Quality Assurance & Performance Measurement	Identifies appropriate measures and measure definitions needed to monitor the overall performance and quality of the CPESN network
Network Operations & Communications	Creates standards for local network operations, including the roles and responsibilities of partners and collaborators, and a communication plan for internal and external partners





Multi-State Pharmacy Collaborative: The Expansion of the CPESN Beyond North Carolina

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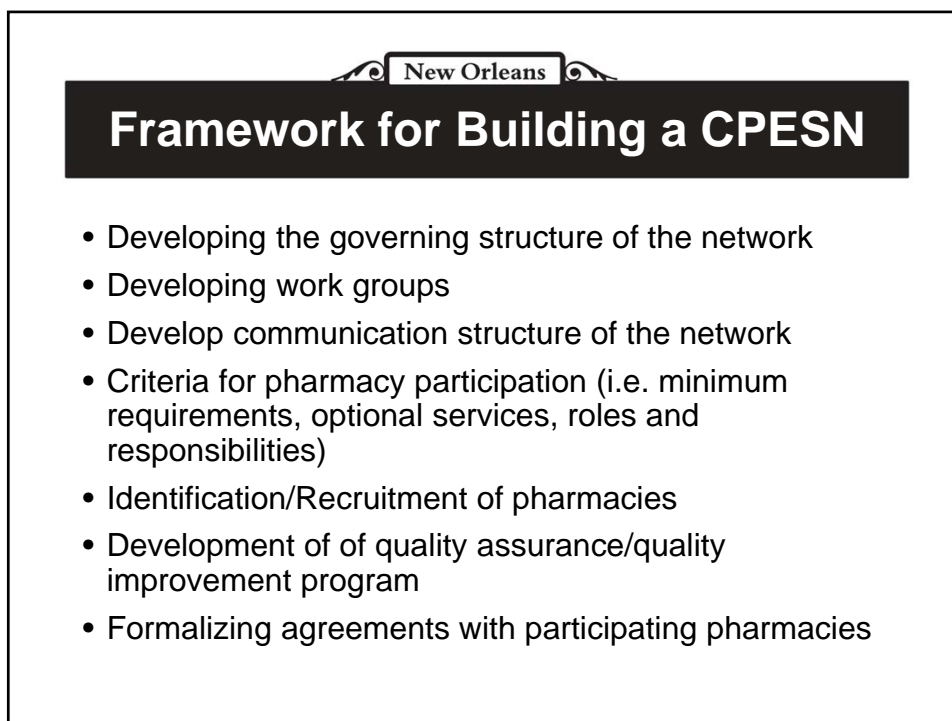
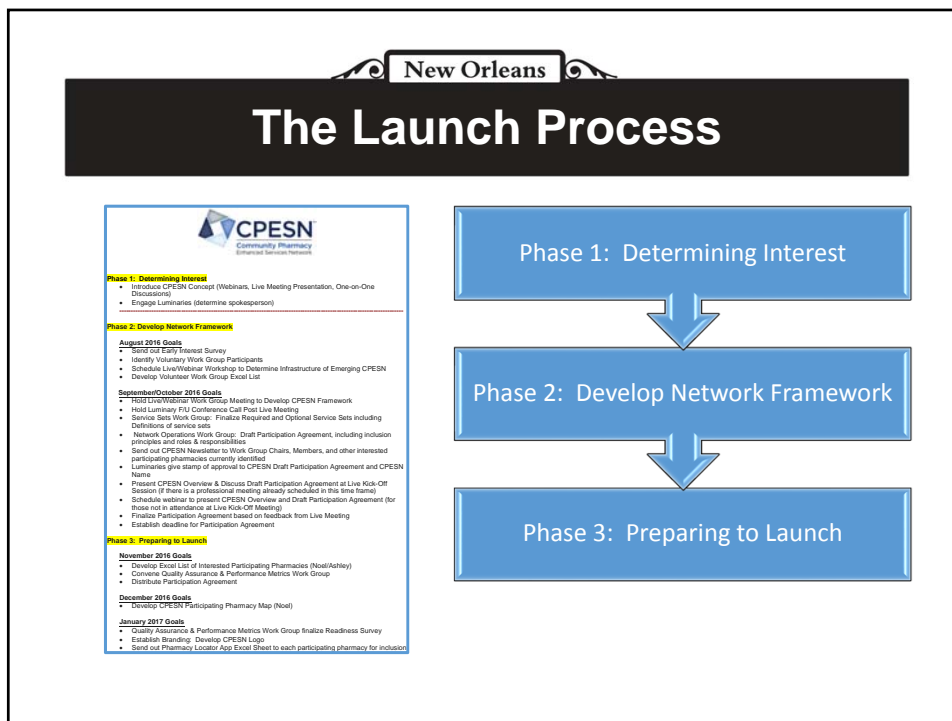
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Multi-State Pharmacy Collaborative (MSPC)

- Facilitate expansion of high-performing networks*
- Provide a venue to connect pharmacists and other pharmacy stakeholders who have interest in delivery of financially sustainable, patient-centered care beyond traditional dispensing services

* High Performing Pharmacy Network to coalesce pharmacies based on the principle of providing value beyond selling drug product to effectuate health trajectory



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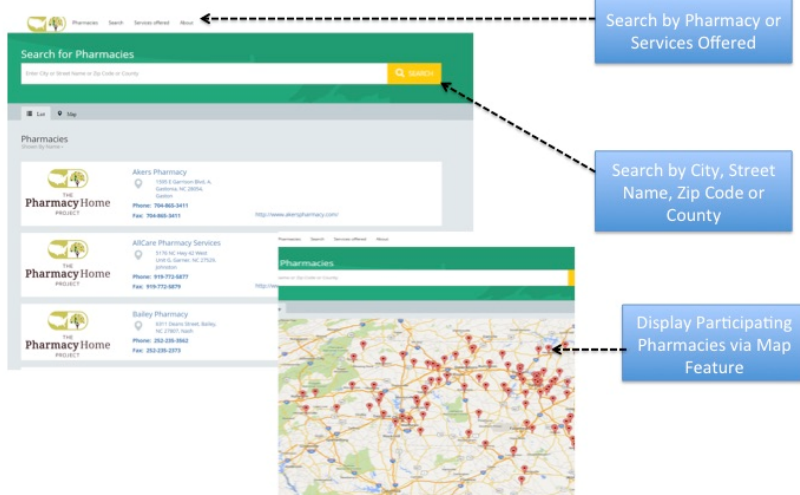
Work Group Kick Off Meeting

- Brainstorming session & reporting of work groups
- Define leads of each work group
- Identification of 1 or more luminaries
- Determine strategy for ongoing follow up



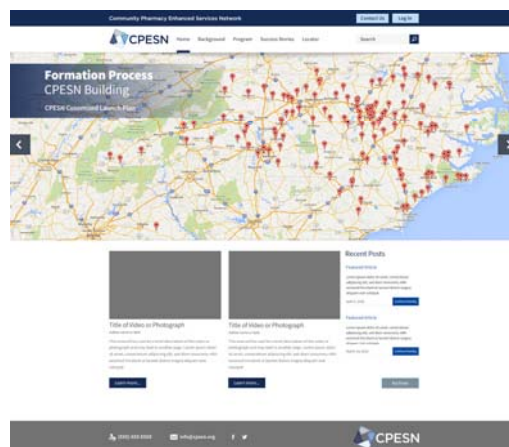
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Pharmacy Locator Application



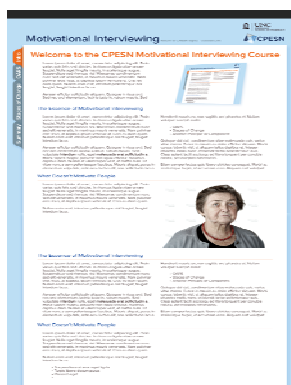
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CPSN Website Preview



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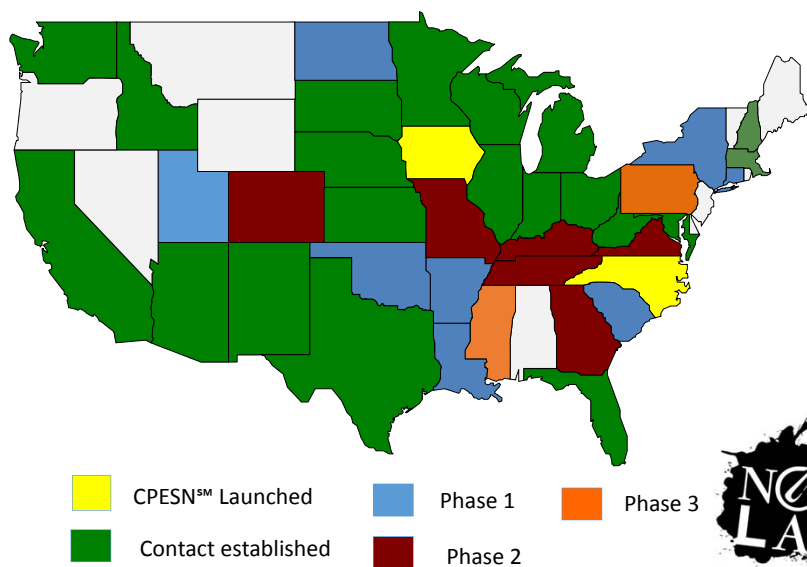
CPSN Training Modules (Learning Management System)



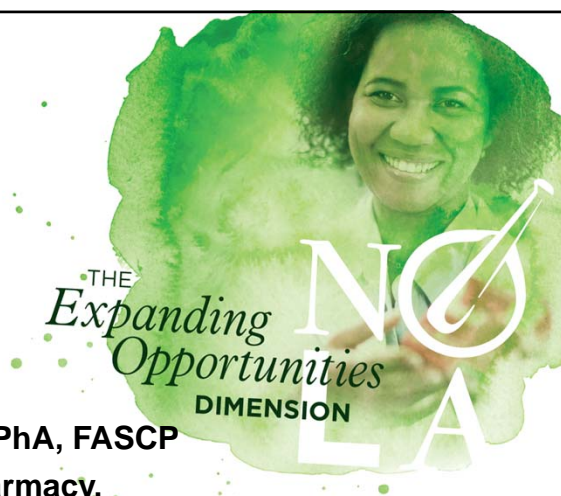
Priority Module Topics

- Community Pharmacy Care Management Roles
- Community Pharmacy Care Management Workflow
- Motivational Interviewing: Initial Patient Engagement
- Motivation Interviewing: Developing a Patient-Centered Care Plan
- Building Provider Relationships and Communication Patterns

Building a “Network of Networks”



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The Goal of the CPESN

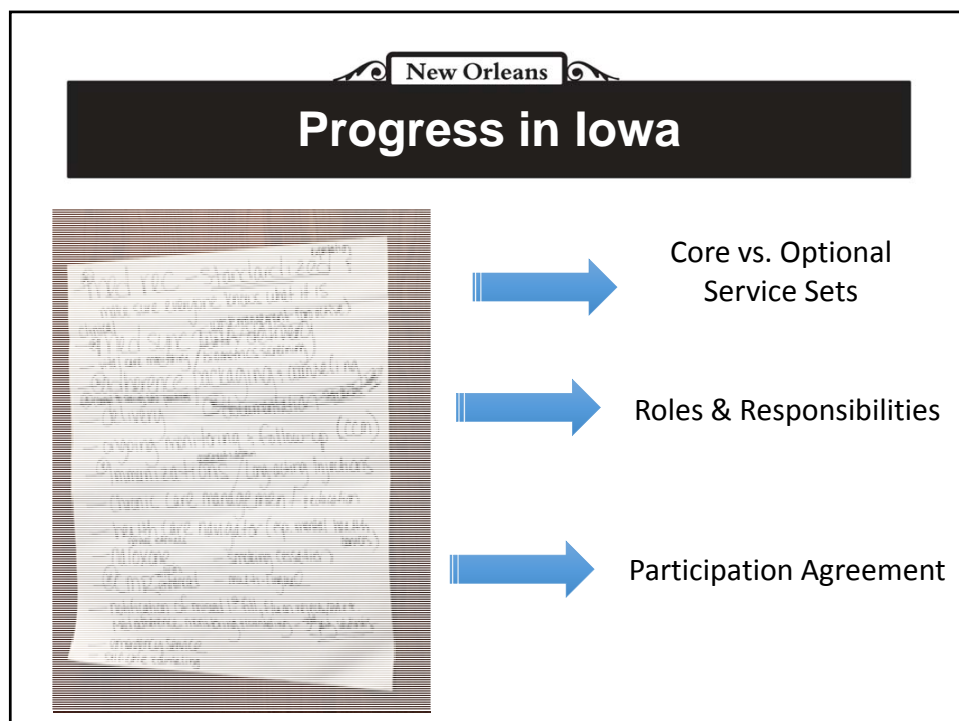
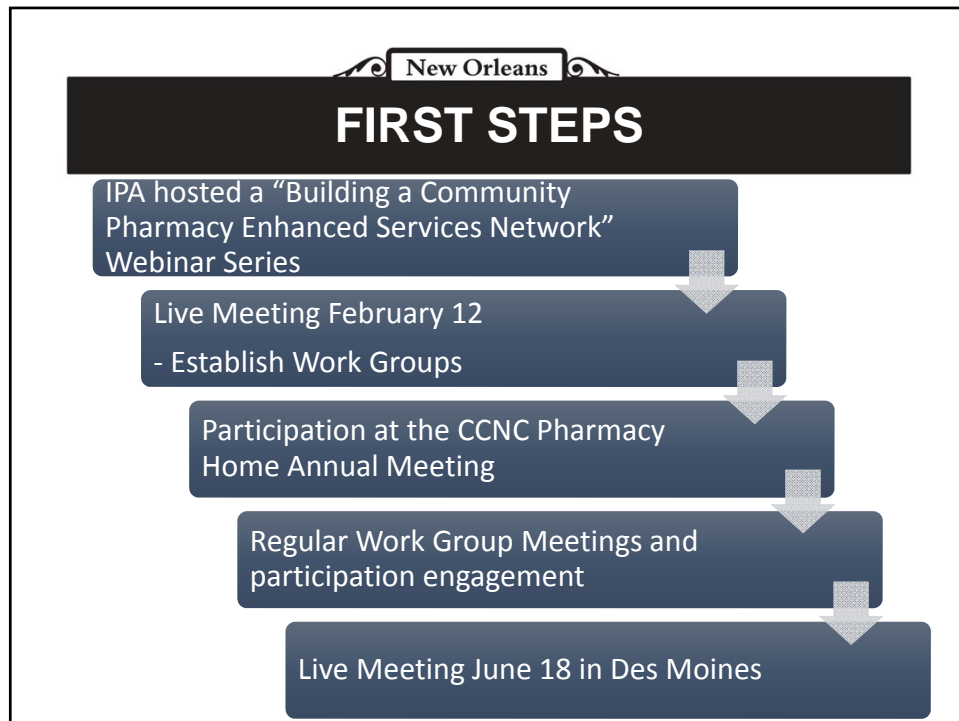
- The goal of the CPESN **is to improve quality of care and patient outcomes related to medication use, enhance patients' overall health trajectory and reduce total cost of care**



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The Iowa Story

- Need to respond to seismic shift in health care payment system
- Community pharmacy outside the loop of bundled payments
- If pharmacists can bend the total care \$ cost curve, they should be paid for the value they add
- We were intrigued with the model in North Carolina



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NETWORK STRUCTURE

- Luminaries
 - 5 is a workable number
- Work Groups
 - Operations
 - Service Sets
 - Quality Improvement

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LUMINARIES

- Volunteers willing to invest time and talent to lead the charge
 - Innovators
 - Skin in the Game
 - Respected by their Peers
 - Previously/currently held elected position
 - State/National reputation

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Advisory Council

- Diverse group of pharmacists and health care leaders from Iowa and across the country
- Includes a physician, third party administrator, academics and pharmacists with decades of experience as innovators
- Initial conference call held September 16
- Asking for input on strategic direction, potential collaborations, marketing, quality measurement

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Iowa CPESN Participation Criteria

- A signed agreement that defines roles & responsibilities with CPESN participation
 - Current registration with the BOP in good standing
 - Respect patient's right to choose their own practitioners and pharmacies
 - Use secure data platforms and applications, when applicable
- Agreement to provide a required set of enhanced services

[Nearly 80 high performing pharmacies are participating in the CPESN](#)


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***Required* Service Sets**

1. Adherence Packaging
2. Clinical Medication Synchronization
3. Immunizations
4. Medication Reconciliation
5. Complete Medication Reviews with Chronic Care Management


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***Optional* Service Sets**

- | | |
|--|--------------------------------------|
| • 24 Hour Emergency Service On-Call (Non-dispensing) | • DME billing- Medicare and Medicaid |
| • Clozapine Dispensing and Monitoring | • Home Delivery- Home Visits |
| • Collection of Vital Signs | • In depth Counseling/Coaching |
| • Compounding, Non-Sterile | • Long-Acting Injections |
| • Compounding, Sterile | • Medication Disposal Program |
| • Multi-Lingual Capability | • Naloxone Dispensing |
| • Point of Care Testing | • Specialty Pharmacy Dispensing |
| • Pharmacogenomics Testing | • Standardized Patient Assessments |
| • Presumptive Eligible (Medicaid) Dispensing | |
| • Targeted Disease State Programs | |

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CPE SN Pharmacy Characteristics

- Establish a therapeutic **relationship** with patients;
- Offer a **private and confidential setting to talk with patients** about their medications, and related health care issues or concerns;
- **Counsel patients on the appropriate and safe use of their medications;**

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CPE SN Pharmacy Characteristics

- Assist the patient with understanding the importance of all medications and taking them as prescribed or recommended.
- Provide regular ongoing reviews of patient medication regimens to identify opportunities to optimize therapy;
- Work collaboratively with health care professionals to resolve any concerns with the patient's medications

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CPESEN Pharmacy Characteristics

- Reinforcement of the patients' goals of therapy;
- Enhanced care coordination and additional monitoring between provider office visits for patients, especially those who are non-adherent to medications and/or are medically complex;
- Pharmacy communications with prescribers and other providers that provide clinical recommendations to resolve DTPs, achieve goals of therapy, and improve patient outcomes.

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In Progress

- Readiness survey
 - Data is gathered and analysis in progress
- Pharmacy locator app
 - Rolled out September 28

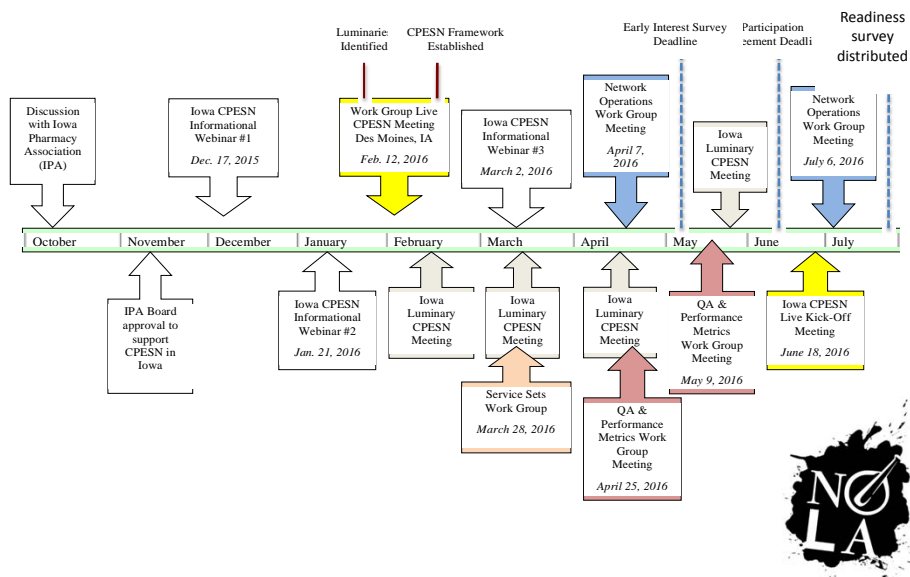
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Next Steps

- Marketing plan
 - Local
 - Regional
 - Statewide
- Educational modules
 - Full network
 - Customized by site

Iowa CPESN Launch Timeline

October 2015 – July 2016






Panel Discussion
Moderator: Kurt Proctor

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