



www.ncpanet.org/ic

Follow us on social media



Introduction—What is the Opportunity?

Enhanced Services Boot Camp

August 25, 2018
Wisconsin Dells, Wisconsin



www.ncpanet.org/ic

Follow us on social media



Pharmacy is Changing How are You Changing?

BUSINESS

Amazon Buys Online Pharmacy PillPack for \$1 Billion

Retail giant outbid Walmart for startup that gives it nationwide access to prescription business

MARKETS | DEALS

Cigna Agrees to Buy Express Scripts for More Than \$50 Billion

Deal expands portfolio of health services

BUSINESS | HEALTH CARE

Stockholders Approve CVS Health's Acquisition of Aetna

CVS Health agreed in December to buy health insurer for about \$69 billion in cash, stock

BUSINESS

Walgreens Has Made Takeover Approach to AmerisourceBergen

Drugstore giant in early-stage talks to buy portion of Amerisource it doesn't already own

Why is This Happening? Community Pharmacy Model Must Change

Loehle Pharmacy closes after 136 years in business

Andrew Kulp, Lebanon Daily News Published 6:10 a.m. ET April 18, 2018

Shorewood's Hayek's Pharmacy closing after 100 years of business

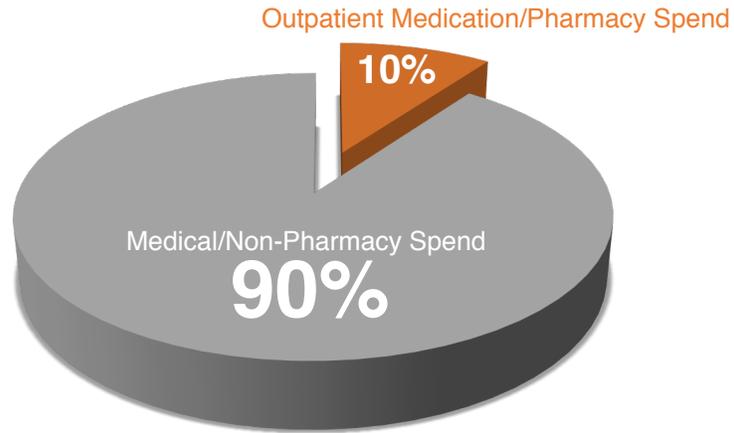
One of only a few old-school pharmacies left



Lyons Pharmacy closes its doors after 142 years | Business ...
www.cecildaily.com

ELKTON — Lyons Pharmacy closed its doors Wednesday after 142 years in business due to continued financial pressures on the store.

Healthcare Spend in the U.S.



Workflow Best Practices

Enhanced Services Boot Camp

Ashley Branham, Pharm.D.
CPESN® USA and Moose Pharmacy

www.ncpanet.org/ic



Follow us on social media



Objectives

- Discuss how an ABM program can positively affect pharmacy operations.
- Outline staffing/workflow considerations needed for enhanced service delivery.



Everyone Must Work at the Top of Their License

- We need to **re-engineer** our practices to align with new payment models
- Technology should support us all moving to **work at the top** of our abilities



Different Approach to Payment and Delivery

Fee for Service



Population Health Management



Technology to Help Fill Prescriptions Fast, Accurately, & Cheap

Finding from NC State School of Industrial Engineering:

- If you are not efficient at the filling prescription process you will never get the enhanced services and clinical support process optimized.
- We don't address problems/opportunities at the time we find them. We wait until the end of the filling process.



Rethink Workflow Operations

Involvement of Pharmacy Staff

“This CPESN model will remain a disruption until all staff are educated to participate”. Pharmacists need to engage and train pharmacy technicians, delivery drivers, and cashiers for roles supporting CPESN.

“You go into this project thinking you can be a super pharmacist, but you quickly realize that it needs to be a team effort.”



Community Pharmacy Care Management

- Services provided locally by a community pharmacy in close coordination with other care team members, including other care managers that focus on optimal drug use.
- The objective of Community Pharmacy Care Management is to procure, update and re-enforce a team-based, patient-centered pharmacy care plan over time. This service line is *longitudinal and coordinated* with the rest of the care team.



What is the Appointment-Based Model

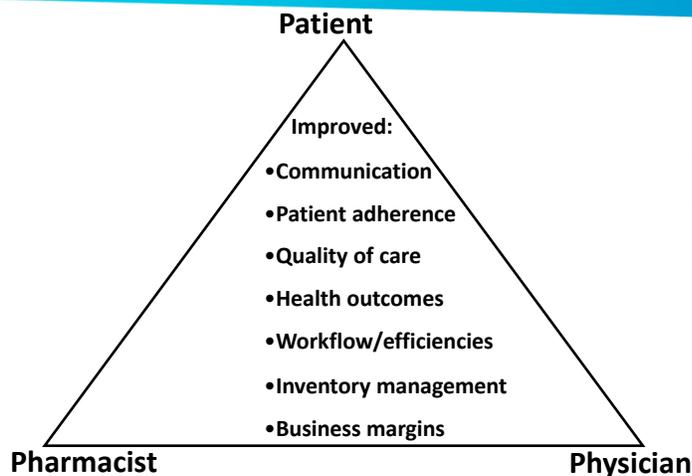


Appointment-Based Model (ABM):

Coordinating all of a patient's prescription medications to be picked up on the **same date** each month, coupled with communications from the pharmacy.



ABM Benefits to Workflow & Patient Care



- Coordinated refill program
- Completes triad of care
- Business differentiator
- Win-win-win model
 - Improved patient outcomes
 - Prescriber satisfaction
 - Increased business efficiencies and margins



ABM Impact on Workflow

- Reactive → proactive
 - Optimizes dispensing process
 - “the way we do business here”
- Scripts → patients
 - Are we optimizing therapy?
 - How’s the patient’s adherence?
- Facilitates the patient appointment
 - Opportunity for revenue each month
 - Additional time for meaningful patient interaction



Hello, Goodbye

- | | |
|--|--|
| <ul style="list-style-type: none"> • What you can expect: <ul style="list-style-type: none"> • Streamlined workflow • Predictable workload • Decreased delivery runs • Better inventory control • Healthier bottom line • More time for enhanced services | <ul style="list-style-type: none"> • What you won't miss: <ul style="list-style-type: none"> • “Manic Mondays” • Frequent flyers • Waiting for patients to remember to call in a refill • Last-minute call-ins on Friday afternoons or before holidays • Taking care of patients who run out of pills |
|--|--|



Synchronization: How It Works

Action	Example
1. Determine and list the chronic monthly prescriptions the patient will be taking.	Lisinopril 20mg daily (due 4 th) Synthroid 137mcg daily (due 16 th) Metformin 500mg BID (due 22 nd)
2. The medication with the highest copay should become the anchor prescription.	Synthroid 137mcg (due 16 th)
3. Calculate the quantity needed for each medication to synchronize it with the anchor prescription.	Lisinopril 20mg (12 tablets) Metformin 500mg (50 tablets)



Synchronization: How It Works

4. Contact the patient's prescriber, explain your ABM program, and request two prescriptions for each "synchronized" medication:

- One for the quantity required for synchronization
- A second for the normal monthly quantity

5. Short/long fill the appropriate prescription(s) to synchronize with the anchor prescription. Document on the hard copy the one-time short fill was for the adherence program.



7-10 Days Prior to the Appointment

- Call patient to review medications
- Assess adherence
 - Have you been to the doctor in the last month?
 - Have you been in the hospital in the last month?
 - Are you taking any new prescription or over-the-counter medications?
 - Are there any other changes we need to be aware of at this time?



3-7 Days Prior to the Appointment

- Initiate refill requests, PAs; contact prescribers as needed
- Update the patient profile in the pharmacy management system
- Pharmacist reviews orders and resolves any drug therapy problems identified by the program manager



1-2 Days Prior to the Appointment

- Review inventory/order products
- Dispense product(s)
- Call and remind patient to pick up prescriptions



Appointment Date

- Patient picks up medications
- Pharmacist addresses any clinical issues
 - Are we optimizing patient therapy?
 - How's the patient's adherence?
 - What services can we add on?



ABM is more than syncing medications.

Leveraging the **patient appointment** for enhanced service delivery is key.



Tips on Implementation



- Designate a technician to run the daily operations
 - Best use of staff time
 - Something for them to “own”
 - Vested interest in success
- Leverage your technology
 - Identify non-adherent patients
 - Group patients by ‘sync’ date
 - Reports to help with patient calls
 - Robust sync programs



Med Sync Tips

- Submission clarification codes for Medicare D Patients
 - allow for prorated copays for <30 supply
 - 47—use on first attempt (short fill)
 - 48—use on subsequent usual fill (if you get a RTS reject for being <30 days)
- Figure out your anchor
 - Highest copay med
 - Delivery area
 - Disease state → drive to enhanced services
 - Pay schedule



Tools/Resources

- Simplify My Meds
 - Operations manual, patient forms
 - Marketing kit
 - Free to NCPA members (www.ncpanet.org/smm)
- Implementing Med Sync video series
 - <25 minutes
 - Step by step training
 - Great for pharmacy staff
 - www.youtube.com/NCPAvids



Rethink Workflow Operations

Involvement of Pharmacy Staff

“This CPESN model will remain a disruption until all staff are educated to participate”. Pharmacists need to engage and train pharmacy technicians, delivery drivers, and cashiers for roles supporting CPESN.

“You go into this project thinking you can be a super pharmacist, but you quickly realize that it needs to be a team effort.”

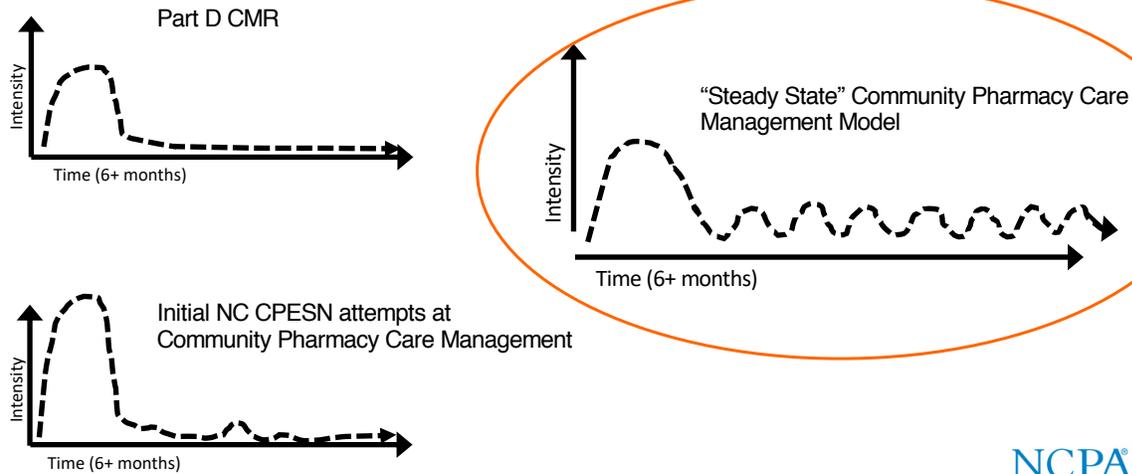


Community Pharmacy Care Management

- Services provided locally by a community pharmacy in close coordination with other care team members, including other care managers that focus on optimal drug use.
- The objective of Community Pharmacy Care Management is to procure, update and re-enforce a team-based, patient-centered pharmacy care plan over time. This service line is *longitudinal and coordinated* with the rest of the care team.



Transformational Change in Frequency & Nature of Clinical Patient Interactions



Confidential – Do not reproduce or reuse without consent.



Meet Karrie- Adherence Specialist



“We take a **proactive** approach for our patients. We start the process **by calling them each month** and finding out what medications they need, what has changed and what concerns they may have...

They feel like they know me and they feel like they have a **connection** with our pharmacy. They know when they call Moose Pharmacy, they are more than a refill number.”



Glimpse into Operations

Input & Counting Typical Day

8:30AM-6:00PM – Run queue for the day. Drug therapy problems (DTPs) identified in adherence and medication list discrepancy.

11:00AM-6:00PM- DTP follow up queue in dispensing system. Call patients, prescriber offices, insurance companies and leave note on progress in dispensing system.

Start Date	Method - Target	Due Date	Description/Notes
5/11/2018	Call - Patient	5/14/2018	Call patient to discuss adherence
5/11/2018	Call - Prescriber	5/14/2018	Call MD to discuss Adherence Issues
5/11/2018	In Pharmacy - Other	5/18/2018	Document Outcome of Intervention



Getting in the Habit of Documentation

Technician Tool: DTP Short Form

1. Form placed at technician work station
2. Technician to complete form if potential DTP's are identified
3. Technician to send form in basket to the pharmacist
4. Pharmacist investigate the issue and takes necessary steps to resolve DTP
5. DTP documented in platform

Update: All DTP's are documented in dispensing system

Patient Name: Daffy Duck	
DOB: 1/1/60	ID: 9675309
Medication: Metformin 500 mg Rx #: 12345	
<input type="checkbox"/> Need additional refills	<input type="checkbox"/> Lost prescription
<input type="checkbox"/> System failure (i.e. rejected claim, eligibility)	<input type="checkbox"/> Memory/cannot remember
<input type="checkbox"/> Order unclear or incomplete	<input type="checkbox"/> Pt unaware of med change
<input type="checkbox"/> Concern for side effects	<input type="checkbox"/> Med changed
<input type="checkbox"/> Felt better	<input checked="" type="checkbox"/> Pt not taking med (write reason below)
<input type="checkbox"/> Felt worse	<input type="checkbox"/> Med discontinuation
<input type="checkbox"/> Low health literacy	<input type="checkbox"/> Other (write below)
Response:	
<input type="checkbox"/> Clarified	<input type="checkbox"/> Declined by provider
<input type="checkbox"/> Implemented	<input type="checkbox"/> Pending
<input type="checkbox"/> Modified	<input type="checkbox"/> Not implemented by pt
Comments:	
Stopped taking because it makes his stomach upset	
DTP Date: 9/1/15	Initials: CPH



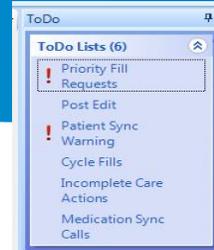
Glimpse into Operations

Adherence Technician Typical Day

8:30-9:30AM: Identify patients for daily phone calls on call list.

9:30-1:30PM: Call patients- DTPs identified while reviewing adherence and medication list discrepancies. DTPs input added to dispensing system DTP queue via MTM Actions. *Advise pharmacists on complex medication list and therapeutic considerations*

1:30PM-5:00PM: Process patient medications-primary DTPs during this part of the day will be system failure (insurance reject, PA required) DTPs added to dispensing system DTP queue via MTM Actions. Help with DTP queue as time allows.



Scripts for Technician Touch Points

HEART FAILURE:

Yes	No	
Yes	No	<ul style="list-style-type: none"> Do you weigh yourself every morning? → Instruct to weigh themselves every morning before breakfast and after urinating
Yes	No	<ul style="list-style-type: none"> Have you gained >2 lbs in one day or >5 lbs in a week?
Yes	No	<ul style="list-style-type: none"> Have you had recent or current swelling of ankles, feet or stomach that becomes worse, even after rest and leg elevation?
Yes	No	<ul style="list-style-type: none"> Have you had recent or current shortness of breath that won't going away with rest or is worsening?
Yes	No	<ul style="list-style-type: none"> Do you recently or currently find it harder to walk long distances or exercise than usual?
Yes	No	<ul style="list-style-type: none"> Have you felt unusually weak or tired lately for no apparent reason?
Yes	No	<ul style="list-style-type: none"> Have you been waking up at night recently with shortness of breath or cough, or needing more than usual number of pillows to sit up and sleep?
Yes	No	<ul style="list-style-type: none"> Have you had to take more of your diuretic (water pill) than your normal dose?
Yes	No	<ul style="list-style-type: none"> Are you limiting your fluid drinking to no more than 4-6 (8-oz.) glasses of per day (ALL liquids including water, coffee, tea, soups, juices, milk, etc.)
Yes	No	<ul style="list-style-type: none"> Are you limiting your daily salt intake to less than 2,000 mg (a little less than a 1 teaspoonful) AND not adding salt to foods?



Glimpse into Operations

Dispensing Pharmacist

8:30AM-9:30AM – Work on DTP follow up queue

9:30AM-6:00PM- Identify DTPs while dispensing. Risk score of 75 warrants checking to see if a CMR has been completed within a year.

- If no CMR, notify cashier or delivery driver and attempt to complete if time permits or schedule.
- Notify cashier if RPh needs to speak w/ patient to address DTP when in the store
- Delivery driver to call RPh when he arrives at patient home to address DTP
- Scheduled CMR should be added to dispensing system queue. If dispensing pharmacist is unable to complete CMR with patient, then clinical pharmacist will assist



Glimpse into Operations

Cashier

8:30-9:30AM: Tag bags for potential face to face CMRs from report given by pharmacist or technician.

8:30AM-6:00PM: Schedule CMR for pharmacist at point of sale if no time to do CMR. Pull return to stock medications if remaining in will call bin for 10 days or more (call patient to determine if still need medication or reason for denial). Alert pharmacists will counseling is needed.

- Notify staff if patient chooses not to get a medication or if returned by delivery driver.



Glimpse into Operations

Delivery Drivers

- Call pharmacist or technician after arrival at patient home per pharmacist/technician request.
- Share any compelling social/health status changes with pharmacist.
- Notify technicians of new phone numbers of any points of contact for patient (extended family, neighbor) for difficult to reach patients.
- Notify cashier of address change so it can be changed in dispensing system.



Different Expectations of Our Pharmacy Team

If we are going to be **different** in the marketplace...



...We need to deliver services differently



Targeting Patients and Populations

www.ncpanet.org/ic



Follow us on social media



Panel Management & Risk Stratification

- Managing a **panel of patients** is new to community pharmacy
 - Adequate training is needed to acclimate to this model
- Patients at different levels of risk **need different types of intensities of services** from enhanced service pharmacies
 - Assists with targeting intensive activities toward highest risk, most complex patients



Using Risk Scores in Your Community Pharmacy

Obtain report with spreadsheet of risk scores organized from highest to lowest

Proactively engage patients at high risk (alert staff, conduct medication reviews, reach out by phone for check-in)

For those not reached, flag in the system to alert staff at next point of contact



No Population Management Tool?

Do you have patients that fit any of the following criteria?

- Trends of poor adherence to chronic medications
- Recurrent visits to ED or hospital
- Transportation challenges
- Literacy challenges
- Complex medication regimens
- Looking to reduce number of visits to the pharmacy
- “Gold” patients



Changing Patient Expectations

The patient experience in this model may be different than how the patient previously worked with his or her pharmacy.

- Intensive monitoring
- Initial attempts to engage patients in this way should be acknowledged to help set new expectations



Strategies for Patient Engagement

- Leverage information about their recent health care utilization or concern with their medications
- Leveraging a referral from their care manager or provider
- Using a connection point such as an immunization or assistance with Medicare Part D plan selection to build trust



Referral from Provider to Provider

Location: CFM Concord
270 COPPERFIELD BLVD SUITE 102
CONCORD, NC 28025

SPI#: 6294845865002
State License#:

Phone: 7047866521

Patient Name:

Address:

Date Of Birth:

Gender: Female

Phone:

Prescriber Order Number: CERN11487028001.S

RxReference Number:

Written: 10/03/2016

PRESCRIPTION AS FOLLOWS

Medication NDC

Prescribed: Narcan 4 Mg Nasal Spray

NDC: 69547-0353-02

Medication Prescribed: Narcan 4 mg/0.1 mL nasal spray

Days Supply:

Quantity: 2.0000 Each

Refills: 1 (additional refills)

Directions: 4 mg NOSTRIL, EACH Once, Instr: may repeat every 2 to 3 minutes until patient responds. **Shannon at Moose Pharm to call to arrange education.**

Substitutions: Substitutions Allowed

Diagnosis/use: (not specified)

Diagnosis Codes:



Ashley Branham, PharmD

CPESN® USA

abranham@cpsn.com



Break



NCPA[®]
INNOVATION CENTER

**Implementation Practices:
Motivating and Training
Your Staff**

Enhanced Services Boot Camp

www.ncpanet.org/ic



NCPA[®]
INNOVATION CENTER

Follow us on social media



Objectives

- Develop mechanisms for “getting buy in” on your pharmacy culture.
- Apply best practices for engaging and training the pharmacy team to streamline operations.
- Develop mechanisms for giving feedback and managing resistance to change.



Panel Discussion

Panelists:

Ashley Branham, Pharm.D., CPESN® USA and Moose Pharmacy

Jeff Kirchner, R.Ph., Streu’s Pharmacy

Randy McDonough, Pharm.D., CGP, BCPS, FAPhA, Towncrest Pharmacy

Moderator:

Bri Morris, Pharm.D., NCPA Innovation Center



Financial Planning: Building the Business Case for Expanded Services

Enhanced Services Boot Camp

Randy McDonough, B.S., PharmD, M.S., CGP, BCPS, FAPhA,

Towncrest Pharmacy

www.ncpanet.org/ic



Follow us on social media



Objectives

- Identify how to account for clinical pharmacist time and what services will bring in new income to help the pharmacy grow.
- Discuss common financial considerations when offering any new pharmacy service.



Current Challenges Affecting Community Pharmacies

- Pharmacies can no longer sustain their viability with just dispensing services due to lower reimbursement rates on product
 - Resulting in Closures of Pharmacies
- Pharmacists are not recognized as providers by CMS.
- Lack of access to the Electronic Health Record (EHR)
- Not always integrated as part of the healthcare team
- Closures are occurring even though there are studies demonstrating the value of pharmacy clinical services in improving patient therapeutic outcomes.



Threats to Community Pharmacy

PHARMACY BENEFIT MANAGERS (PBMs)

- Reductions in reimbursement (overall effective rate)
- DIR fees
- Underwater MACs
- Mail order
- Claw backs
- Gag clause
- Audits
- Payment focused on product and less on service
- Corporate structure and support
- Pharmacists' competence and confidence
- Pharmacists' apathy



An Evolving Healthcare System

Accreditation **Value Based Reimbursement** Managed Medicaid Quality Rating System

Medicare Star Ratings Provider Status

Team-based Care **Enhanced Services Networks**

CDC and State Departments of Health **Quality Ratings System for Health Exchanges**

Pay-For-Performance ACOs, MCOs, PSAOS, GPOS

Merit-Based Incentive Payment System
Alternative Payment Models

www.ncpanet.org/ic



Follow us on social media



What's In the News?

- **This Is How Amazon Could Invade the Pharmacy Business**
 - <https://www.bloomberg.com/.../six-ways-amazon-could-upend-the-pharmacy-business/> November 7, 2017.
Accessed July 11, 2018
- **Anthem Partners With CVS Health To Launch New PBM**
 - <https://www.forbes.com/sites/.../anthem-partners-with-cvs-health-to-launch-new-pbm/> October 18, 2017. Accessed July 11, 2018
- **CVS to Buy Aetna for \$69 Billion in a Deal That May Reshape the Industry**
 - A version of this article appears in print on December 4, 2017, on Page A1 of the New York edition with the headline: *Buying Aetna, CVS Envisions A Shift in Care.*
- **Amazon, Berkshire Hathaway and JPMorgan Team Up to Try to Disrupt Health Care**
 - A version of this article appears in print on January 31, 2018, on Page A1 of the New York edition with the headline: *Giants Form Health Alliance, Rocking Insurers.*
- **Amazon buys online pharmacy PillPack**
 - <https://money.cnn.com/2018/06/28/news/companies/amazon-pillpack-pharmacy-drugstore/index.html>
Accessed July 11, 2018



What's Not Being Said

- Pharmacist-Patient relationships
 - ✓ *Therapeutic relationships*
 - ✓ *Community Pharmacists are the most accessible providers*
- Ensuring that patients are achieving their therapeutic outcomes with safe and effective medications
 - ✓ *This is OUR DOMAIN, OUR EXPERTISE, OUR TRAINING*
 - ✓ *We are uniquely educated and trained as the drug therapy expert*
- Quality patient care
 - ✓ *It's about VALUE not VOLUME*
- Inexpensive drugs can cause costly adverse events and even death if not appropriately monitored



Community Pharmacy Competitive Advantage

- Accessibility
 - ✓ With pharmacists
 - ✓ Face-to-face interactions still matter in healthcare Services
 - ✓ Delivery, clinical services, OTC & Rx medications
- Community Resource
- Relationships with other health care providers
 - ✓ Part of the healthcare team
- Access to and knowledgeable about other community resources
- Local drug therapy expert



The Changing Business Model for Community Pharmacy

The Changing Business Model for Community Pharmacy

- Moving from fee-for-service (FFS) to value-based reimbursement (VBR)
- Why the change?
 - FFS created incentives to over treat, over prescribe, and over spend
 - Providers who wanted to earn more just had to do more
 - This resulted in an economically unsustainable health care delivery and financing system
 - Despite health care growing at twice the rate of inflation, quality of care did not improve
- The impact of VBR is causing all health care provides to “evaluate and transform” their practices



61

What are the Challenges?

- Health care providers share many of the same challenges
 - Lack of standardized assessment/measurement and performed in a timely fashion
 - Managing change in workflow and team responsibility
 - People, processes, technology
 - Risk of decreased reimbursement
 - Administrative burden
 - New clinical services
 - Time
 - Training and education for all staff members and allotting time for new services
 - Shift in focus – not episodic but continuous with a focus on preventative services



- “Transforming our practices requires us to transform how we view them”

Randy P. McDonough, Pharm.D., M.S., CGP, BCPS, FAPhA

www.ncpanet.org/ic



Follow us on social media



Changing Our Mindsets

- Need to figure out a new business model that is financially viable
- It's not just about providing a service and getting paid for it, but its also about the impact it has on patient outcomes and total cost of care
 - How are we tracking this?
 - How are we documenting our care?
 - How are we collaborating with other providers?
 - How are we being evaluated?



Changing Our Mindsets

- Understanding our revenues and costs to provide the service
 - How do we improve on our efficiencies without affecting quality
 - Do we know how much it is “costing” us to provide our services
 - Because someone who is making decisions about our program—is making this calculation
 - Do we know how much revenue we are making and are we missing opportunities for additional revenue
 - Does our documentation of care support our billing



We are in the BUSINESS of Health Care

- Key operating term is “business”
- We need to understand our practice from a business perspective
 - Revenue minus Costs = + (Profit) or – (Loss)
 - This determines our sustainability
 - All employees have to be vested in the practice



Putting it all Together



www.ncpanet.org/ic



Follow us on social media

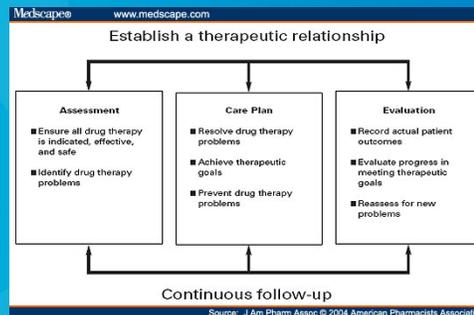


Changing the role of our Pharmacists

- Traditional role
 - ✓ Ensuring that the patient receives the right drug (as per prescription) with the correct directions (e.g. the right medication (based on Rx) is in the right bottle with the right directions)—volume driven.
 - ✓ The goal is an efficient and effective prescription dispensing process
- Expanded role
 - ✓ Still need to have processes in place to ensure above role, in addition to—
 - ✓ Ensuring that the patient is on the most appropriate medication, that he/she is using it correctly, and that he/she is achieving his/her therapeutic outcome—value driven.
 - ✓ The goal is an improvement in patient care and patient outcomes



Moving Beyond Traditional Relationships



www.ncpanet.org/ic



Follow us on social media



Towncrest Pharmacy Enhanced Services

- Continuous Medication Monitoring (CoMM)
- **Medication Reconciliation**
- Medication Adherence Program (**Adherence packaging**)
- **Clinical Medication Synchronization**
- **Medication Therapy Management (MTM)**
- Enhanced MTM
- Med Check Program
- **Vaccinations**
- **Influenza and Pneumococcal**
- **Shingrix Vaccination**
- **Tdap Vaccination**
- Nursing Home Consulting
- CPAP service/Education
- Ostomy Consultations
- Drug Information Service
- Compounding
- Employer based health screenings
- Diabetic shoes
- Compression stockings

www.ncpanet.org/ic



Follow us on social media



Towncrest Pharmacy

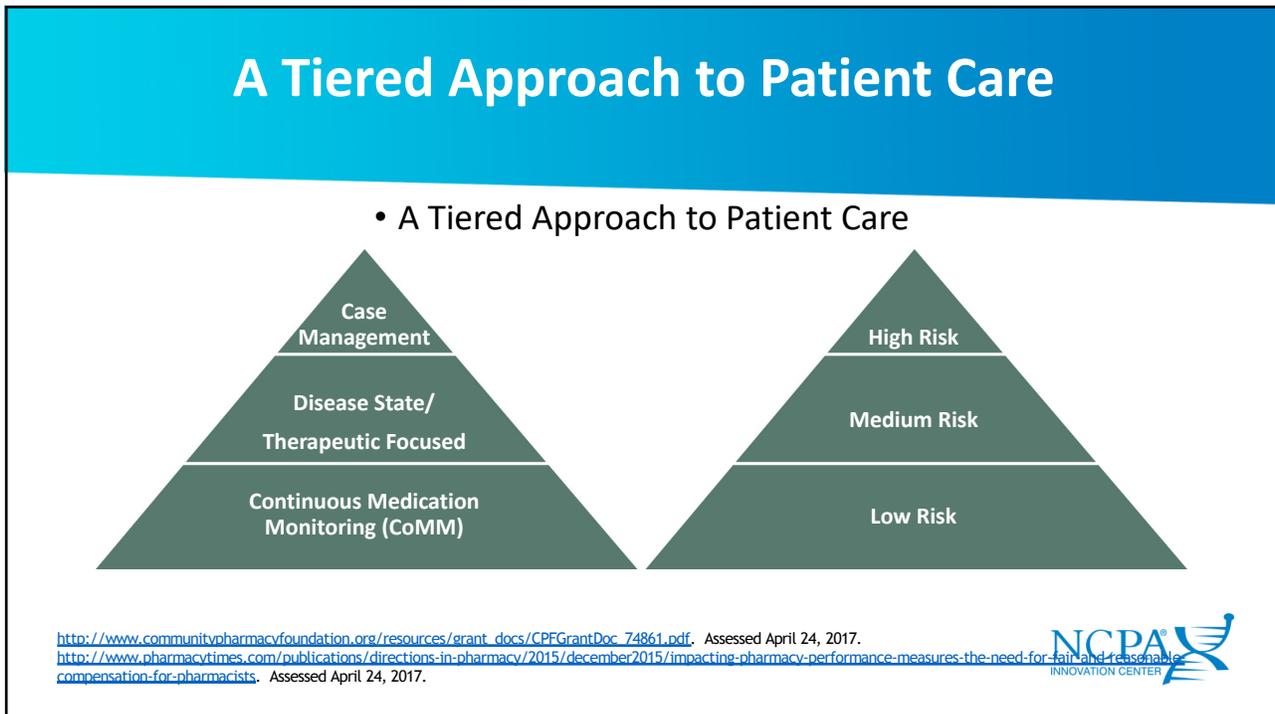
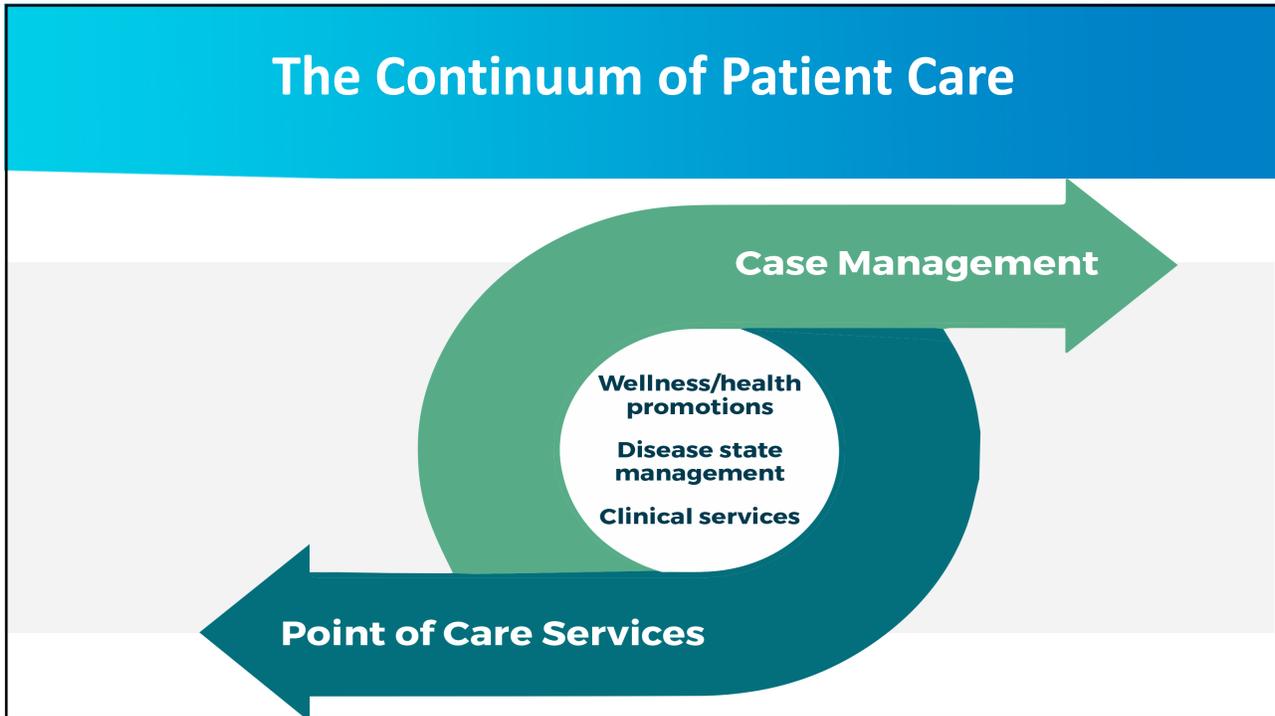
- **Wellness Center**
 - Cholesterol screening
 - Blood glucose screening
 - BP screening
 - Height and Weight
 - BMI
- **Specialized Focused**
 - Mental Health
 - Wellness
 - Geriatrics
 - End of life/palliative

www.ncpanet.org/ic



Follow us on social media





Service Feasibility and Sustainability

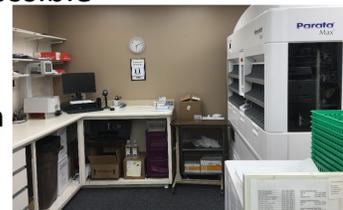
- What is our market for our services?
- How many providers will refer to our services?
- How many people will self-refer?
- Do we have the required financial resources?
- Can we make a profit or at least “break-even”?
- Do we have the required clinical and “management” skills?
- Do we have the required structure and process quality measures in place?
- Who is our competition and what is our “competitive edge”?

• http://qioprogram.org/sites/default/files/editors/141/DSME_Business_Tool_Kit_COMM.pdf



Financial Considerations for Dispensing Functions

- Need to keep the dispensing process as efficient as possible
 - Maximizing revenue generated
 - Minimizing costs
 - With both it's a balancing act and needs constant attention
- Going beyond the traditional dispensing model
 - Need to “FREE UP” the pharmacists
 - Optimize use of technicians
 - Tech-check-Tech or Technician Final Verification
 - Technician driven dispensing process
 - Optimize Medication Synchronization
 - Utilize Automation/Technology



Financial Considerations for Enhanced Services

Revenue Considerations	Cost Considerations
<ul style="list-style-type: none"> Appropriate fee to charge based on... <ul style="list-style-type: none"> Time Competition Costs Quantity Need to optimize each opportunity Sensitivity analysis 	<ul style="list-style-type: none"> Enhanced Services Development Equipment needed Supplies needed Staffing needed Space needed Rent and Utilities (prorated) Marketing/Advertising



Retrospective Financial Analysis of Individual Services

Osteoporosis risk screening for women in a community pharmacy

Yi-Hsiu Lin, Joseph C. Nordin, Kara M. Cavettieri, William R. Doucette, Randall P. McDonough, and Xinyan Pan

Abstract

Objective: To describe the development, implementation, and financial aspects of a sustainable osteoporosis screening service in a community pharmacy and report osteoporosis risk factors for women screened during the 48 months in which the screening service was in operation.
Setting: An independent community pharmacy (Dale's Local Pharmacy Clinic) in Des Moines, Iowa, beginning in 1999.
Practice description: The osteoporosis screening service was provided to retail pharmacists, a pharmacy resident, or a combination of a pharmacist and a resident. The service included use of the Fraxgar Index to assess fracture risk at the hip and estimate of the patient. Patient education consisted of a discussion of screening results, an overview of osteoporosis, and recommendations to address risk factors.
Practice limitations: For patients who received osteoporosis screening, an overall cumulative risk score and a cumulative 5-year fracture risk score were calculated. Patients were identified as having high (T score ≤ -1.5), moderate ($-1 < T$ score ≤ -1), or low (T score ≥ 0) risk. An analysis was performed to determine the net financial gain or loss of osteoporosis screening.
Interpretation: Osteoporosis screening service.
Main outcome measures: Fracture, overall cumulative risk score, cumulative 5-year fracture risk score, and net financial gain or loss.
Results: A total of 444 women received the osteoporosis screening service during 48 months. More than 90% of the women had an overall cumulative risk score of a level 3, and 82.7% had at least one moderate risk factor. According to the bone density tests, about 38% of the women were at high risk for osteoporosis and 23.7% were at moderate risk. The service had a net gain of \$16,488.72 by a pharmacist and \$21,723.76 by a resident (88.15/72.72), or a combination of a pharmacist and a resident (\$6,488.72).
Conclusion: The pharmacy-based osteoporosis screening service effectively identified patients at risk for osteoporosis and was sustainable for 48 months. Other community pharmacies are encouraged to offer similar services.
Keywords: Osteoporosis, bone mineral density screening, community and ambulatory pharmacy, cost analysis, business models, pharmacy services.

Received November 23, 2006, and in revised form November 29, 2006. Accepted for publication April 21, 2007.
 Yi-Hsiu Lin, MD, is PhD Student, Program of Pharmaceutical Biotechnology, University of Iowa, Iowa City, IA 52242. Joseph C. Nordin, MD, is Professor, Department of Endocrinology, University of Iowa, Iowa City, IA 52242. Kara M. Cavettieri, MD, is Clinical Pharmacist, Dale's Local Pharmacy Clinic and Medical Student, Des Moines, Iowa. William R. Doucette, PhD, is Associate Professor, Program of Pharmaceutical Biotechnology, University of Iowa, Iowa City, IA 52242. Randall P. McDonough, MS, is PhD Student, Program of Pharmaceutical Biotechnology, University of Iowa, Iowa City, IA 52242. Xinyan Pan, MD, is PhD Student, College of Pharmacy, University of Iowa, Iowa City, IA 52242. For reprints, contact Randall P. McDonough, 2000 Hawkins Drive, Iowa City, IA 52242. Fax: 319/335-3668. E-mail: william-doucette@uiowa.edu

Retrospective financial analysis of a herpes zoster vaccination program from an independent community pharmacy perspective

Heidi M. Wood, Randall P. McDonough, and William R. Doucette

Abstract

Objective: To determine the net financial gain or loss for herpes zoster vaccination services provided to patients from the perspective of an independent community pharmacy.
Design: Retrospective review of pharmacy records over the program's initial 11-month period.
Setting: Independent community pharmacy in Iowa City, IA.
Participants: Patients received immunization with the herpes zoster vaccine from a certified pharmacist.
Main outcome measures: Net financial gain or losses were provided to the patient and documented by the pharmacist.
Interpretation: Herpes zoster vaccination services were provided to the patient and documented by the pharmacist.
Results: 478 patients received zoster vaccination services over the initial 11-month period. A net financial gain for the herpes zoster vaccination program was achieved, with a net profit of \$11,022, or 8.11%, per vaccination.
Conclusion: Revenue for this vaccination program exceeded its costs from the independent community pharmacy perspective.
Keywords: Herpes zoster, vaccination, pharmaceutical, community pharmacy, financial, cost-benefit analysis.

Received February 14, 2006, and in revised form May 6, 2006. Accepted for publication June 17, 2006.
 Heidi M. Wood was a PharmD candidate, College of Pharmacy, University of Iowa, Iowa City, where this study was conducted, and is currently a pharmacy resident, University of Iowa Hospitals and Clinics, Iowa City. Randall P. McDonough, MS, PharmD, is Co-owner and Director of Clinical Services, Department of Pharmacy, Iowa City. William R. Doucette, PhD, is Professor, Program of Pharmaceutical Biotechnology, College of Pharmacy, University of Iowa, Iowa City.
 Correspondence: William R. Doucette, PhD, 525A PHAK, College of Pharmacy, University of Iowa, Iowa City, IA 52242. Phone: 319/335-8796. E-mail: william-doucette@uiowa.edu
 Disclosure of Potential Conflicts of Interest: The authors declare no conflict of interest or financial interests in any product or service mentioned in the article, including grants, employment, gifts, stock holdings, or consultant relationships.

J Am Pharm Assoc. 2009;49:12-17.
 doi:10.1331/JAPPA.2008.09030

Retrospective financial analysis of medication therapy management services from the pharmacy's perspective

Randall P. McDonough, Aaron A. Harthan, Kelly E. McLesse, and William R. Doucette

Abstract

Objective: To determine the net financial gain or loss for medication therapy management (MTM) services provided to patients by an independent community pharmacy during 16 months of operation.
Design: Retrospective study.
Setting: Independent community pharmacy in Iowa City, IA, from September 1, 2006, to December 31, 2007.
Participants: Patients receiving MTM services during the specified period who had proper documentation of reimbursement for the services.
Interpretation: MTM services were provided to the patient and documented by the pharmacist or student pharmacist.
Main outcome measures: Net financial gain or losses for providing MTM services. Sensitivity analyses included costs that might be incurred under various conditions of operation.
Results: 103 initial and 69 follow-up MTM visits were conducted during a 16-month time period. The total cost for these services to the pharmacy was \$11,191.72. Total revenue from these services was \$11,195.00. Therefore, the pharmacy experienced a net financial gain of \$3.28. Sensitivity analyses were conducted, revealing the net gain/loss to the pharmacy if a student pharmacist was used and the net gain/loss if the pharmacist needed extra training to provide the services. Using a student pharmacist resulted in a net gain of \$6,308.46, while extra training for the pharmacist resulted in a net gain of \$1,602.72.
Conclusion: The MTM service program showed a positive financial gain after 16 months of operation, which should encourage pharmacists to incorporate these services into their practice.
Keywords: Medication therapy management, pharmaceuticals, community pharmacy, cost-benefit analysis.

Received October 27, 2006, and in revised form June 20, 2007. Accepted for publication September 5, 2007.
 Randall P. McDonough, MS, PharmD, is Co-owner and Director of Clinical Services, Department of Pharmacy, University of Iowa, Iowa City, IA 52242. Aaron A. Harthan, PharmD, is a resident pharmacist, College of Pharmacy, University of Iowa, Iowa City, IA 52242. Kelly E. McLesse, MS, is a pharmacy resident, University Medical Center, Wichita, KS. Kelly E. McLesse, a PhD student, and William R. Doucette, PhD, is Professor, Program of Pharmaceutical Biotechnology, College of Pharmacy, University of Iowa, Iowa City.
 Correspondence: William R. Doucette, PhD, 525A PHAK, College of Pharmacy, University of Iowa, Iowa City, IA 52242. Fax: 319/335-8668. E-mail: william-doucette@uiowa.edu
 Disclosure of Potential Conflicts of Interest: The authors declare no conflict of interest or financial interests in any product or service mentioned in the article, including grants, employment, gifts, stock holdings, or consultant relationships.

J Am Pharm Assoc. 2010;50:62-66.
 doi:10.1331/JAPPA.2010.08154



Retrospective Financial Analysis of Multiple Services

Retrospective Financial Analysis of Wellness Center from an Independent Community Pharmacy Perspective

Kelly Kent, Randel P. McDonough, Beth Dingus, and William R. Doucette

ABSTRACT

Objective: To determine the net financial gain or loss from health screening services provided to patients at an independent community pharmacy-based wellness center.

Design: Retrospective review of pharmacy wellness center records over a 24-month period.

Setting: A wellness center at one independent community pharmacy.

Participants: Patients receiving one or more of nine different services (blood pressure [BP], blood glucose, body fat [BF], glycosylated hemoglobin [A1C], bone density [BD], total cholesterol/total glucose, total lipid panel [TLP], total cholesterol/high-density lipoprotein, alanine aminotransferase) during a 2-year period.

Interventions: The services were performed and results recorded by a resident or staff pharmacist.

Main Outcome Measures: Using a pharmacy perspective, net financial gain or losses were calculated for each of the individual services, for all of the services performed using the Chained-Link (CL) analysis, and for the wellness center as a whole. Sensitivity analyses were based upon a pharmacist, a pharmacy resident, or both a pharmacist and pharmacy resident each providing half of the total number of services over the 2-year period.

Results: A total of 1,181 pharmacy records for the selected services were reviewed for the specified time period. A net financial gain for the wellness center was achieved when the services were performed by a pharmacist, a pharmacy resident, or a pharmacist/pharmacy resident combination, respectively. Three of the individual services (BP, BF and TLP) and assays performed using the Chained-Link (CL) Analysis had a net financial gain for each sensitivity analysis. Two of the services (BP and A1C) had a net financial gain only when a resident provided the service. One of the services (BD) had a net financial loss for all analyses.

Conclusions: Revenues for these services exceeded their costs from the wellness center perspective when they were performed by a pharmacist, a pharmacy resident, or a pharmacist/pharmacy resident combination.

Keywords: Pharmacoconomics, community and ambulatory pharmacy, wellness, disease management, pharmacy management.

J Am Pharm Assoc. 2006;46:447-452.

Received August 20, 2015, and in revised form December 16, 2015. Accepted for publication March 4, 2016.

Correspondence: William R. Doucette, PhD, College of Pharmacy, University of Iowa, 115 S. Grand Street, Iowa City, IA 52242. Fax: 319/335-3464. E-mail: doucette@iowa.edu

Disclosure: Drs. Kent and McDonough were employed at Main at Lucas Pharmacy at the time of this research. The authors declare no other conflicts of interest or financial interest in any product or service mentioned in this article, including grants, employment, gifts, stock holdings, or royalties.

Address correspondence: Supported in part by the Center for Financing Innovation Use in the Community at the University of Iowa.

SPECIAL FEATURE

Three-year financial analysis of pharmacy services at an independent community pharmacy

William R. Doucette, Randel P. McDonough, Megan M. Morrison, Renata Vaschevich, Julia M. Urnie, and Brandon J. Patterson

Abstract

Objective: To assess the financial performance of pharmacy services including vaccination, cholesterol screening, medication therapy management (MTM), adherence management services, employee health fairs, and compounding services provided by an independent community pharmacy.

Methods: Three years (2008-10) of pharmacy records were examined to determine the total revenue and costs of each service. Costs included products, materials, labor, marketing, overhead, equipment, reference materials, and layperson usage. Costs were allocated to each service using accepted principles (e.g., liter for labor). Depending on the service, the total revenue was calculated by multiplying the frequency of the service by the revenue per patient or by adding the total revenue received. A sensitivity analysis was conducted for the adherence management services to account for average dispensing net profit.

Results: 7 of 11 pharmacy services showed a net profit each year. These services include influenza and herpes zoster immunization services, MTM, two adherence management services, employee health fairs, and prescription compounding services. The services that realized a net loss included the pharmaceutical information services, cholesterol screening, and two adherence management services. The sensitivity analysis showed that all adherence services had a net gain when average dispensing net profit was included.

Conclusion: Most of the pharmacist services had an annual positive net gain. It seems likely that these services can be sustained. Further cost management, such as reducing labor costs, could improve the viability of services with net losses. However, even with greater efficiency, external factors such as competition and reimbursement challenge the sustainability of these services.

Keywords: Community pharmacy, pharmacy services, financial analysis.

J Am Pharm Assoc. 2012;52:181-187. doi:10.1331/JAPHA.2012.11207

Received October 20, 2011, and in revised form December 16, 2011. Accepted for publication December 28, 2011.

Correspondence: William R. Doucette, PhD, College of Pharmacy, University of Iowa, 115 South Grand Street, Iowa City, IA 52242. Fax: 319/335-3464. E-mail: doucette@iowa.edu

Disclosure: The authors declare no conflicts of interest or financial interest in any product or service mentioned in this article, including grants, employment, gifts, stock holdings, or royalties.

Funding: Supported by the Community Pharmacy Foundation.



Practice Changes needed to Optimize Patient Care

- Technician driven, pharmacist managed dispensing process
- Sufficient support staff (e.g. certified pharmacy technicians) to prepare medications
- Pharmacists are freed up to focus efforts on CMM
- If possible and if boards of pharmacy support, implement tech-check-tech for distribution
- Develop workflow

www.ncpanet.org/ic



Follow us on social media



Practice Changes needed to Optimize Patient Care

Utilization of Technology



www.ncpanet.org/ic



Follow us on social media



Practice Changes needed to Optimize Patient Care

Moving away from the “stripped-down” model of community pharmacy practice

The need for “slack” resources



www.ncpanet.org/ic

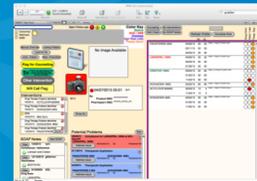


Follow us on social media



Practice Changes needed to Optimize Patient Care

- Clinical Documentation System
 - Paper-based
 - Electronic platform
 - Ideally communicates with your dispensing system software
 - Supports regular tracking of performance and quality improvement
 - Allows staff easy access to clinical records throughout the pharmacy



www.ncpanet.org/ic



Follow us on social media



Changing Expectations of Patients/Caregivers

- Collecting patient clinical information
 - From patients, caregivers, other healthcare providers, laboratories, EHRs, etc
- Assessing clinical information
 - Has the patient achieved his/her therapeutic outcome?
 - Are the patient's medications safe?
 - Are the patient's medications effective?
- Identifying medication-related problems
- Making clinical interventions (resolving problems)
- Communicating with patients and providers
- Documenting pharmacists' actions



JAPhA 2003;43;3:363-74

www.ncpanet.org/ic

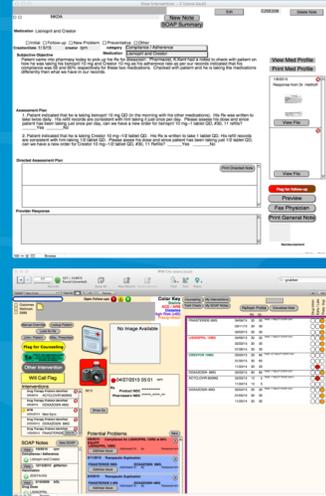


Follow us on social media



Evolving the relationship with other providers

- Community pharmacists need to become “interventionists”
 - Identifying and resolving drug therapy problems
- Accessing information from other providers
- Communicating patient clinical information to other providers
- Making clinical recommendations
- Documenting patient care activities



www.ncpanet.org/ic



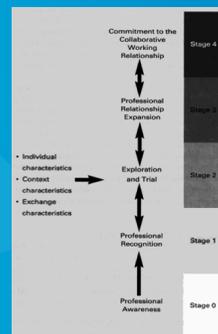
Follow us on social media



Developing Collaborative Working Relationships (CWRs)



JAPHA 2001;41;5: 682-92



www.ncpanet.org/ic



Follow us on social media



Maximizing Reimbursement Revenue

- Who is paying
 - Medicare, Medicaid, Commercial insurers, Self-pay, health care organizations, manufacturers
 - Wellmark Value-Based Pharmacy Program (VBPP)
 - Enhanced MTM
 - Opioid “counter-detailing”
 - Consulting
- How do we generate/maximize revenue?
 - Cash paying patients for enhanced services
 - Maximizing the “total value” of patients
 - “Make Every Encounter Count™”
 - Minimize DIR fees through performance metric optimization
- Beyond the pharmacy
 - “incident to”
 - Chronic care management
 - New opportunities??
- Timely collection of payment from “customers”
 - Who is reconciling this?



Employee Productivity

- Establishing key metrics to guide an employee as to their “productivity” as compared to a set standard.
- Setting the expectations
- Ensuring that documentation is done completely and appropriately.
- Providing formative and summative feedback
- Moving everyone to a new “norm”



2014 NCPA Report	Towncrest Pharmacy (million)	NCPA Average (estimated 3 year average)	Difference
Revenue	\$5.96	\$3.62	\$2.34
Gross Margin %	28.19%	22.90%	5.29%
Labor Expense %	11.77%	9.50%	2.27%
Owners' Profit %	11.05%	6.30%	4.75%
2015 NCPA Report	Towncrest Pharmacy (million)	NCPA Average	Difference
Revenue	\$5.71	\$3.68	\$2.03
Gross Margin %	26.12%	22.30%	3.82%
Labor Expense %	12.23%	9.30%	2.93%
Owners' Profit%	12.42%	5.80%	6.62%
2016 NCPA Report	Towncrest Pharmacy (million)	NCPA Average	Difference
Revenue	\$5.60	\$3.73	\$1.87
Gross Margin %	29.43%	22.83%	6.60%
Labor Expense %	11.79%	9.57%	2.22%
Owners' Profit %	11.76%	6.30%	5.46%



Controlling Costs

- What are all the costs involved in the program
 - Personnel is always a “high cost” item on the P&L
 - Need to be productive and efficient
 - Keep track of all cost
 - Direct costs
 - Indirect costs
 - Fixed vs variable costs
 - Opportunity costs
 - How can you keep costs down while maintaining quality
 - This is the challenge of ALL HEALTH CARE PROVIDERS



Monitoring Performance Metrics

- What are the metrics
 - Total cost of care
 - Risk stratification, inpatient hospitalizations, ED visits, overall health care utilization
 - Clinical metrics
 - Weight, A1c, lipids, blood pressure, etc
 - Other clinical metrics
 - Medication appropriateness, dosing appropriateness, and monitoring
- Who is evaluating them?
 - Sponsoring organization
 - Health plans
 - Patients

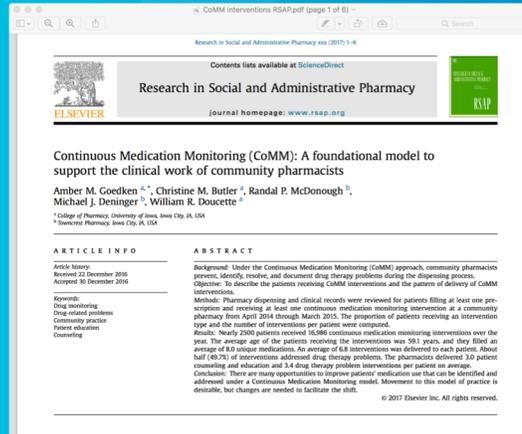


Monitoring Performance Metrics

- How are the metrics used
 - Report card on quality
 - Determining who is eligible to take care of patients
 - Pay-for-Performance (PFP) bonus incentives
 - If metrics not met—reduction in payment
 - or, if the organization is at risk with the payer—penalty imposed



Practice Change Impact



RSAP 2018;14(1):106-111



Follow us on social media



www.ncpanet.org/ic

Leads to New Opportunities



JAPhA 2017;57(6):692-7



Follow us on social media



www.ncpanet.org/ic

Final Thought

The foundation to your success is still
the quality care you provide to your
patients!

www.ncpanet.org/ic



Follow us on social media



QUESTIONS

RANDY P. MCDONOUGH, PHARM.D., M.S., CGP, BCPS, FAPHA

mcdonough@towncrest.com

www.ncpanet.org/ic



Follow us on social media



Making Connections, Developing Your Brand

Enhanced Services Boot Camp

Jay Williams, CPESN® USA

www.ncpanet.org/ic



Follow us on social media



Disclosure

Jay Williams is an employee with CPESN® USA. The conflict of interest was resolved by peer review of the slide content.



Objectives

- Articulate your pharmacy elevator speech.
- Create a plan to build relationships with other health care professionals in your area that can lead to opportunities for your pharmacy.



Importance of a Marketing Strategy

Why should you invest the time?

Articulate your brand clearly and consistently

Assess your uniqueness



Elements of a Successful Strategy

1. Identify your target groups

2. Create your brand position

3. Take action



1. Identify Your Target Groups

1. Group targets by characteristics not job titles

Example: Physicians in Dublin, Ohio verses Plain City, Ohio

2. Understand targets based on their needs/desires

Example: Care Managers typically have homebound patients, so pharmacies that deliver are needed

3. Create a “Message Map”



Attract Your Ideal Patient



Identify your ideal patient

Lure the ideal patient into your store

Create a retention strategy to keep ideal patients



Target Groups

The aim of marketing is to know and understand the customer so well that the product or service fits and sells itself.

Peter Drucker



2. Create Your Brand Position



2. Create Your Brand Position

1. Consider the needs of all target groups

2. Create your key messages

3. Evaluate your “Brand Strength”

*How well does it resonate with your target groups?
How different is it from your competition’s position?*



SWOT Analysis

<div style="background-color: #4CAF50; color: white; padding: 10px; border-radius: 5px; display: inline-block;">Strengths</div>	<div style="background-color: #F44336; color: white; padding: 10px; border-radius: 5px; display: inline-block;">Weaknesses</div>
<div style="background-color: #2196F3; color: white; padding: 10px; border-radius: 5px; display: inline-block;">Opportunities</div>	<div style="background-color: #9E9E9E; color: white; padding: 10px; border-radius: 5px; display: inline-block;">Threats</div>



Create Your Key Messages



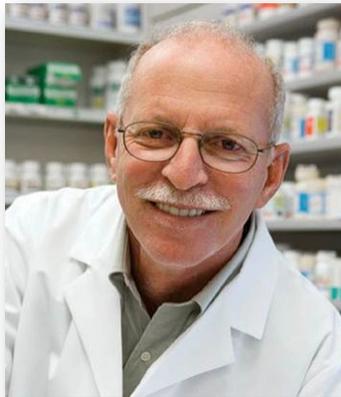
Sample Message Map
Main Street Pharmacy
Smallville, USA
Updated 05.14.2018

Overarching Message:
Main Street Pharmacy improves the overall health of the Smallville community. Main Street Pharmacy provides its patients with exceptional customer service, personalized clinical services, and the latest pharmacy advancements to optimize medication management. Main Street Pharmacy cares about its patients... at Main Street Pharmacy patients are people not just prescription numbers.

<p>Target Group 1: Pharmacy Staff Goal: We want our pharmacy staff to be strong believers in and promoters of Main Street Pharmacy. We want them to feel like they are a valuable part of the Main Street Pharmacy team.</p> <p>Emotions (How do you want your target group to feel?) I love working at Main Street Pharmacy because... I believe in the role Main Street Pharmacy plays in improving the health of its patients I believe that my daily actions will impact the care that Main Street Pharmacy patients will receive I trust the owners of Main Street Pharmacy and know that they care about me and my co-workers</p> <p>Key Message 1 – ASSOCIATES ARE OUR #1 ASSET You are a vital part of the success of Main Street Pharmacy.</p> <p>Supporting Fact 1 The Smallville News conducted a "Best of Smallville" survey</p>	<p>Target Group 2: Local Primary Care Physicians Goal: We want our local primary care physicians (and similar healthcare providers) to understand the additional value Main Street Pharmacy offers regarding patient care and patient health. Goal 2: We want our local primary care physicians to advocate for us and recommend us to their patients.</p> <p>Emotions (How do you want your target group to feel?) I confidently believe that Main Street Pharmacy provides the best pharmacy experience in the Smallville area and I'm happy to refer my patients to their care.</p> <p>Key Message 1 – MEDICATION MANAGEMENT SERVICES Main Street Pharmacy is unique because of their medication management services.</p> <p>Supporting Fact 1 Main Street Pharmacy is currently receiving complex patient referrals</p>	<p>Target Group 3: Patients (50+) with 2 or more chronic illnesses Goal: We want our patients to trust the pharmacy staff at Main Street Pharmacy. We want our patients to love their pharmacy experience due the exceptional customer service and personalized clinical services. Goal 2: We want our patients to become raving fans and tell others about their experience at Main Street Pharmacy.</p> <p>Emotions (How do you want your target group to feel?) I trust the pharmacy staff at Main Street Pharmacy and believe they have my best interest in mind as they work with me to improve my health. I love the personalized care and warm customer service I receive while shopping at Main Street Pharmacy. I enjoy telling my friends and family about the great pharmacy team at Main Street Pharmacy.</p> <p>Key Message 1 – FOCUS ON PATIENT HEALTH At Main Street Pharmacy, your health is our top priority.</p> <p>Supporting Fact 1 All patients on a complex drug regimen are offered a comprehensive</p>
--	---	--



Gallup Poll 2017 (December)



J.D. Power 2017 (September)

Independents were #1 overall



Boehringer Ingleheim 2013

Independents were rated #1 overall

#1 in Pharmacist Engagement, Pharmacy Staff



Consumer Reports 2016

Independents* were rated #1 overall

** Non-Medicine Shoppe Independents*

#1 in Personalized Service among others

Reader score	Store	Pharmacists*	Courtesy	Helpfulness	Speed	Price paid	Checkout	Cleanliness	OTC Selection	OTC Quality	OTC Price	PCP Selection	PCP Quality	PCP Price
93	Independents	2	2	2	2	1	2	2	1	1	1	1	1	1
92	Wegmans	2	2	2	2	2	2	2	2	2	2	2	2	2



Physician Messaging

Be responsive to immediate needs

Help foster medication adherence

Make it easier to manage complicated patients

Keep it simple



Messaging

"People don't buy what you do.
They buy why you do it."

Simon Sinek



3. Take Action

1. Build your brand

2. Create a “Strategy on a Page”

1. *Simple, easy-to-draft, easy-to-implement document*
2. *Establish clear deliverables for your teams*
3. *Test effectiveness, evaluate, then try new approaches*

3. Try and try again



Build Your Brand

1. Focus on everything you do

2. Train and retrain team members

3. Be consistent!



Brand

A brand for a company is like a reputation for a person. You earn a reputation by trying to do hard things well.

Jeff Bezos



Strategy-on-a-Page

STRATEGY-ON-A-PAGE PHYSICIANS	
<i>Updated March 9, 2018</i>	
Objectives	
Awareness: Promote new medication optimization services to all local physicians in the community	
Relationship-building: Cultivate relationships with key local physicians	
Share Success: Provide data and materials to educate key local physicians on success metrics with mutual patients	
Goals	
New Patients: Track the number of new patients coming from identified key physicians	
>> Increase the number of new patients by 20% by September 1, 2018	
Revenue: Track the prescription revenue and related services revenue for the same new patients	
>> Increase pharmacy revenue by 5% by September 1, 2018	
Action Plan	
Promote Enhanced Services to Key Physicians	1. Identify the top 10 most influential physicians in the local community. Create a "Target List" of these key physicians and practices.
	2. Identify a point person to cultivate meaningful relationships with the "Target List" of key physicians.



Taking Action/Risks

There are risks and costs to action. But they are far less than the long range risks of comfortable inaction.

John F. Kennedy



Taking Action/Risks

The biggest risk is not taking any risk...
In a world that changing really quickly,
the only strategy that is guaranteed to fail
is not taking risks.

Mark Zuckerberg



Summary



1. Identify your target audiences

2. Create your brand position

3. Take action!



Jay Williams

CPESN® USA

jwilliams@cpesn.com



Break

www.ncpanet.org/ic

NCPA
INNOVATION CENTER 

Follow us on social media


Billing for Services in Wisconsin: Payer & Provider Opportunities

Enhanced Services Boot Camp

Kari Trapskin, PharmD
Vice President, Health Care Quality Initiatives
Pharmacy Society of Wisconsin

Olivia Thomas, CPhT
Maci Sprosty, DPH-4 (Concordia University)
Karissa Fritsch, DPH-4 (UW-Madison)

www.ncpanet.org/ic

NCPA
INNOVATION CENTER 

Follow us on social media


Objectives

- Discuss Wisconsin-specific payment opportunities and resources available
- Outline a plan for incorporating this new opportunity into the community pharmacy setting



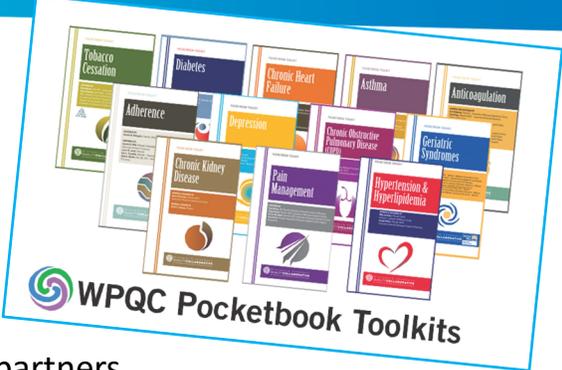
Current Opportunities in Wisconsin

- Wisconsin Pharmacy Quality Collaborative
 - 10-Year Anniversary
 - Comprehensive Medication Review and Assessment Services
- Programs resembling “cognitive services programs”
- Managed care contracts with individual pharmacies
- Medicare Part D



Resources

- CMR Coaching Workgroups
- WPQC Website
- Clinical Toolkits
- Free Webinars
- Outreach Phone Calls
- Marketing Materials
- Connection with state agencies and partners



WPQC Pocketbook Toolkits



Upcoming Opportunities

- Claritas PSM
- Aprexis platform
- Collaboration: Talking Points
- CMR Challenge





<http://www.pswi.org/WPQC/Membership/WPQC-Membership/Join-WPQC>

Medication Therapy Management (MTM)

- Adherence Check-ins
- New therapy needed
 - Statins
- Refills needed
- CMRs
- Change to 90 day supplies
- Lower cost alternatives
- Safe medication usage
- Synchronizing medication



Boscobel MTM Services

January-July 2018

- **WPQC-31**
- Mirixa-39
- MTM Outcomes-70



Utilize Your Resources

- Billing does not have to be a barrier to providing services!
- You worked hard for your degree; Don't give it all away for free.
- You are not alone!
 - Technicians and staff **CAN** help complete this process.
- Don't forget about your students...
 - We are an extension of your practice.



What Can Technicians do to Elevate a MTM Practice?

- They can help identify eligible patients
- Once patients are identified, technicians can...
 - Promote the services through communication with patients
 - Call to schedule CMRs
 - Intake tasks (BP, BS, Weight, and more)
 - Start Prior Authorization process
 - Bill for the service after completion



Example Workflow Based on Boscobel

- Identifying billable patients----All Staff!
- Start process/get PA----Technician/Bookkeeper
- Call and Schedule appointments----Pharmacist/Technician
- Complete appointment
 - Intake---Technician
 - Consultation---Pharmacist/Student
- **Billing----Technician**



Contributing Factors to Success

- EPIC/EHR Access
- Make sure the community is aware of the services offered
 - Communication to local providers
- Utilization of technicians and students
- Communication across pharmacy team
 - No gaps in care across pharmacy staff
 - Everyone on the team should be aware of this process even if not involved directly



PA Process



Determining Eligibility and Obtaining Prior Auth

- Once a patient is flagged as a potential CMR/A patient, you need to determine if the patient is:
 - Eligible via Wisconsin Medicaid/Senior Care
 - Meets one of the eligibility criteria
 - Does not reside in a Nursing Home/Facility
 - Is the patient or caregiver able and willing to come in for a face-to-face meeting? See info from Wisconsin Medicaid:
 - *MTM (Medication Therapy Management) services must be provided face-to-face with the member whenever possible. If the member is a child or has physical or cognitive impairments that preclude the member from managing his or her own medications, MTM services may be provided face-to-face to a caregiver (e.g., caretaker relative, legal guardian, power of attorney, licensed health professional) on the member's behalf.*



Spenddown Status Check

Benefit Plan				
Payer	Benefit Plan	Effective Date	End Date	
MEDICAID	Senior Care 2- Over 200% FPL (HPSA Recipient)	08/22/2018	08/22/2018	

Medicare			
Coverage	Medicare Coverage Start Date	Medicare Coverage End Date	
Medicare Part A	08/22/2018	08/22/2018	
Medicare Part B	08/22/2018	08/22/2018	

Spenddown				
Payer	Benefit Plan	Current Balance	Effective Date	End Date
Medicaid	SENIORCARE COST SHARE	\$21,708.30	12/01/2017	11/30/2018

Deductible					
Payer	Benefit Plan	Services	Current Balance	Effective Date	End Date
Medicaid	SENIORCARE COST SHARE	Overall	\$850.00	12/01/2017	11/30/2018



Obtaining a Prior Authorization from DAPO center at Wisconsin Medicaid

- Forms are available at www.pswi.org
 - WPQC
 - Resources
 - CMR/A (Level II)
 - Forms
 - Level II Documentation Form
- This form has multiple options for the “back page”
 - Consult
 - Diabetes Focused Condition Review
 - Asthma Focused Condition Review
 - Heart Failure Focused Condition Review
 - Geriatric Syndrome Focused Condition Review



Obtaining a Prior Authorization via DAPO center at Wisconsin Medicaid

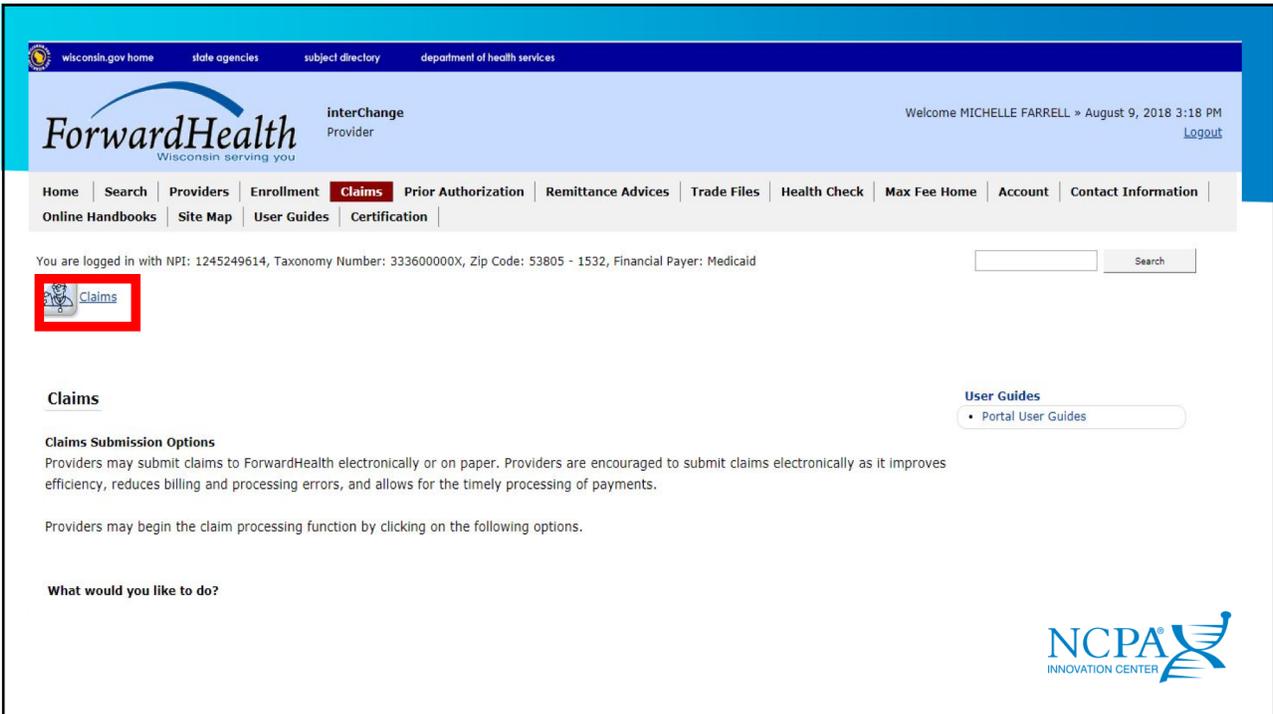
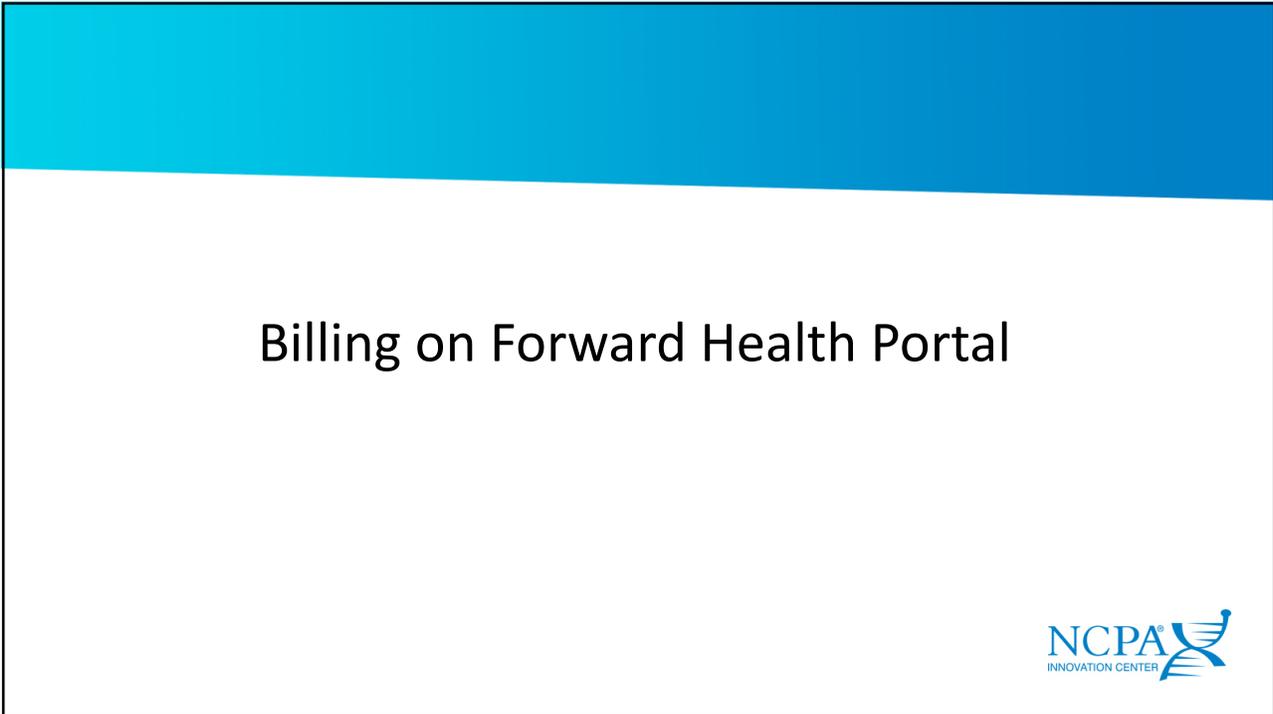
WPQC COMPREHENSIVE MEDICATION REVIEW AND ASSESSMENT DOCUMENTATION (LEVEL II)

Name: _____		Member ID Number: _____		PCP: _____	
DOB: _____		Resides in Nursing Home (circle): Yes/No		NPI: _____	
Appointment Type (circle): Initial Follow-up type: _____		Appt Date: _____		RPh: _____	
Eligibility Criteria (circle): 2+cond/4+meds Diabetes Discharge w/in 14 days		Health Literacy Concerns		DAPO APPROVAL/BILLING	
Multiple Prescribers		Referral by: _____		<input type="checkbox"/> Completed <input type="checkbox"/> Not needed	
PRE-VISIT/DATA COLLECTION		IMMUNIZATIONS		PA# _____	
<input type="checkbox"/> Appt scheduled <input type="checkbox"/> Request for patient lab/office notes completed and results received		<input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Herpes Zoster <input type="checkbox"/> Td/Tdap <input type="checkbox"/> Other: _____		Date of authorization _____	
CHRONIC CONDITIONS		HEALTHCARE UTILIZATION		CPT Code: NEW EXISTING	
<input type="checkbox"/> Asthma [J4520]		In the past 12 months OR since last visit, by other		MEDICATIONS	
				OTC: _____	



Questions on Eligibility/PA process?





What would you like to do?

- [Claim search](#)
- [Claims Submission Report](#)
- [Submit Dental Claim](#)
- [Submit Institutional Claim](#)
- [Submit Compound/Noncompound Claim](#)
- [Submit Professional Claim](#)
- [Upload Claim Attachments](#)
- [WWWP Reporting Form Search](#)
- [Submit WWWP Breast Cancer Diagnostic and Follow Up Report](#)
- [Submit WWWP Cervical Cancer Diagnostic and Follow Up Report](#)
- [Submit WWWP Breast and Cervical Cancer Screening Activity Report](#)
- [Private Duty Nursing - Prior Authorization Claims Report](#)



You are logged in with NPI: 1245249614, Taxonomy Number: 333600000X, Zip Code: 53805 - 1532, Financial Payer: Medicaid

[Claims](#) > [Professional](#)

Next Search By: ICN

Professional Claim

Required fields are indicated with an asterisk (*).

ICN <input type="text"/>	Rendering Provider <input type="text"/> [Search]
Provider ID 1245249614 NPI <input type="text"/>	Referring Provider 1 <input type="text"/> [Search]
Member ID* <input type="text"/> TAB	Referring Provider 2 <input type="text"/> [Search]
Last Name <input type="text"/>	Medicare Disclaimer no disclaimer
First Name, MI <input type="text"/>	Other Insurance Indicator <input type="text"/>
Date of Birth <input type="text"/>	Total Charge* <input type="text"/> \$125.00
Patient Account # <input type="text"/>	Other Insurance Amount <input type="text"/> \$0.00
Medical Record Number <input type="text"/>	Total Amount Paid <input type="text"/> \$0.00
SOI Date <input type="text"/>	

[Diagnosis](#) [Condition](#) [Medicare](#) [Anesthesia](#) [Other Insurance](#)

Diagnosis

Sequence 1 <input type="text"/>	Diagnosis 1 E119 <input type="text"/> [Search]
Sequence 2 <input type="text"/>	Diagnosis 2 <input type="text"/> [Search]
Sequence 3 <input type="text"/>	Diagnosis 3 <input type="text"/> [Search]

***All PROCs Added Together *U&C for 99606(5) should be more than \$85.00**



Detail

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
A 1									0	\$0.00

Type data below for new record.

Line Number

From Date of Service[™]

To Date of Service[™]

Procedure Code[™] [Search]

Modifiers [Search]

Diagnosis Code Pointers [Search]

Units[™]

Charge[™]

Place of Service Code[™] [Search]

Emergency

Family Planning

Rendering Provider [Search]

Referring Provider 1 [Search]

Referring Provider 2 [Search]

Ordering Provider [Search]

Status

Allowed Amount

CoPay Amount

Notes

Professional Service Description

Delete Add

[NDCs for JCode](#)

Medicare Information(Detail)



99605: New patient who has never had an MTM billed before
*also is a unit of time (1-15 minutes of time/unit)

99606: Established patient who has had an MTM billed before

99607: Additional units of time (each unit is 15 minutes)

Modifiers:
UA (initial visit)
UB (follow-up visit)

Medicare Information(Detail)

Line Number

Medicare Deductible +

Medicare Date Paid

Medicare Coinsurance +

Medicare Paid Amount

Psychiatric Reduction +

Medicare Non Covered Charge

Medicare Copayment +

Remaining Patient Liability[™] =

Attachments

*** No rows found ***

Select row above to update --or-- click Add button below.

Attachment Control Number

Description

Delete Add

Claim Status Information

Claim Status

Submit Cancel



Delete Add

Claim Status Information

Claim Status	PAY
Claim ICN	2218222005615
Paid Date	08/10/2018
Paid Amount	\$40.00

EOB Information

Detail Number	Code	Description
0	9817	Billing provider number was used to adjudicate the service(s)
1	9817	Billing provider number was used to adjudicate the service(s)
1	9918	Pricing Adjustment - Maximum allowable fee pricing applied.

Cancel Adjust Void Copy claim



Rejected Claim?

- Most rejected claims will go into a Suspend Status
 - You are not able to fix and re-submit a Suspended claim. Must re-enter the claim from the beginning.
- Here are a few things to look for
 - Prior Authorization Code doesn't match Procedure code you used
 - When a PA was obtained, the staff inadvertently asked for New (99605)vs. Established (99606) or vice versa
 - The DAPO inadvertently entered the wrong one
 - Date of prior authorization is AFTER date of visit
 - Patient was eligible when PA was obtained, but now is not covered.
- If claim is PAID but with \$0 paid amount, patient is likely a Senior Care patient with a deductible or spend down.

Reconciliation of CMR/A Claims

PAYER: TXIX				PROVIDER REMITTANCE ADVICE PROFESSIONAL SERVICES CLAIMS PAID				PAYEE ID 33051200 MCD	
BOSCOBEL PHARMACY INC 1028 WISCONSIN AVE BOSCOBEL, WI 53805-1532								NPI 1245249614	
								CHECK/EFT NUMBER 501225646	
								PAYMENT DATE 08/21/2017	

--ICN--	PCN	MRN	SERVICE DATES FROM TO	BILLED AMT ALLOWED AMT	OTH INS AMT SPENDDOWN AMT	COPAY AMT CO-INS CB	PAID AMT OUTPAT DED
MEMBER NAME: <u>2217226006599</u>			MEMBER NO. 072817 072817	125.00 85.00	0.00 0.00	0.00 0.00	85.00 0.00
HEADER EOBS: 9817							

PROC CD	MODIFIERS	SERVICE DATES FROM TO	ALLW UNITS	RENDERING PROVIDER	BILLED AMT	ALLOWED AMT	PA NUMBER	PAID AMT	DETAIL EOBS
<u>99605</u>	<u>UA</u>	072817 072817	1.00	MCD 33051200	125.00	85.00	8172050006	85.00	9817 9918
--ICN-- PCN MRN SERVICE DATES FROM TO BILLED AMT ALLOWED AMT OTH INS AMT SPENDDOWN AMT COPAY AMT CO-INS CB PAID AMT OUTPAT DED									



Questions about Billing?



DOCUMENTATION



ForwardHealth Wisconsin serving you

InterChange Provider

Welcome MICHELLE FARRELL • August 8, 2018 4:12 PM Logout

Home Search **Providers** Enrollment Claims Prior Authorization Remittance Advices Trade Files Health Check Max Fee Home Account Contact Information Online Handbooks Site Map User Guides Certification

NPI: 1245249614, Taxonomy Number: 333600000X, Zip Code: 53805 - 1532, Financial Payer: Medicaid

What's New?

Providers can improve efficiency while reducing overhead and paperwork by using real-time applications available on the new ForwardHealth Portal. Submission and tracking of claims and prior authorization requests and amendments, on-demand access to remittance information, 835 trading partner designation, and instant access to the most current ForwardHealth information is now available.

- New Rate Reform Part 3 Ideas/Recommendations Requested.
- Incentive Payments... Are you Eligible?
- ForwardHealth System Generated Claim Adjustments

Messages

Category	Subject	Date Sent	Expiration Date	Remove
Notification	Changes for ICD-10 Prior to Implementation	02/13/2014	03/13/2104	<input type="checkbox"/>
Notification	November and December 2015 ForwardHealth Training Opportunities	10/29/2015	11/29/2105	<input type="checkbox"/>
Notification	November and December 2015 ForwardHealth Training Opportunities	10/29/2015	11/29/2105	<input type="checkbox"/>
Notification	ForwardHealth Portal Manufacturer Drug Rebate User Guide Posted	07/13/2018	08/13/2018	<input type="checkbox"/>
Notification	Announcing July 2018 revisions to the Pharmacy Resources page on	07/30/2018	08/30/2018	<input type="checkbox"/>
Notification	July 2018 Forwardhealth Update Summary	08/06/2018	09/06/2018	<input type="checkbox"/>

The information contained in this message is confidential and is intended solely for the use of the person or entity named above. This message may contain individually identifiable

Home Page

- Update User Account
- Customize Home Page
- Demographic Maintenance
- Electronic Funds Transfer
- Check My Revalidation Date
- Revalidate Your Provider Enrollment
- Check Enrollment

Quick Links

- Register for E-mail Subscription
- Provider-specific Resources
- Request Portal Access
- Designate 835 Receiver
- Online Handbooks
- ForwardHealth Updates
- Fee Schedules
- Forms
- Become a Provider
- Enrollment Tracking Search
- Training Listing
- Explanation of Benefits (EOBs)
- Express Enrollment for Adults
- MAC
- SBS User Guide
- Student Roster File Format

09/21/18
09/13/2018
09/30/2018
09/06/2018

Remove

the person or entity named above. This message may contain individually identifiable information. If you are not the intended recipient, you should not disseminate, distribute or copy this e-mail. If you have received this message in error, please immediately notify the sender by telephone and return the e-mail to the sender.

led

below are for the first line-item only.

- Enrollment Tracking Search
- Training Listing
- Explanation of Benefits (EOBs)
- Express Enrollment for Adults
- MAC
- SBS User Guide
- Student Roster File Format
- Accessing the MTM Member List instructions
- MTM Data Dictionary
- Medication Therapy Management (MTM) Documentation Storage
- View Nursing Home Rate Communications
- Nursing Home Level Of Care Reports
- Hospice Election
- Express Enrollment for Children
- Express Enrollment for Pregnant Women
- Express Enrollment Change Request
- Physical Exam Health Indicators
- MedSolutions
- Wisconsin Medicaid EHR Incentive Program
- Wisconsin Medicaid EHR Incentive Program Appeal
- Upload Audit Documentation
- Wisconsin Well Woman Program Policy and Procedure Manual
- Hospital Pay For Performance



wisconsin.gov home state agencies subject directory department of health services

ForwardHealth
Wisconsin serving you

Inter Change Provider

Welcome MICHELLE FARRELL • August 8, 2018 4:21 PM
Logout

Home Search **Providers** Enrollment Claims Prior Authorization Remittance Advices Trade Files Health Check Max Fee Home Account Contact Information Online Handbooks Site Map User Guides Certification

You are logged in with NPI: 1245249614, Taxonomy Number: 333600000X, Zip Code: 53805 - 1532, Financial Payer: Medicaid

Providers » MTM Data Entry

Select a link below to begin.

- Review/Edit existing record
- Create a new Medication Therapy Management record

Blank Form (This is a blank document for the provider to print out and capture notes during the MTM service that can later be submitted through the MTM Documentation Storage Tool. The provider is not required to use this document - It is offered as a convenience to the provider. This document should not be mailed to ForwardHealth)

About | Contact | Disclaimer | Privacy Notice
Wisconsin Department of Health Services
Production PROD_WIPortal2_M048A__6
Session expires in: 00:29:38



wiscdnh.gov home state agencies subject directory department of health services

ForwardHealth Wisconsin, serving you
InterChange Provider

Welcome MICHELLE FARRELL • August 8, 2018 4:22 PM Logout

Home Search **Providers** Enrollment Claims Prior Authorization Remittance Advices Trade Files Health Check Max Fee Home Account Contact Information Online Handbooks Site Map User Guides Certification

You are logged in with NPI: 1245249614, Taxonomy Number: 333600000X, Zip Code: 53805 - 1532, Financial Payer: Medicaid

Providers > MTH Data Entry > Medication Therapy Management

Member Search
Required fields are indicated with an asterisk (*).
• One of the following is required:
• Member ID
• Social Security Number and Date of Birth
• Member First/Last Name and Date of Birth

Member ID
Last Name First Name
Social Security Number Date of Birth

[About](#) | [Contact](#) | [Disclaimer](#) | [Privacy Notice](#)
Wisconsin Department of Health Services
Production PROD_WIPortal2_M648A_6
Session expires in: 06:28:51

Providers > MTH Data Entry > Medication Therapy Management

Member Search

Member Search
Required fields are indicated with an asterisk (*).
• One of the following is required:
• Member ID
• Social Security Number and Date of Birth
• Member First/Last Name and Date of Birth

Member ID
Last Name First Name
Social Security Number Date of Birth

Search Results

Member Information

Member ID: [REDACTED] Name: [REDACTED]
Date of Birth: [REDACTED] County: [REDACTED]
Medicare ID: [REDACTED] Address: [REDACTED]

[About](#) | [Contact](#) | [Disclaimer](#) | [Privacy Notice](#)
Wisconsin Department of Health Services
Production PROD_WIPortal2_M648A_6
Session expires in: 02:23:46

ForwardHealth Wisconsin serving you
interChange Provider
Welcome MICHELLE FARRELL - August 8, 2018 4:34 PM Logout

Home | Search | **Providers** | Enrollment | Claims | Prior Authorization | Remittance Advices | Trade Files | Health Check | Max Fee Home | Account | Contact Information | Online Handbooks | Site Map | User Guides | Certification

You are logged in with NPI: 1245249614, Taxonomy Number: 333600000X, Zip Code: 53805 - 1532, Financial Payer: Medicaid

Providers » MTM Data Entry » Medication Therapy Management

Member Search » **General Information**

General Information
Required fields are indicated with an asterisk (*):

Member Identification Number [Redacted]
Member - First Name [Redacted]
Member - Last Name [Redacted]
Is the member currently residing in a nursing home? * Yes No
Prescriber NPI [Redacted] [Search]
Prescriber Name [Redacted]
Pharmacy NPI [Redacted]
Pharmacy Name BOSCOBEL PHARMACY INC
Date of MTM Service*
Did the member consent to MTM service? * Yes No

Next Exit

About | Contact | Disclaimer | Privacy Notice
Wisconsin Department of Health Services
Production PROD_WIPortal2_M648A__6
Session expires in: 00:29:13

wisc.onlin.gov/home state agencies subject directory department of health services
ForwardHealth Wisconsin serving you
interChange Provider
Welcome MICHELLE FARRELL - August 8, 2018 4:39 PM Logout

Home | Search | **Providers** | Enrollment | Claims | Prior Authorization | Remittance Advices | Trade Files | Health Check | Max Fee Home | Account | Contact Information | Online Handbooks | Site Map | User Guides | Certification

You are logged in with NPI: 1245249614, Taxonomy Number: 333600000X, Zip Code: 53805 - 1532, Financial Payer: Medicaid

Providers » MTM Data Entry » Medication Therapy Management

Member Search » General Information » **Services Received**

Services Received
Required fields are indicated with an asterisk (*):

Which MTM Service(s) did the member receive? (Select all that apply.)

- Cost-effectiveness
- Three-Month Supply
- Focused Adherence
- Dose/Dosage Form/Duration Change
- Medication Addition
- Medication Deletion
- Medication Device Instruction
- In-Home Medication Management
- Comprehensive Medication Review and Assessment (CMR/A)

Previous **Next** Exit

About | Contact | Disclaimer | Privacy Notice
Wisconsin Department of Health Services
Production PROD_WIPortal2_M648A__6
Session expires in: 00:29:13

wisconsin.gov home state agencies subject directory department of health services

ForwardHealth Wisconsin serving you
InterChange Provider

Welcome MICHELLE FARRELL • August 8, 2018 4:40 PM
Logout

Home Search **Providers** Enrollment Claims Prior Authorization Remittance Advice Trade Files Health Check Max Fee Home Account Contact Information Online Handbooks Site Map User Guides Certification

You are logged in with NPI: 1245249614, Taxonomy Number: 333600000X, Zip Code: 53805 - 1532, Financial Payer: Medicaid

Providers • MTM Data Entry • Medication Therapy Management

Member Search » General Information » Services Received » **Comprehensive Medication Review and Assessment Service (CMR/A) Performed**

Comprehensive Medication Review and Assessment Service (CMR/A) Performed
Required fields are indicated with an asterisk (*).

Select the need for the CMR/A*

- Member demonstrates lack of adherence to medications
- Member demonstrates potential for drug complications due to a complex drug regimen
- Member demonstrates lack of understanding on when and/or how to take medications
- Follow up to initial CMR/A
- The member takes 4+ prescription medications related to 2 or more chronic conditions (hypertension, asthma, chronic kidney disease, congestive heart failure, dyslipidemia, COPD, or depression).
- The member has diabetes.
- The member requires coordination of care due to multiple prescribers.
- The member has been discharged from a hospital or long term care setting within the past 14 days; these services are referred to as transition of care CMR/A services.
- The member has health literacy issues as determined by the pharmacist.
- The member has been referred for the MTM services by the prescriber.

Does the member have other insurance?* Yes No
If yes, does the other insurance cover this MTM service? Yes No

“Why was the patient seen”

NCPA INNOVATION CENTER

Does the member have other insurance?* Yes No
If yes, does the other insurance cover this MTM service? Yes No

The member meets the following criteria (check all that apply):

- The member has diabetes.

The member takes four or more medications to treat or prevent two or more chronic conditions, and one of the chronic conditions is among the following (check all that apply):

- Hypertension
- Asthma
- Chronic Kidney Disease
- Congestive Heart Failure
- Dyslipidemia
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression

- The member has multiple prescribers, which has created a coordination of care issue.
- The member has been discharged from a hospital or long term care setting within the past 14 days.
- The member has health literacy issues as determined by the pharmacist.
- The member has been referred by his/her prescriber.

Referring Provider ID [Search]
Referring Provider Name

Was prior authorization to provide the CMR/A service obtained by the ForwardHealth Drug Authorization and Policy Override (DAPO) Center?* Yes No
Date of CMR/A
Was the member's signature obtained documenting the consent for the CMR/A Service?* Yes No
Date of Member Signature

Previous **Next** Exit

“How the patient qualified for the CMRA”

NCPA INNOVATION CENTER

wisconsin.gov home state agencies subject directory department of health services

ForwardHealth Wisconsin serving you
InterChange Provider
Welcome MICHELLE FARRELL • August 6, 2018 4:43 PM
Logout

Home Search **Providers** Enrollment Claims Prior Authorization Remittance Advices Trade Files Health Check Max Fee Home Account Contact Information Online Handbooks Site Map User Guides Certification

You are logged in with NPI: 1245249614, Taxonomy Number: 333600000X, Zip Code: 53805 - 1532, Financial Payer: Medicaid

Providers » MTM Data Entry » Medication Therapy Management

Member Search » General Information » Services Received » Comprehensive Medication Review and Assessment Service (CMR/A) Performed

Additional Information

Required fields are indicated with an asterisk (*).

Were any of the following intervention-based services identified during the CMR/A? (Check all that apply.)

- Cost-effectiveness
- Three-Month Supply
- Dose / Dosage Form / Duration Change
- Medication Addition
- Medication Deletion

Previous **Next** Exit

[About](#) | [Contact](#) | [Disclaimer](#) | [Privacy Notice](#)
Wisconsin Department of Health Services
Production PROD_WIPortal2_M648A_6
Session expires in: 00:29:36



wisconsin.gov home state agencies subject directory department of health services

ForwardHealth Wisconsin serving you
InterChange Provider
Welcome MICHELLE FARRELL • August 6, 2018 4:43 PM
Logout

Home Search **Providers** Enrollment Claims Prior Authorization Remittance Advices Trade Files Health Check Max Fee Home Account Contact Information Online Handbooks Site Map User Guides Certification

You are logged in with NPI: 1245249614, Taxonomy Number: 333600000X, Zip Code: 53805 - 1532, Financial Payer: Medicaid

Providers » MTM Data Entry » Medication Therapy Management

Member Search » General Information » Services Received » Comprehensive Medication Review and Assessment Service (CMR/A) Performed

Additional Information » ED/Hospital/Clinic Visits

ED/Hospital/Clinic Visits

Required fields are indicated with an asterisk (*).

Members Who Have Received an Initial CMR/A

How many times has the member visited the emergency department in the past 12 months?

How many times has the member been hospitalized in the past 12 months?

How many times has the member seen a health care provider in the past 12 months?

Members Who Have Received a Follow-up CMR/A

How many times has the member visited the emergency department since the last CMR/A visit?

How many times has the member been hospitalized since the last CMR/A visit?

How many times has the member seen a health care provider since the last CMR/A visit?

Previous **Next** Exit

[About](#) | [Contact](#) | [Disclaimer](#) | [Privacy Notice](#)
Wisconsin Department of Health Services
Production PROD_WIPortal2_M648A_6
Session expires in: 00:29:47



You are logged in with NPI: 1245249614, Taxonomy Number: 333600000X, Zip Code: 53805 - 1532, Financial Payer: Medicaid

Providers > MTM Data Entry > Medication Therapy Management

Member Search > General Information > Services Received > Comprehensive Medication Review and Assessment Service (CMR/A) Performed
 Additional Information > ED/Hospital/Clinic Visits > Diabetes

Diabetes

Required fields are indicated with an asterisk (*).

A1c History

Date of Lab	Score	Confirmed

A1c Detail

Date of Lab

Score %

Confirmed? Yes No

Add Cancel

LDL History

Date of Lab	Level	Confirmed

LDL Detail

Date of Lab

Level mg/dL

Confirmed? Yes No

Add Cancel

Previous **Next** Exit



DX Specific Labs

- Diabetic
 - A1c
 - LDL
- HTN
 - Blood Pressure
 - Ability to self-monitor Blood Pressure
- Asthma
 - ACT score
- Chronic Kidney Disease
 - Blood pressure
 - Serum Creatinine Level (SCr)
 - Glomerular Filtration Rate (GFR)
- CHF
 - Blood Pressure
 - Ability to self-monitor Blood Pressure
 - Weight Gain
- Dyslipidemia
 - Blood Pressure
 - LDL
- COPD
 - Smoking Status
- Depression
 - PHQ-2 Score

www.ncpanet.org/ic



Follow us on social media



wisconsin.gov home state agencies subject directory department of health services

ForwardHealth Wisconsin serving you
interChange Provider
Welcome MICHELLE FARRELL - August 8, 2018 4:49 PM
Logout

Home Search **Providers** Enrollment Claims Prior Authorization Remittance Advices Trade Files Health Check Max Fee Home Account Contact Information Online Handbooks Site Map User Guides Certification

You are logged in with NPI: 1245249614, Taxonomy Number: 333600000X, Zip Code: 53805 - 1532, Financial Payer: Medicaid

Providers » MTH Data Entry » Medication Therapy Management

Member Search » General Information » Services Received » Comprehensive Medication Review and Assessment Service (CMR/A) Performed
Additional Information » ED/Hospital/Clinic Visits » Diabetes » **Additional Information - Continued**

Additional Information - Continued
Required fields are indicated with an asterisk (*).
Additional Information
Please add any additional information that may apply.

Previous **Next** Exit

About | Contact | Disclaimer | Privacy Notice
Wisconsin Department of Health Services
Production PROD_WIPortal2_M648A__6
Session expires in: 00:29:52



wisconsin.gov home state agencies subject directory department of health services

ForwardHealth Wisconsin serving you
interChange Provider
Welcome MICHELLE FARRELL - August 8, 2018 4:49 PM
Logout

Home Search **Providers** Enrollment Claims Prior Authorization Remittance Advices Trade Files Health Check Max Fee Home Account Contact Information Online Handbooks Site Map User Guides Certification

You are logged in with NPI: 1245249614, Taxonomy Number: 333600000X, Zip Code: 53805 - 1532, Financial Payer: Medicaid

Providers » MTH Data Entry » Medication Therapy Management

Member Search » General Information » Services Received » Comprehensive Medication Review and Assessment Service (CMR/A) Performed
Additional Information » ED/Hospital/Clinic Visits » Diabetes » Additional Information - Continued
Pharmacist Signature

Pharmacist Signature
Required fields are indicated with an asterisk (*).
Signature of Pharmacist Who Performed Service
Pharmacist NPI
E-Signature of Pharmacist (type name)*
Date Signed*

Previous **Submit** Exit

About | Contact | Disclaimer | Privacy Notice
Wisconsin Department of Health Services
Production PROD_WIPortal2_M648A__6
Session expires in: 00:29:43



Questions about Documentation?

Questions??

Michelle Farrell/Olivia Thomas
Boscobel Pharmacy
608-375-4466

othomas@boscobelpharmacy.com



Kari Trapskin, PharmD

*Vice President, Health Care Quality Initiatives
Pharmacy Society of Wisconsin*

karit@pswi.org



Enhanced Services Networks

Enhanced Services Boot Camp

Ashley Branham, Pharm.D., CPESN® USA and Moose Pharmacy

www.ncpanet.org/ic



Follow us on social media



Objectives

- Discuss common characteristics of pharmacies in a community pharmacy enhanced service network
- Discuss the role of community pharmacy in providing medication management resources to the highest risk populations.
- Describe how pharmacies are positioning themselves to integrate with care teams to lower health care costs and participate in new models of care and reimbursement.



Threats to Community Pharmacy



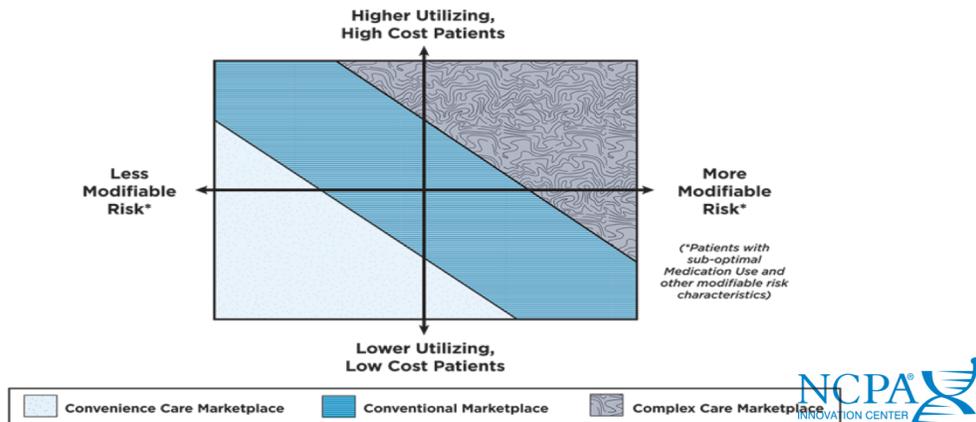
Patient Access



Copyright © 2017 CPESN USA • All Rights Reserved.

Importance of Targeting and Channeling Patients to High Performing Pharmacies

A Bifurcating Marketplace for Pharmacy-Site Products and Services Delivery



Community-Based Pharmacy

- All pharmacies are not the same
- Some pharmacies only focus on the prescription and filling it fast as they can... with little patient interaction
- Other pharmacies focus on patients
- These pharmacies have strong relationships with the patient and members of the patient's local care team
- These pharmacies provide enhanced services that have proven to improve the health of complex patients

Strategic Considerations for Community-Based Pharmacy Networks

- History of NC CPESN Model
- Construct of CPESN USA Model
- Overview of States with CPESN Development Underway



How did Community Pharmacy Enhanced Services Networks Begin?

Goal: Create a network of community pharmacies who are willing to provide enhanced services and coordinate care with the broader care team

- Started in January 2014 with official network launch in April 2014
- Open network which included ~ 280+ North Carolina community-based pharmacies



Types of Enhanced Services

Medication Synchronization | Adherence Packaging

Home Delivery | Home Visits

Point-of-Care Testing | Collection of Vital Signs

Nutritional Counseling | Smoking Cessation

Compounding | Long-Acting Injections

24-Hour Emergency Services | Multi-Lingual Capabilities

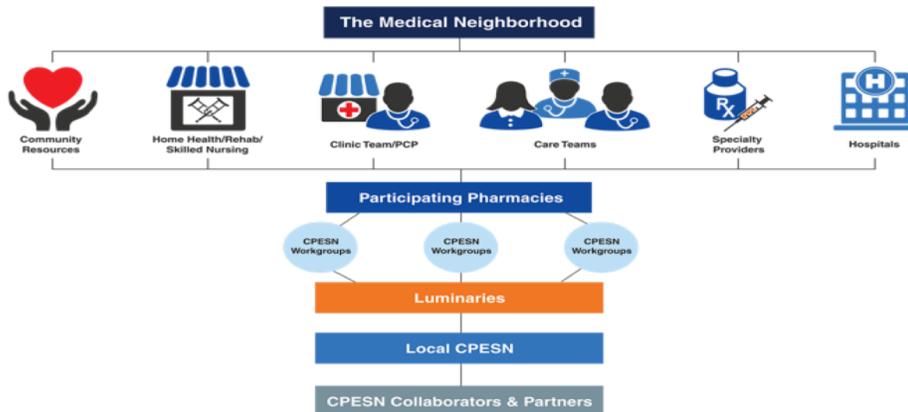
www.ncpanet.org/ic



Follow us on social media



Local CPESN® Network Structure



A Clinically Integrated Network of Pharmacy Providers



Community Pharmacist

Provide medication optimization activities and enhanced services for patients



Care Teams

Collaborate with the extended care team to improve patient health



Fewer Hospitalizations

Focus on interventions that change patient behavior lead to better health



Clinically Integrated Network



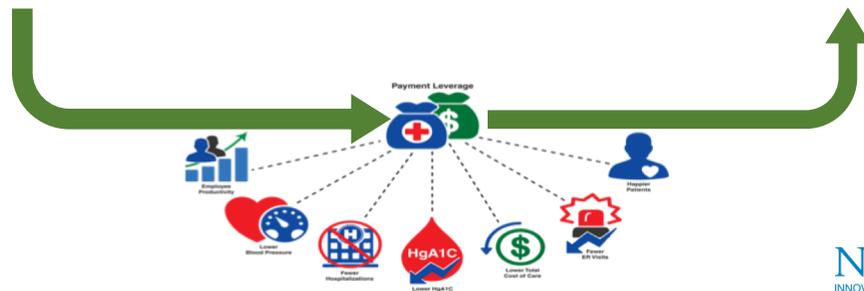
Community Pharmacist



Pharmacy Benefit



Payer

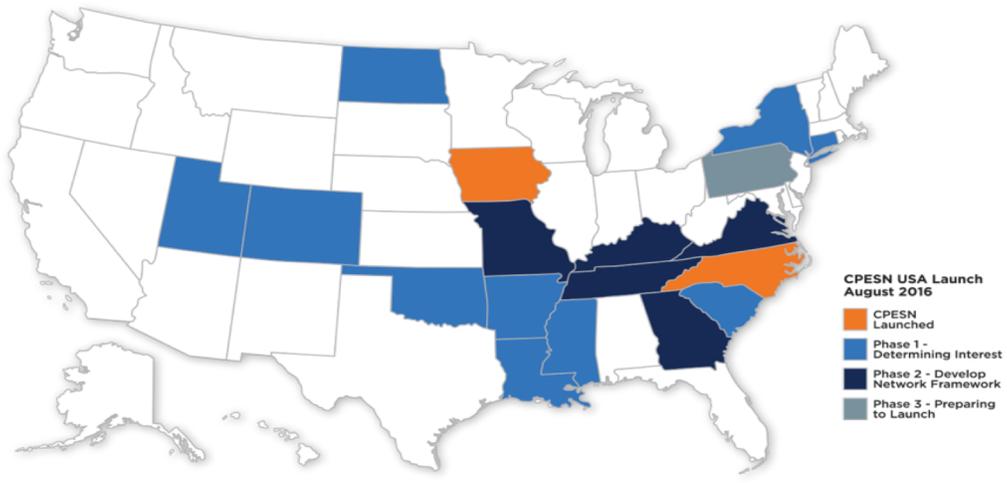


Launching Local CPESN® Networks

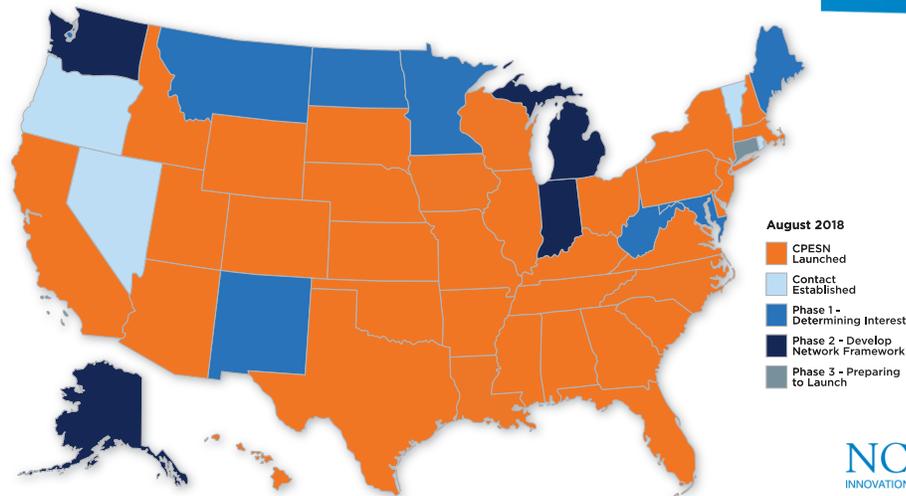


Local Network Growth by Launch Phase

August 2016



Local Network Growth by Launch Phase *Today*



Minimum CPESN Network Service Set

- **Comprehensive Medication Reviews** – A systemic assessment of medications, including prescription, over-the-counter, herbal medications and dietary supplements to identify medication-related problems, prioritize a list of medication therapy problems and create a patient-specific plan to resolve medication therapy problems working with the extended healthcare team.
- **Medication Synchronization Program** – Aligning a patient's routine medications to be filled at the same time each month. The pharmacists will provide clinical medication management and monitoring for progression toward desired therapeutic goals during the patient appointment at time of medication pick-up or delivery.

Minimum CPESN Network Service Set

- **Immunizations**- Act of screening patients for ACIP recommended immunizations, educate patients about needed immunizations and administer immunizations when appropriate.
- **Medication Reconciliation**- The process of comparing a patient's medication orders to all of the medications that the patient has been taking (active, chronic, as needed and OTC including herbal) to avoid medication errors. This service is especially important during transitions of care when patients are most vulnerable to medication errors or mishaps.
- **Personal Medication Record**- Ability to create a comprehensive list of current patient medications manually or from dispensing software



Deployment of the CPESN Model

- Care Team Integration
- Pharmacy eCare Plan

www.ncpanet.org/ic



Follow us on social media



Care Team Collaboration

- Joint home visits may be a way to establish a coordinated care plan for complex patients
- Pharmacies can assist care managers with patient engagement and longitudinal management
- Care managers and CPESN pharmacies can work together to address:
 - Barriers preventing optional medication adherence
 - Health literacy challenges, cognitive deficits, or lack of caregiver support that require pill box fills, special packaging, or special labeling
 - Other specialized medication-related needs that could be fulfilled by a CPESN pharmacy
 - Patient understanding of special instructions for administration or storage



Pharmacist eCare Plan

- Goal of the Project:
- Create a new standard for electronic pharmacist care plans called “Pharmacist Care Plan” which is a further constraint on a standard in the Interoperability Standards Advisory.
- Integrate the pharmacist care plan into coordination efforts for patient care across the health continuum.



CURRENT* eCare Plan Functionality

Patient Demographic Information
Encounter Reasons and Type
Payer Information
Allergies
Medications (Prescription Fill History and/or Active Medications)
Medication Therapy Problems
Interventions and Education
Referrals
Care Coordination
Patient Goals
Outcomes

BestRx PHARMACY SOFTWARE

QS/1

DocsInk connecting the docs™

assurecare™

STRAND

Pharmetika

PioneerRx Pharmacy Software

PrescribeWellness

*As of 5/1/2018

NCPA INNOVATION CENTER

FUTURE eCare Plan Functionality

Problem Observation and Encounter Diagnosis
Assessments
Self Care Activities
Mental Status Observation
Smoking Status
Functional Status Observation
Lab Results
Social History
Vital Signs
Caregiver Characteristics
Immunizations



CPESN® Quality Reports

My Pharmacy Overall Quality Score: 740
My Pharmacy Performance Rating: Above Average

My Pharmacy Quality Report (7/01/2017 - 9/30/2017)
 Quarter 3 My Pharmacy
 Total Quality Points Earned: 740 out of 1000 points
 Maximum 250 points per Category

Overall Quality Report Summary (Q3)
 Lowest performing metric: Patient Adherence
 What improved was compared to last quarter: Patient Adherence

Comparison of 2016 Q4 - 2017 Q3

Care Plan Submissions

Name	Care Plan Submitted	Care Plan Completed	Percent
Sample Pharmacy	10	50%	
Another Pharmacy	75	42%	
Total care plans submitted	174	100%	

My Network Overall Quality Score: 711
My Network Performance Rating: Above Average

My Network Quality Report (7/01/2017 to 9/30/2017)
 Quarter 3 My Network
 Total Quality Points Earned: 711 out of 1000 Points
 Maximum 250 points per Category

Overall Quality Report Summary (2017 Q3)
 Number of Pharmacies in Your Network: 20
 Number of Pharmacies with at least one Care Plan Submission included in Report: 11
 Average Number of Care Plans Submitted per Pharmacy: 37
 Number of Pharmacies Performing Average, Above Average, or Excellent: 22
 Highest Performing Pharmacy: My Network
 Lowest Performing Pharmacy: My Network

Comparison of 2017 Q1 - 2017 Q3

Quality Metric Category Trends 2017 Q1 - 2017 Q3

What Makes the CPESN Model Different?

- Community-based pharmacies that focus on high risk patients in a chronic care model
- Patient targeting
- Panel management
 - Patients instead of prescriptions
- Accountability on global outcomes and quality
 - Shared metrics with the rest of the care team
- Local care team integration and care coordination
- Change packages and network support to enable practice transformation
 - Workflow changes related to panel management, care team integration, and weaving together clinical components with enhanced services
- Approach to HIT
 - Pharmacist eCare Plans



Pharmacy Assessment Survey Tool



Pharmacy Self-Assessment



CPESN Website Local Network Page

This is a screenshot of the CPESN website's navigation menu. At the top left is the CPESN logo. To its right are the words 'LOGIN | MENU' followed by a hamburger menu icon. Below this is a dark blue button with white text that says 'Click here to find out more about the Pharmacist eCare Plan'. Underneath is a light blue dropdown menu titled 'Networks' with a downward arrow. The dropdown lists several network names: CPESN Arkansas, CPESN Colorado, CPESN Georgia, CPESN Iowa, CPESN Kansas, CPESN Louisiana, CPESN Massachusetts, CPESN Mississippi, CPESN Missouri, and CPESN Mutual.

This is a screenshot of the CPESN Wisconsin website page. The main heading is 'CPESN® Wisconsin'. Below the heading is a 'Mission Statement of the Network' which states: 'The CPESN Wisconsin is a high-performance network that has adopted the tenets of value-based health care—increase the quality of patient care and reduce overall health care costs. CPESN WI is focused on improving the health of our patients by working collaboratively with other health care providers and ensuring that patients are achieving their therapeutic outcomes with safe and effective therapy.' Below the mission statement is a goal statement: 'The goal of the CPESN Wisconsin is to improve quality of care and patient outcomes related to medication use, enhance patients' overall health trajectory'. On the right side of the page, there is a section titled 'CPESN® Wisconsin Luminaries' with a sub-header 'To join the CPESN WI network, you may want to explore the following individuals or send an email to info@cpesn.com'. Below this are six small profile pictures of individuals, each with their name and title: Michelle Farrell (Clinical Pharmacist, Health Pharmacy), Danny Sokhal (Clinical Pharmacist, Health Pharmacy), Jake Olson (Owner, Synovus Pharmacy), Hashim Zafar (Owner, Hoyal Pharmacy), Rami Rajan (Clinical Pharmacist, Main Pharmacy), and Carole Utis (Local Account Manager).

Ready to Join?

- Learn more about CPESN at www.cpesn.com
- Connect with CPESN USA Staff in the Exposition Hall



Ashley Branham, PharmD

CPESN® USA

abranham@cpesn.com





NCPA[®]
INNOVATION CENTER

www.ncpanet.org/ic

Follow us on social media

