

20 Ideas for Building Collaborative Relationships with Physicians

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ADVANCING THE FUTURE OF PHARMACY

Your Presenters

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Learning Objectives

- ✓ Describe the components upon which a collaborative relationship is built.
- ✓ Explain the common techniques that physicians use to establish trust among themselves and other collaborators.
- ✓ List the elements that contribute to a physician/pharmacist driven collaborative drug therapy management program.
- ✓ Describe elements of pharmacy practice that must be better understood by a physician for a collaborative relationship to exist.
- ✓ Describe tips and tactics that will work best to improve the professional relationships between physicians and pharmacists.
- ✓ Recall the trap pharmacists fall into when using jargon with physicians.

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What is the common covenant that binds pharmacists and physicians together?






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...helping patients...

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Why care about the relationship between pharmacists and physicians?

- People are dying everyday



- ADRs are the 4th leading cause of death
- Opportunity for optimal use of pharmaceuticals & enhanced drug therapy management

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Everybody Needs Your Help



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The case of Mary Simpson Pharm.D.



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Questions Mary needs answered

- What made her believe Dr. Dall would welcome her as a collaborator?
- What has she done to establish trust and confidence between her and Dr. Dall?
- What "homework" does she need to do to better her case to Dr. Dall?
- How can she prove to him that it is "safe" to work with her?

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Everyone needs pals and partners

- An old message for modern times
- "This ain't a one man team Kid, you ain't gonna win unless you get a good team behind you"

— Voice of Richard Petty to Lightning McQueen in the Pixar movie CARS



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Bringing Cultures Together & Building Teams

- Changing health care delivery models
- Medical homes
- ACOs
- Team-based care
- Quality-driven
- Collaborative drug therapy management

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Finding Shared Goals and Values

What are the building blocks of professional relationships and trust?

- Values
- Attitudes
- Training/education
- Confidence
- Adherence to professional ethics



Professional Values

- Help us work on relationships with others
- Identify how we best fit into any professional environment
- Identify how we would like to be of help to others
- Identify how we set priorities to find personal and professional fulfillment



Know you have provided value beyond the prescription

"Life is very rich when you live out your values."
Mary Louise Anderson,
APhA Remington Medalist



How do physicians collaborate with a colleague?

- Competency and trust are assumed
- Seek input from one another
- Allow each other to do their jobs without unnecessary oversight
- Try to learn from success and failure, then move on



What about physician-pharmacist relationships?

- Studies point to these relationships are being driven by "trustworthiness"
- Consistent behavior over time is the usual trademark for initiating a relationship or looking for support
- Informal dialogue starts a formal collaboration



A tremendous opportunity exists to make a difference...

...Patients receive proper diagnosis and treatment only 55% of time.

NEJM June 26, 2003

...96% of physicians felt that diagnostic errors are preventable while half said they encountered at least one per month.

Sandra Boodman, "Doctors' Diagnostic Errors Are Often Not Mentioned But Can Take a Serious Toll," Kaiser Health News, May 6, 2013



Patients...



- Want you to coordinate their care with MDs and others
- Like ability to get information on medications
- Want Rx's filled accurately and on a timely basis with ability to call ahead
- Like courteous & helpful employees who can answer questions & solve problems
- Like pharmacies that take their insurance card and can help them with coverage issues and questions



Pharmacists are needed in patient care to:

- Assess, counsel, and monitor drug therapy
- Preventing medication misadventures: \$177 billion drug morbidity/mortality 2005 up to \$290 billion 2009, including non-adherence
- Oversee medication management systems
- Deliver "pharmaceutical care/MTM services"
- Could save over \$105 billion annually if made universally available

Avoidable Costs in US Healthcare.

http://www.imshealth.com/deployedfiles/imshealth/Global/Content/Corporate/IMS%20Institute/RUOM-2013/IHIL_Responsible_Use_Medicines_2013.pdf



Building Collaborative Relationships



Self Assessment Question

Effective collaboration is based on:

- Coordination of individual actions
- Cooperation in planning and working together
- Sharing of goals and problem-solving
- Sharing decision-making and responsibility
- All of the above



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Six variables: early to late-stage collaboration

- Bidirectional communication
- Caring for mutual patients
- Identify win-win situation
- Adding value to medical practice
- Physician convenience
- Balanced dependence
 - Doucette and Brock (JAPhA 2004)
 - <http://japha.org/article.aspx?articleid=1038277>



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Pharmacist-Physician Collaboration Thoughts from the Other Side

- Paul Mulhausen, MD, MHS, FACP, AGSF



Objectives

- Work Effectively in collaborative arrangements and interprofessional teams by understanding the key predictors of successful collaborations.
 - » Knowledge
 - » Trust
 - » Role definition
 - » Potential conflicts of interest
- Capitalize on new models of care and new models of payment to more fully engage patients and get paid for it.



Organization of the Discussion

- Save A Life
- Know Your Stuff
- Create Value
- Know your Team
- Find a Home
- Get Paid



Save A Life

- Assume the role of engaged team member
- Reach out to prescribers with concerns
- Physicians find value in pharmacists' potential to find interactions and catch errors
- Build trust

1.5 million
preventable ADEs

\$177 billion



Know Your Stuff

- No knowledge, no trust, no value
- Bring the skills and knowledge the team needs
- Define areas of contribution
- Know what's relevant and when to assert your expertise



Create Value

Added Value Medication Management

Formulary management
Medication reconciliation
CDTM

Special populations

- Elderly/multimorbidity
- Serious mental illness
- Multimorbidity
- Transitions

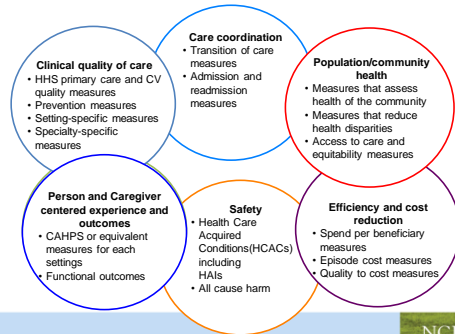
Pharmacogenomics

Achieve quality goals



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The Six National Quality Strategy Priorities



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Federal Value-based Payment Goals

- Sylvia Burwell Jan 26, 2015 HHS Announcement
 - NEJM Article/Meeting/Press Release
- New Quality Goals
 - FFS payments tied to quality or value
 - 85% by 2016
 - 90% by 2018
 - FFS payments tied to value through alternative payment models
 - 30% by 2016
 - 50% by 2018
- Health Care Transformation Task Force

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Overview of CMS Quality & Performance Programs

This table provides a comprehensive list of CMS quality and performance programs.

Hospital Quality	Physician Quality Reporting	PAC and OTHER Setting Quality Reporting	Payment Model Reporting	"Population" Quality Reporting
<ul style="list-style-type: none"> • Medicare and Medicaid EHR Incentive Program • PPS-Exempt Cancer Hospitals • Inpatient Psychiatric Facilities • Inpatient Quality Reporting • HAC Payment Reduction Program • Readmission reduction program • Outpatient Quality Reporting • Ambulatory Surgical Centers 	<ul style="list-style-type: none"> • Medicare and Medicaid EHR Incentive Program • Physician Quality Reporting System (PQRS) • Value-based Payment Modifier (VPM) • Maintenance of Certification 	<ul style="list-style-type: none"> • Inpatient Rehabilitation Facility • Nursing Home Compare Measures • LTCH Quality Reporting • Hospice Quality Reporting • Home Health Quality Reporting 	<ul style="list-style-type: none"> • Medicare Shared Savings Program • Hospital Value-based Purchasing • Physician Feedback • ESRD QIP • Innovations Pilots 	<ul style="list-style-type: none"> • Medicaid Adult Quality Reporting • CHIPRA Quality Reporting • Health Insurance Exchange Quality Reporting • Medicare Part C • Medicare Part D

Create Value Achieving Quality Goals in Pay for Value

HEDIS Measures: Commercial, Medicaid, MA payers

- Pharmacotherapy for COPD
- Use of Appropriate Medications for People with Asthma
- Medication Management for People with Asthma
- Asthma Medication Ratio
- Controlling High Blood Pressure
- Antidepressant Medication Management
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Potentially Harmful Drug-Disease Interactions in the Elderly

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Create Value Achieving Quality Goals in Pay for Value

Medicare/Medicaid Meaningful Use

- Controlling High Blood Pressure
- Use of Appropriate Medications for Asthma
- Use of High Risk Medications in the Elderly
- ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range
- Diabetes: Hemoglobin A1c Poor Control
- Anti-depressant Medication Management

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Create Value Achieving Quality Goals in Pay for Value

Physician Quality Reporting System

- Diabetes: hemoglobin A1C poor control
- Antidepressant Medication Management
- Medication Reconciliation
- Use of appropriate medications for asthma
- Controlling High Blood Pressure
- Use of High Risk Medications in the Elderly
- Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
- ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range



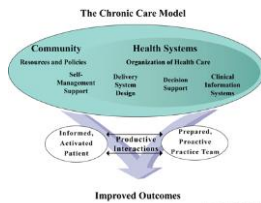
Know Your Team

- Understand team workflow
- Understand team member Interaction
- Understand the patient(s)
- If just starting, find some time to build the relationships
- Be aware of team leadership dynamics



Find a Home

- Nursing Home
- Patient-Centered Medical Home (PCMH)
- PCMH Neighbors
- Population Health Management Services
- Integrated Health Service Providers



Get Paid

- Shared savings models
 - Accountable care organizations
 - Comprehensive primary care
- Chronic care management fees
- Health reform and the movement from volume-based reimbursement to value-based reimbursement creates new opportunity for pharmacists as part of an integrated workforce



Collaborative Practice Tools

Collaborative Practice Agreements

- CPAs are used to create formal practicing relationships between pharmacists and other health professionals, usually physician
- Allow for collaborative drug therapy management (CDTM) activities
- Enable pharmacists to provide a range of clinical services including initiation, modification, and monitoring of a patient's drug therapy



Elements of a Collaborative Drug Therapy Management Program

- Develops best outcomes by preventing & reducing medication errors, increasing patient safety, and reducing health care costs
- Improves a patient's QOL through well-established, successful protocols and initiatives



Do you know...

How many states allow pharmacists to engage in collaborative practice relationships?

- 10
- 20
- 36
- 48
- All of them



Collaborative Practice

- Prescribers (generally physicians, dentists and veterinarians) in some states includes nurse practitioners and physician assistants, authorize pharmacists to engage in specified activities including adjusting and/or initiating drug therapy
- 48 states have collaborative practice regulations
- Examples: Immunizations, EC, asthma, dyslipidemia, anticoagulant, diabetes, smoking cessation, refills
- <http://www.pharmacist.com/collaborative-practice-agreements-vary-among-states>



Collaborative practice agreement...

...a *voluntary* agreement between one or more prescribers and pharmacists establishing cooperative practice procedures under defined conditions and/or limitations



Collaborative drug therapy management...

...refers to the practice where prescribers authorize pharmacists to engage in specific activities such as initiating, adjusting, or evaluating drug therapy



Components of CPA

- Pharmacist agrees to work with prescriber under a written and signed agreement to perform certain patient care functions under specified conditions
- Pharmacist has knowledge, skills, and ability to perform authorized functions
- Document activities in a medical record
- Accountability for the same quality measures for all health professionals involved in the collaborative agreement
- Provisions to allow compensation for drug therapy management activities



Resources

- <http://www.aphafoundation.org/collaborative-practice-agreements>
- http://www.cdc.gov/dhdsp/pubs/docs/Translational_Tools_Pharmacists.pdf
- http://www.cdc.gov/dhdsp/pubs/docs/Translational_Tools_Providers.pdf
- http://www.cdc.gov/dhdsp/pubs/docs/Translational_Tools_Payers.pdf
- http://www.cdc.gov/dhdsp/pubs/docs/Translational_Tools_Decision-Makers.pdf



Do you know...

How many states allow pharmacists to engage in collaborative practice relationships?

- a. 10
- b. 20
- c. 36
- d. 48**
- e. All of them



20 Great Tips to Build Communication & Collaboration with Physicians

1. Create a written plan with clear definitions

- Does it have short and long term goals?
- Is it non-hierarchical?
- Does it create value for physicians and partners?
- Does it may include patient advisors?
- Is it based on mutual trust?
- Is it voluntary?



Idea #2

Focus on the patient as your first and only priority.

Never be afraid to share responsibility and power, healthcare is not about you, its about helping people.



Idea #3

When first discussing a specific patient with a physician do not try and "own" that patient.

Physicians are accountable for the patient's treatment plan.



Idea #4

Get to know the physician's practice, especially become acquainted with key support staff & practice workflow



Idea #5

Develop a supportive culture for things to happen

Get some press to indicate you are just as interested as others in "helping people". Get your staff to buy-in as to why they are there also. "Helping" has to permeate the entire pharmacy and create an impression.



Staff Engagement: Creating a new MTM Culture

- Hire pharmacists and techs who are passionate about educating patients
- Start the MTM program with a meeting and schedule a monthly MTM meeting to discuss best practices
- Marketing, and delivery teams engagement is essential
- Invest in technology that can make it easier for your team to implement

"I wanted to surround myself with people who believe in the same vision we have, where I can disconnect from the business without having any impact on the quality of the business."

— Hashim Zaibak



Idea #6

Advocate with state regulatory and policy organizations so clear articulation of roles can be fostered

New business models are changing traditional scopes of practice



Idea #7

Start small and build from there. For example, with an immunization program or high-risk medication. Or focus on a particular quality measure.

Once people see a modicum of success, they will tell you what their needs are for the next venture



Idea #8

Develop tools for patients to use with their physicians—they are consumers too. For example, the Personal Medication Record and Medication Action Plan that are part of the MTM service core elements.



Idea #9

Use the Internet and other communication technology for quick, easy dialogue & provide physicians with helpful information on a regular basis for treatment plans.

New studies...new drugs...new generics...new formulary items.



Idea #10

Build/use a system to share patient information and contribute to coordination of care.

ERx
EHRs
HIE

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Goodrich Pharmacy. Inc

- 7 Independent Community Pharmacies
- Suburban to Suburban/Rural demographics
- Professional 850 to 1400 sq ft pharmacies
- 5 in clinic, one stand alone next to clinic and one supermarket pharmacy
- Established in 1864 stores added in 1991, 1997, 2002, 2005 and last 5 years

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Sharing Patient Information

- Electronic medical record systems offer a clear illumination of patient records that pharmacists seldom see
- Shared information that improves MTM assessments and patient outcomes
- MTM documentation in EMR shares pharmacists evaluation and recommendations with other providers

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Disease State Management

- Confirm diagnosis
- Confirm provider goals
- Review medication history
- Report progress to primary care provider
- Assess compliance
- Review monitoring history...order labs
- Modify therapy and document care

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Idea #11

Create value for the physician. Get to know their interests.

Conduct physician surveys.

(Doucette/McDonough JAPhA 2002)

<http://japha.org/article.aspx?articleid=1034148>

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Idea #12

Detail physicians about your service. Over time, send follow-up letters, phone calls, faxes according to physician preference to keep them up-to-date.



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Idea #13

Check your phone etiquette and that of your staff. Don't use medical jargon, you can't win.



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Idea #14

Present professional image in all communications.

Use typed vs. handwritten notes

Use Letterhead not a drug company notepad

Remember anything written may go in a file as legal data

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Idea #15

Develop joint statements to share with media
Consider doing so during designation health events

See this Web site for ideas:

<http://healthfinder.gov/NHO/>



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Idea #16

Develop educational programs for physicians & other health professionals

Consider their practice interests

Consider the latest trends



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Idea #17

Host jointly-sponsored professional meetings

Why not the Medical Association and the Pharmacists Association ?

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Idea #18

Volunteer to work on committees related to drug therapy: formularies, practice guidelines

Volunteer to work on committees related to HIT and information exchange: each state has effort underway

If physicians see this as part of being a professional and "giving back" why not you?



Idea #19

Volunteer to help with a clinical trial or new treatment protocol, especially one on drug adherence.

Just ask a manufacturer representative for leads

Work with a college/school of pharmacy: Eg. Iowa's study the demonstrated Physician-Pharmacists collaboration achieved better BP control(63.9%) compared to a control group(29.9%)

Carter BL, Ardy GA et al, *Arch Intern Med.* 2009;169(21):1990-2002



Idea #20

Make sure all collaborators share in any rewards and especially recognition.

Never forget that collaboration is built on the perception of your personal trust, commitment and confidence. Do a lot of self-testing and do it often. If you perceived as a glory-hound, you will be hound.



The case of Mary Simpson Pharm. D.



Pharmacist collaborating in a LTC facility

Provision of pharmacist consultant services that focused on disease management (DM) in addition to Drug Regimen Review (DRR) found a higher rate of adherence to clinical practice guidelines for 4 of 7 common chronic disease states in long-term-care patients compared with patients who received only traditional DRR services.

Horning KK, Hoehns JD. Adherence to 7 clinical practice guidelines, *J.Manag.Care Pharm.* 2007;(1) 68-69



And, physician's are ready...



Westside Pharmacy

WE ARE HEALERS.
We put people first, providing high-quality patient-focused health care that is evidence-based, reflects best practices, and reflects the cultures of the patients we serve. We educate patients and family members and involve them in their own health care. We care for all people who come to us, whatever their means, with deep compassion and respect.



*Are you adding
value beyond the
Rx?*



Who is this pharmacist?

An "Early Adopter", he knew as one person that he could make a difference, regardless of his title or position.



**The kind of care that
works - for you, your
family and a whole
community**

West Side Community Health Services is the largest community clinic organization in Minnesota, with multiple locations in the metro area. We provide innovative and multicultural / multilingual health care services and education to immigrant and low-income communities.



Summary

- Value Based Payment Models open up new opportunities for pharmacists to apply their full skill set in the care of patients.
- To fully succeed as part of the integrated health team, pharmacists need to develop an understanding of the skills and attributes that predict successful collaborations:
 - Knowledge
 - Trust
 - Understanding of team roles



***Thank You from Paul
and Marsha***

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