Enhanced Services Boot Camp

October, 2019

San Diego, CA

www.ncpanet.org/ic

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What is the Opportunity?

Enhanced Services Boot Camp

Joe Moose, PharmD, CPESN® USA and Moose Pharmacy

Disclosure

- Joe Moose is receiving an honorarium for this program. The conflict of interest was resolved by peer review of the content.

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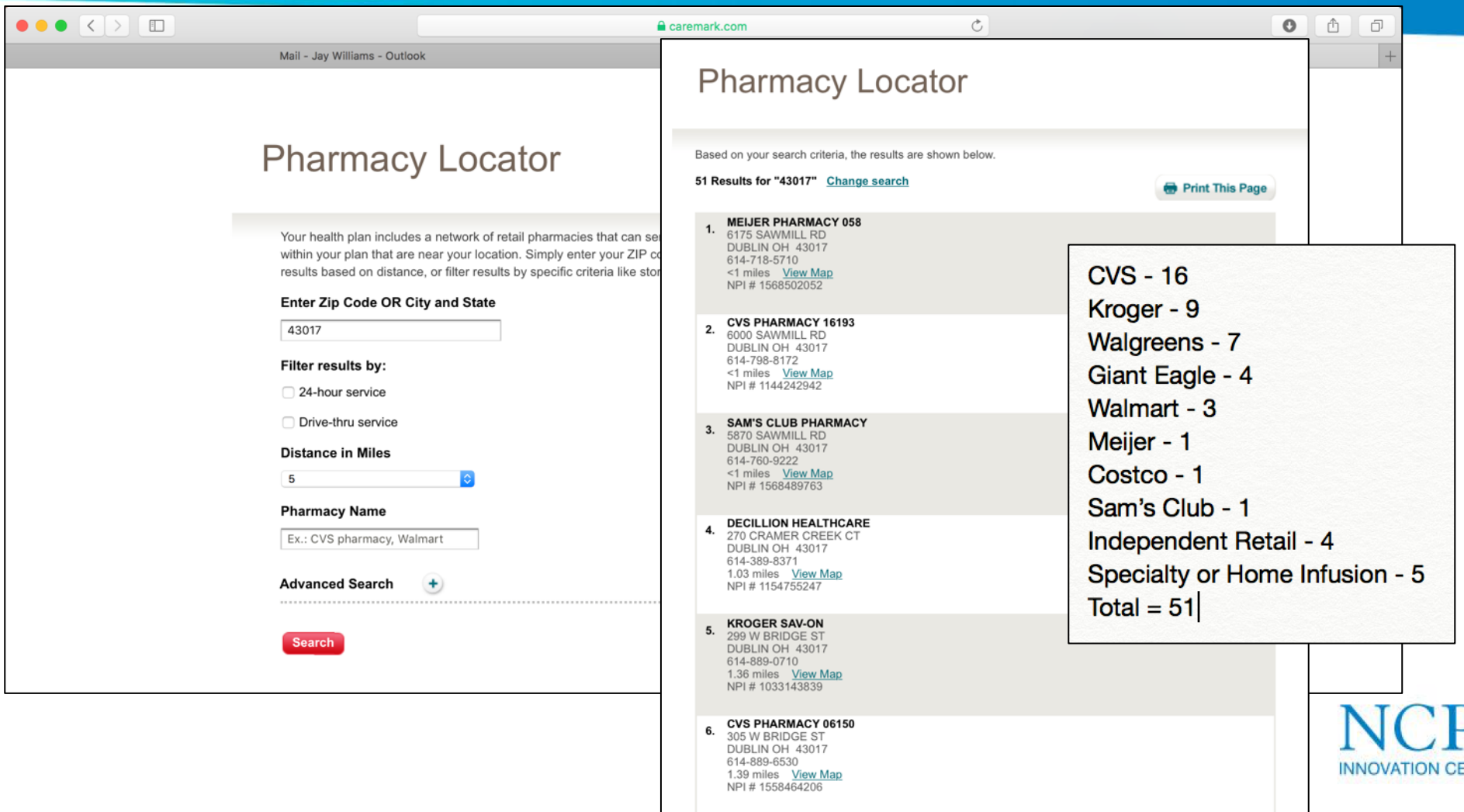
The #1 Reason We Are Here



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The Future of Just Filling Scripts

BUSINESS

CVS to Buy Target's Pharmacy Business for $1.9 Billion

Deal includes about 1,700 pharmacies within Target stores

Walmart Trims Pharmacy Jobs as Company Mulls Health Strategy

CVS buying Ohio pharmacy chain, closing all but three

BUSINESS

Walgreens Again Trims Deal for Rite Aid But Finally Gains Approval

Walgreens will now buy 1,932 Rite Aid stores for $4.38 billion

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The #2 Reason We Are Here

BUSINESS

Amazon Buys Online Pharmacy PillPack for $1 Billion

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

Microsoft and Walgreens join forces to take on Amazon in health care

BUSINESS

CVS Completes $70 Billion Acquisition of Aetna

Combined company faces challenges in integrating its sprawling business entities

MARKETS | DEALS

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

Deal expands portfolio of health services

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Who are Independent Community Pharmacies Joining Forces With?

"Anyone having the feeling that independent pharmacy is in the state of crisis and we need CPR now. I am thinking it is time that everyone act as a single unit to bring instant change."

Independent Pharmacy Owner from Texas

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The #3 Reason We Are Here

THE BALTIMORE SUN

Halethorpe Pharmacy closing after more than a century: 'The entire community pharmacy sector is under siege'

"More and more often, we are paid at or below our cost when we fill prescriptions."

George Garmer, former owner, Halethorpe Pharmacy

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Independent Pharmacy Must Change

Loehle Pharmacy closes after 136 years in business

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.

Final prescription: Historic Hillsboro pharmacy closes after 137 years of

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Comeback

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Comebacks begin when someone believes it is possible

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A setback is a setup for a comeback

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Create a new payment model

Setback begins with a moment that you think it is all over; Recognition that we may be there.

Create a way to express our value.

It is time for a pharmacy comeback!

Where do we start?

Streamlining your workflow

Enhanced Services Boot Camp

Joe Moose, PharmD, CPESN® USA and Moose Pharmacy

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Objectives

- Outline staffing/workflow considerations needed for enhanced service delivery.
- Discuss how a clinical medication synchronization program can positively affect pharmacy operations and health care quality.
- Review a strategic approach to growing enhanced services, while ensuring quality patient care.

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Workflow Operations in a Value-Based Payment System

- 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

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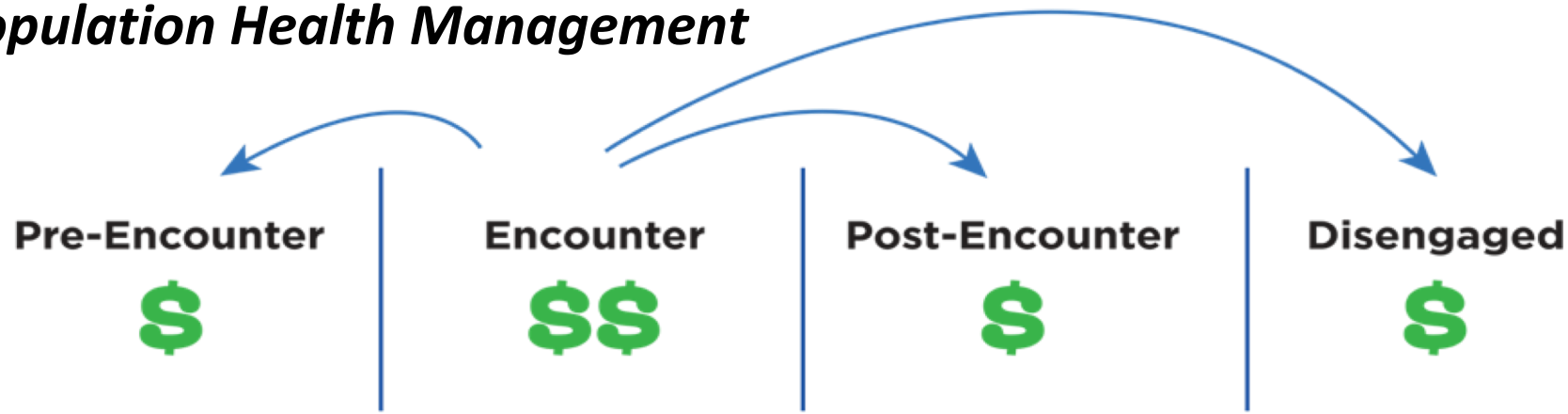
Different Approach to Payment and Delivery

Fee for Service

Pre-Encounter	Encounter	Post-Encounter	Disengaged
X	$$$$$	X	X

Population Health Management



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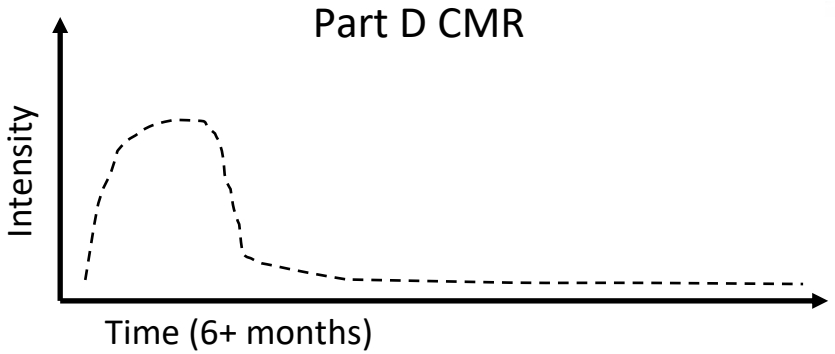
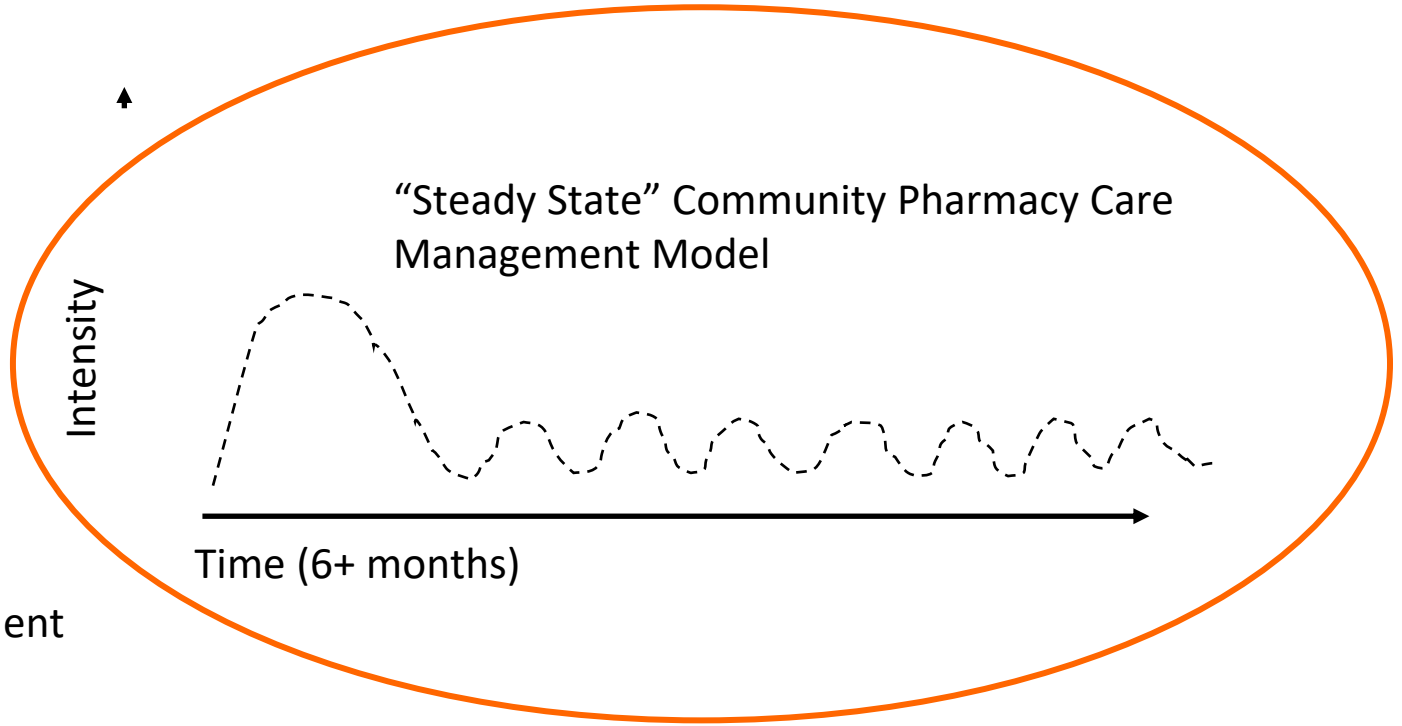
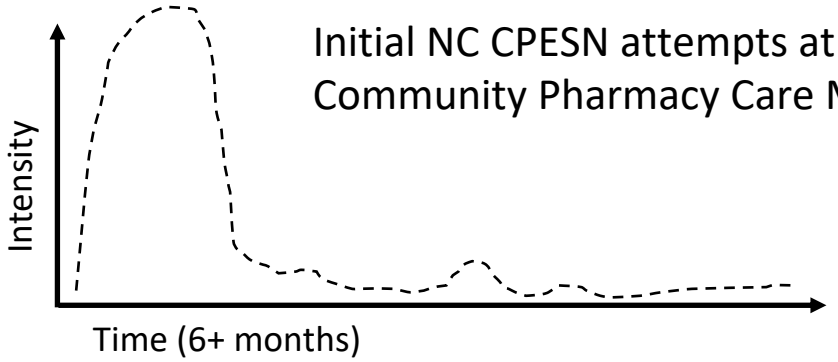
Transformational Change in Frequency & Nature of Clinical Patient Interactions







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Evaluate Gaps in Pharmacy Workflow Operations

- **Lack of Care Coordination**
  - Limited to no f/u with new patients, antibiotic use, Prior Authorizations
- **Inventory Management**
  - Out of critical medications on a routine basis, actual counts do not match inventory in computer
- **Limited to no access to pharmacist**
  - Constantly busy to be accessible to patients
- **Medication is not ready at promised time of pick up**
  - Unable to locate the medicine, still in progress
- **Customer Service**
  - Phone Rings and Rings…and Rings
  - Who greets the customer?
  - Problem Resolution
- **Internal Communication Barriers**
  - "Who talked to Ms. Jones earlier today?"

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Evaluate Opportunities in Your Service Population

- Trends of poor adherence
  - Primary non-adherence
  - Routine non-adherence
- Formulary issues
  - patients unable to acquire medication
- Lack of Care Coordination
  - Patients unable to navigate the health care maze
- Complex medication regimens
- Transportation
  - Patients struggle with acquisition of meds
- Lack of communication among providers
- Limited continuity of care
  - Treatment often stops once the patient walks out of the clinic
- Literacy challenges
- Frequent visits to pharmacy
- VIP Patients

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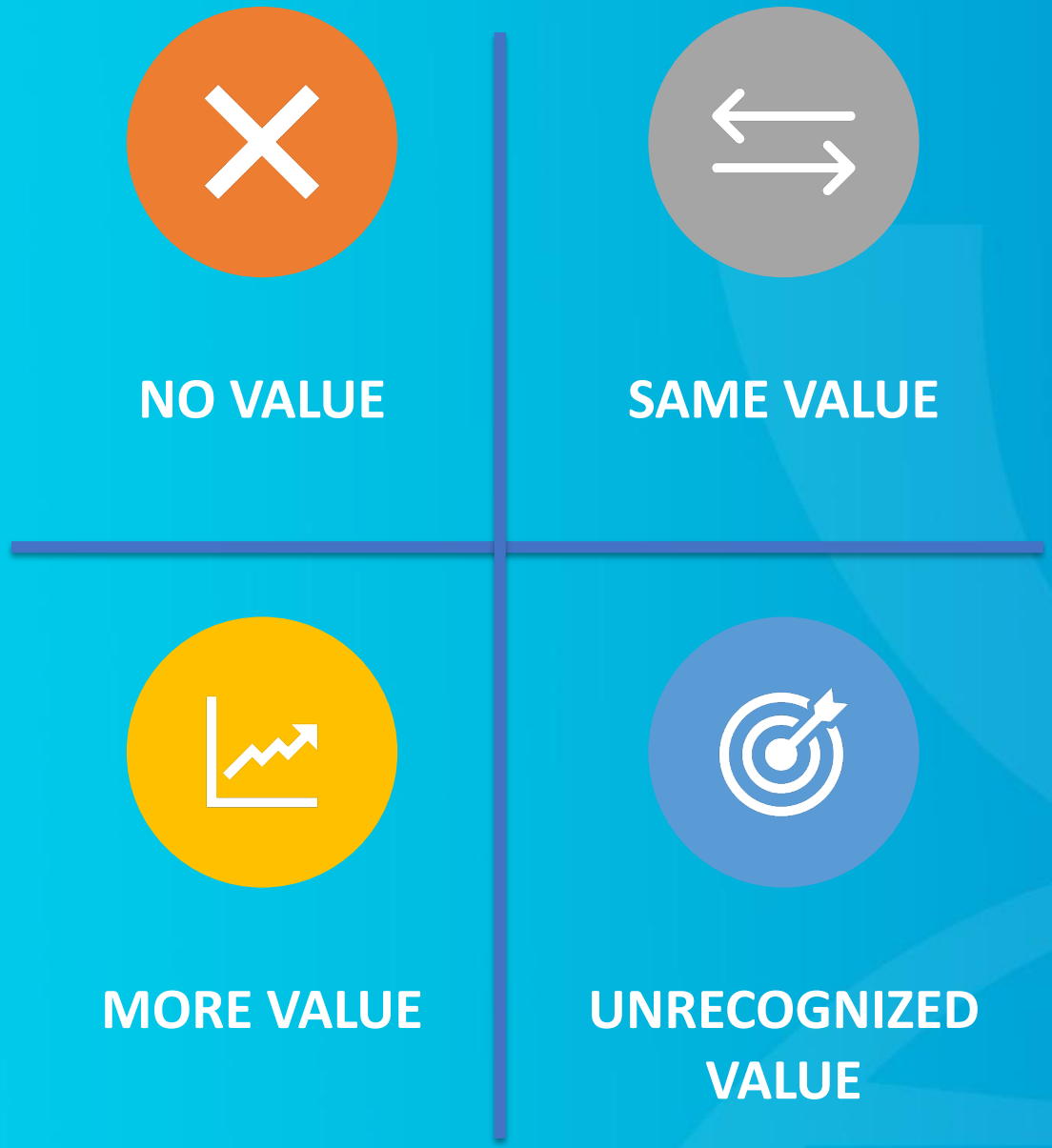
Workflow Consideration Test

- Does adding this step(s) contribute to the good of our patients?
- Does adding this step(s) contribute to profitability or revenue producing?
- Will adding this step(s) be something that my staff will perceive as valuable?
- Is this sustainable?

If the Answer is No, Do Not Force It. Revise Your Plan

Slide Content authored by Tripp Logan

Joe's Value Test



The Clinical Medication Synchronization

Clinical Medication Synchronization:

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

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The Case for Synchronization

- What you can expect:
  - Streamlined workflow
  - Predictable workload
  - Decreased delivery runs
  - Better inventory control
  - Healthier bottom line
  - **More time for enhanced services**

- What you won't miss:
  - "Manic Mondays"
  - Frequent flyers
  - Waiting for patients to remember to call in a refill
  - Last-minute call-ins on Friday afternoons or before holidays
  - Patients who run out of pills

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Pharmacy Example Workflow

Adherence Technician

Student Pharmacist(s)

Clinical Pharmacist

Cashier

Pharmacist

Fill Technician

Input Technician

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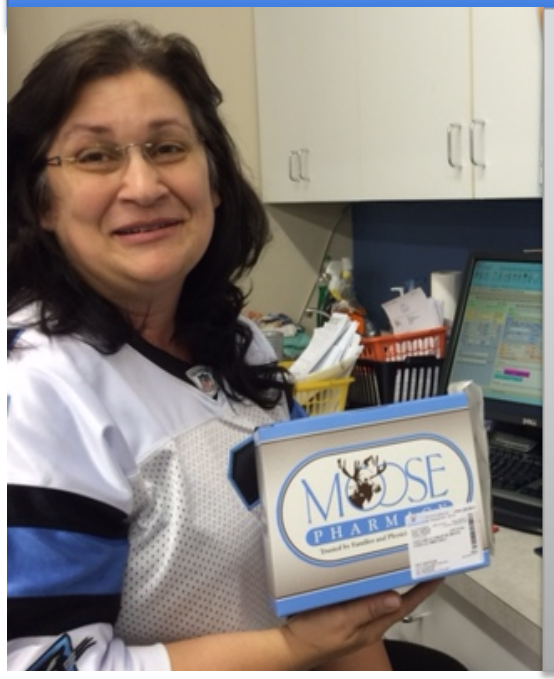
Adherence Program Example Workflow

Adherence Technician

Adherence Technician



Key Responsibilities

- Call patients on monthly basis
- Point of contact for medication changes during the month (Transition of Care)
- Handle Referrals from Provider(s)
- Determine medication lists to be sent to packaging machine

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Scripts for Technician Touch Points

HEART FAILURE:

Yes	**No**	• Do you weigh yourself every morning? → Instruct to weigh themselves every morning before breakfast and after urinating
Yes	**No**	• Have you gained >2 lbs in one day or >5 lbs in a week?
Yes	**No**	• Have you had recent or current swelling of ankles, feet or stomach that becomes worse, even after rest and leg elevation?
Yes	**No**	• Have you had recent or current shortness of breath that won't going away with rest or is worsening?
Yes	**No**	• Do you recently or currently find it harder to walk long distances or exercise than usual?
Yes	**No**	• Have you felt unusually weak or tired lately for no apparent reason?
Yes	**No**	• 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**	• Have you had to take more of your diuretic (water pill) than your normal dose?
Yes	**No**	• 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**	• 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?

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Red – route to pharmacist for review

MONTHLY "CLINICAL" MEDICATION SYNCHRONIZATION CALLS:

N/A	N/A	What new medicines, either prescription or over the counter, have you started taking in the past month?
Yes	No	Have you been to the doctor in the past month? If yes, what doctors did you see? Were any changes made to your medicines? If no, when is your next doctor's appointment? Is it a regular check-up, or have you made the appointment because you are feeling ill?
Yes	No	Have you been to the hospital or emergency department in the past month? If so, why? How are you feeling now? Were any changes made to your medicines? Have you already made those changes to your medicine? Do you have a follow up appointment scheduled with your primary care doctor?
Yes	No	Has the doctor prescribed any medicines that you have not filled? Can you tell me a little bit about why you decided not to fill this medicine?
Yes	No	Did the doctor stop any of your medicines or change the directions or the dose? If yes, ask patient for details about medication changes.
Yes	No	Have you stopped or changed any medicines on your own? If yes, is your doctor aware that you stopped this medicine?
Yes	No	Do you get any prescriptions from other pharmacies? If so, which ones?
N/A	N/A	For medicines that you take only when you need them, such as your _____ [pharmacy staff to give example from the patient's med list - inhalers/creams/etc],

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Scripts for Technician Touch Points

HIGH BLOOD PRESSURE:

Yes	**No**	• Do you check your blood pressure at home? What was the most recent result? Share results with pharmacist if systolic > 140 and/or diastolic > 90
Yes	**No**	• Do you have any recent chest pain or palpitations?
Yes	**No**	• Do you have any recent dizziness or lightheadedness?
Yes	**No**	• Have you had any recent headaches?
Yes	**No**	If patient is taking an ACEi: Do you have any dry cough? If "Yes", what time of day does it occur? o Morning o Afternoon o Evening o Bedtime o All day
Yes	**No**	If patient is taking a diuretic: Do you have any muscle weakness, spasms, or cramping?
Yes	**No**	If patient is taking amlodipine: • Do you have any swelling in the legs or feet?

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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."

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7-10 Days Prior to the Appointment/Sync Date

- 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?

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3-7 Days Prior to the Appointment/Sync Date

- 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

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1-2 Days Prior to the Appointment/Sync Date

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

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Appointment/Sync 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?

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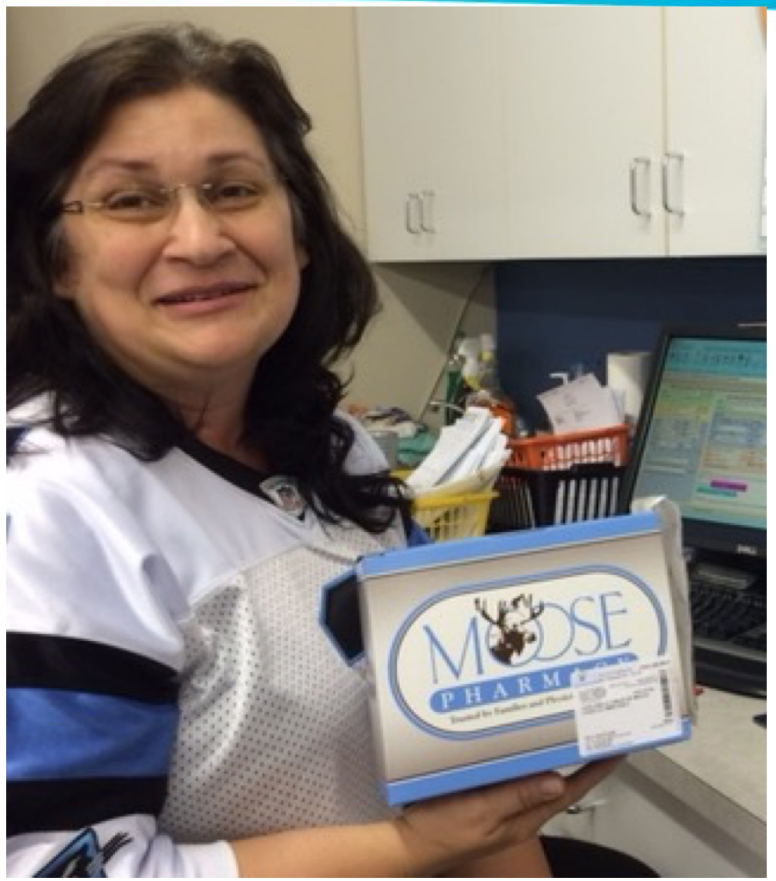
Meet Karrie- Adherence Specialist



"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."

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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

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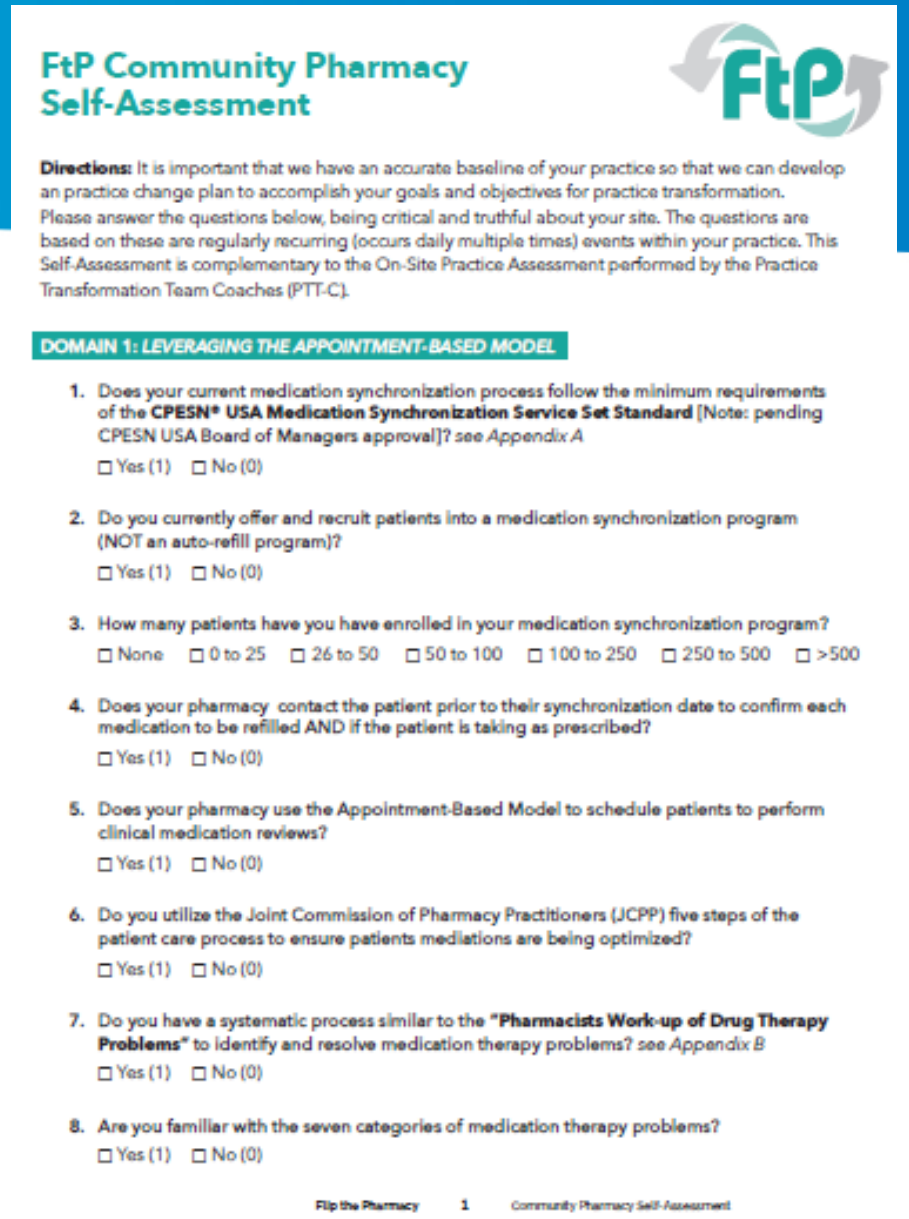
Tips on Implementation

Get a baseline of your current workflow processes – Domain focuses

1. Leveraging the Appointment-Based Model
2. Improving patient follow-up and monitoring
3. Developing new roles for non-pharmacist support staff
4. Optimizing the utilization of technology and electronic care plans
5. Establishing working relationships with other care team members
6. Developing the business model and expressing value



FtP Community Pharmacy Self-Assessment

Directions: It is important that we have an accurate baseline of your practice so that we can develop an practice change plan to accomplish your goals and objectives for practice transformation. Please answer the questions below, being critical and truthful about your site. The questions are based on these are regularly recurring (occurs daily multiple times) events within your practice. This Self-Assessment is complementary to the On-Site Practice Assessment performed by the Practice Transformation Team Coaches (PTT-C).

DOMAIN 1: *LEVERAGING THE APPOINTMENT-BASED MODEL*

1. Does your current medication synchronization process follow the minimum requirements of the **CPESN® USA Medication Synchronization Service Set Standard** [Note: pending CPESN USA Board of Managers approval]? *see Appendix A*
   ☐ Yes (1) ☐ No (0)
2. Do you currently offer and recruit patients into a medication synchronization program (NOT an auto-refill program)?
   ☐ Yes (1) ☐ No (0)
3. How many patients have you have enrolled in your medication synchronization program?
   ☐ None ☐ 0 to 25 ☐ 26 to 50 ☐ 50 to 100 ☐ 100 to 250 ☐ 250 to 500 ☐ >500
4. Does your pharmacy contact the patient prior to their synchronization date to confirm each medication to be refilled AND if the patient is taking as prescribed?
   ☐ Yes (1) ☐ No (0)
5. Does your pharmacy use the Appointment-Based Model to schedule patients to perform clinical medication reviews?
   ☐ Yes (1) ☐ No (0)
6. Do you utilize the Joint Commission of Pharmacy Practitioners (JCPP) five steps of the patient care process to ensure patients mediations are being optimized?
   ☐ Yes (1) ☐ No (0)
7. Do you have a systematic process similar to the **"Pharmacists Work-up of Drug Therapy Problems"** to identify and resolve medication therapy problems? *see Appendix B*
   ☐ Yes (1) ☐ No (0)
8. Are you familiar with the seven categories of medication therapy problems?
   ☐ Yes (1) ☐ No (0)

Get a baseline of your current workflow processes

Create a list of changes that you want to take a place in order to transform your practice

Driving **Change**

What are the biggest changes you want to make at your pharmacy?

Create a list of all the changes you'd like to see happen at your pharmacy. Don't worry about how impossible they may seem or if they are not practical. This is just a spot for you to collect ideas about what you might like to change over the next 24 months.

1 _____

_____

2 _____

_____

3 _____

_____

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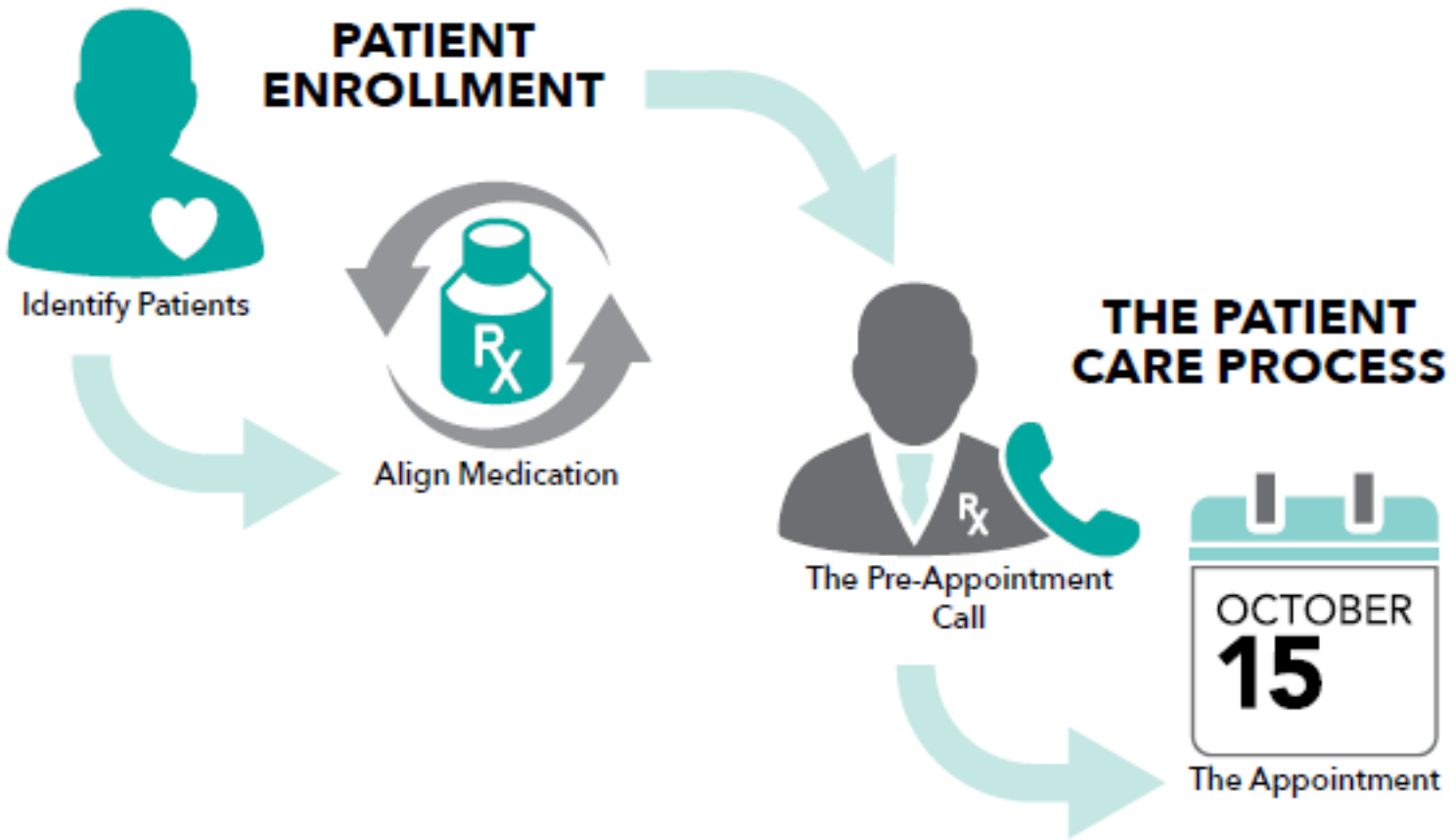

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- Select a medication or class of medications and drive your initial sync processes around a specific disease state like diabetes
- Start with 5 patients on the medication you've selected that have fewer overall prescriptions.
- Identify patients with at least 2 chronic health conditions or 3 chronic condition medications
- Patients that are impacting your Electronic Quality Improvement Platform for Plans and Pharmacies (EQuIPP) scores

Identify Patients

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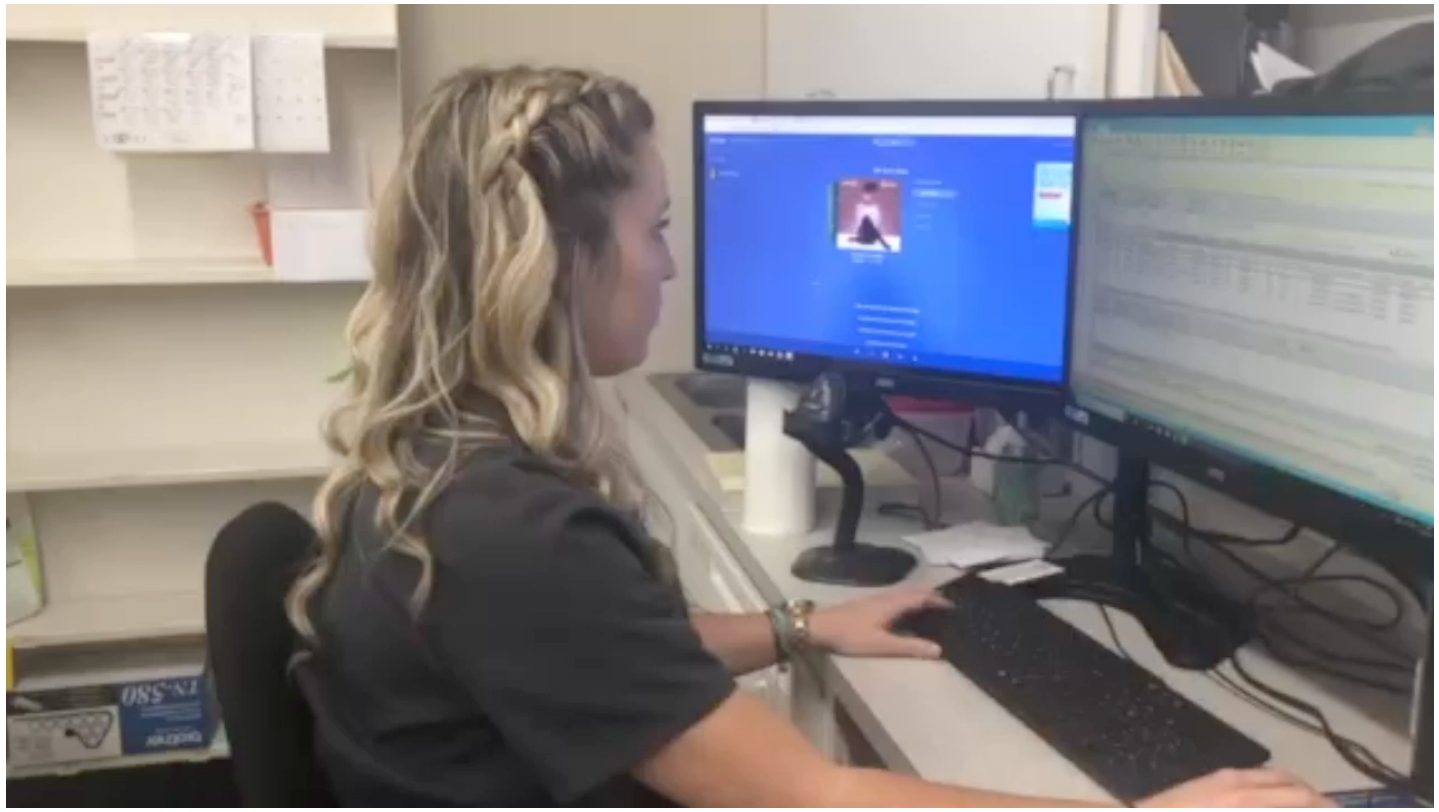
The Sync Process



CPESN Example Workflow

Input Technician

Key Responsibilities

- Assess profile for adherence when processing prescriptions
- Clean up medication lists (discontinue medications)
- Document identified Drug Therapy Problems

Input Technician

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Pharmacy Documentation

1.0 *Technician Tool: Patient Encounter*

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

Patient Encounter Documentation	
Patient Name:	Medication:
DOB:	Rx #:
Drug Therapy Problem Date Identified:_____	**Intervention** Date Resolved:_____
<u>Adherence Issues</u> ☐ Noncompliance with therapeutic regimen ☐ Patient forgets to take medication	☐ Medication synchronization (may be found as synchronization of repeat medication) ☐ Medication regimen compliance education
☐ Medication overuse	☐ Medication education
☐ Patient unable to obtain Medication [Prior Auth]	☐ Insurance authorization
☐ Drug allergy ☐ Adverse Drug Interaction	☐ Discussed with doctor ☐ Recommendation to change medication ☐ Medication interaction education

Immunization Screening Tool

Documentation Form

Instructions: Use this form to document results from the vaccine screening tool. Once this form is completed in its entirety, return it to the collection bin.

Section 1: Patient Information

Section 2: Pharmacy Team Member Information

Your Name: _____ Today's Date: _____

Your Classification: ☐ Clerk ☐ Technician ☐ Intern ☐ Pharmacist

Store: ☐ Concord ☐ Kannapolis ☐ Midland ☐ Mt. Pleasant ☐ Salisbury

Place in workflow where patient was identified as eligible to receive a vaccine: ☐ Data Entry ☐ Filling ☐ Verification ☐ CMR

Section 3: Vaccine Eligibility Information

Column 1 "Screening Tool" indicates the patient is eligible for (select all that apply):	Column 2 FOR PHARMACIST USE – The recommended vaccine is (select all that apply):	Column 3 Patient response to recommendation (select all that apply):	Column 4 Was the vaccine received (select all that apply):	Column 5 If the patient declined our recommendation, select the ONE main reason why they declined:
☐ Zoster (Shingles)	☐ Zostavax	☐ Accepted ☐ Declined ☐ Not Recommended	☐ Received in Store Today ☐ Not Received	☐ Already received in the past ☐ Cost ☐ Inconvenience ☐ Lack of perceived benefit ☐ Other _____
☐ Influenza (Flu)	☐ Fluvirin/Fluzone ☐ Flulaval ☐ Fluzone HD	☐ Accepted ☐ Declined ☐ Not Recommended	☐ Received in Store Today ☐ Not Received	☐ Already received in the past ☐ Cost ☐ Inconvenience ☐ Lack of perceived benefit ☐ Other _____
☐ Pneumococcal Conjugate (Pnuemonia)	☐ Prevnar-13	☐ Accepted ☐ Declined ☐ Not Recommended	☐ Received in Store Today ☐ Not Received	☐ Already received in the past ☐ Cost ☐ Inconvenience ☐ Lack of perceived benefit ☐ Other _____
☐ Pneumococcal Polysaccharide (Pneumonia)	☐ Pneumovax	☐ Accepted ☐ Declined ☐ Not Recommended	☐ Received in Store Today ☐ Not Received	☐ Already received in the past ☐ Cost ☐ Inconvenience ☐ Lack of perceived benefit ☐ Other _____
☐ Tetanus	☐ Tenivac (Td) ☐ Boostrix (Tdap)	☐ Accepted ☐ Declined ☐ Not Recommended	☐ Received in Store Today ☐ Not Received	☐ Already received in the past ☐ Cost ☐ Inconvenience ☐ Lack of perceived benefit ☐ Other _____
☐ Hepatitis B	☐ Engerix-B	☐ Accepted ☐ Declined ☐ Not Recommended	☐ Received in Store Today ☐ Not Received	☐ Already received in the past ☐ Cost ☐ Inconvenience ☐ Lack of perceived benefit ☐ Other _____
☐ Meningococcal (Meningitis)	☐ Menactra	☐ Accepted ☐ Declined ☐ Not Recommended	☐ Received in Store Today ☐ Not Received	☐ Already received in the past ☐ Cost ☐ Inconvenience ☐ Lack of perceived benefit ☐ Other _____
☐ Not eligible to receive any vaccine				

Section 4: Comments

Figure 2. Documentation form.

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Immunization Screening Tool Workflow

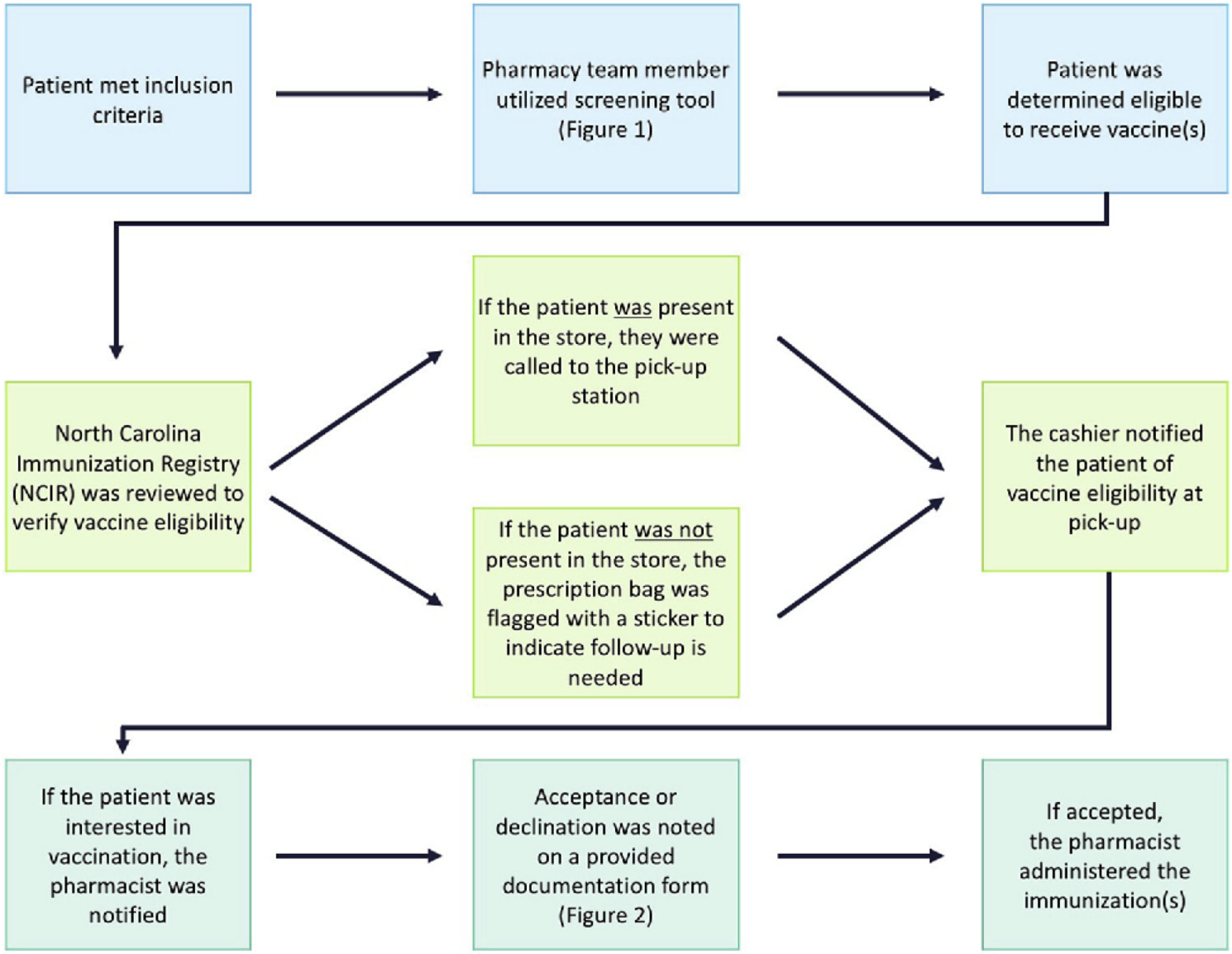

Figure 3. Methods and workflow.

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Immunization Workflow

Patient Requests Vaccine

- Technician/Intern helps with health background questionnaire.
- Technician/Intern retrieves and prints out information from the Immunization Registry.

Patient Completes Questionnaire

- Technician/Intern checks for completeness and gives patient the Vaccine Information Statement.
- Technician/Intern process vaccine. Pharmacist verifies.

Patient Receives Vaccine

- Pharmacist administers the vaccine. Technician/Intern prepare Immunization Record and MD notice for patient
- Pharmacist verifies Immunizations. Record and initials.
- Technician/Intern faxes record to MD and files paperwork

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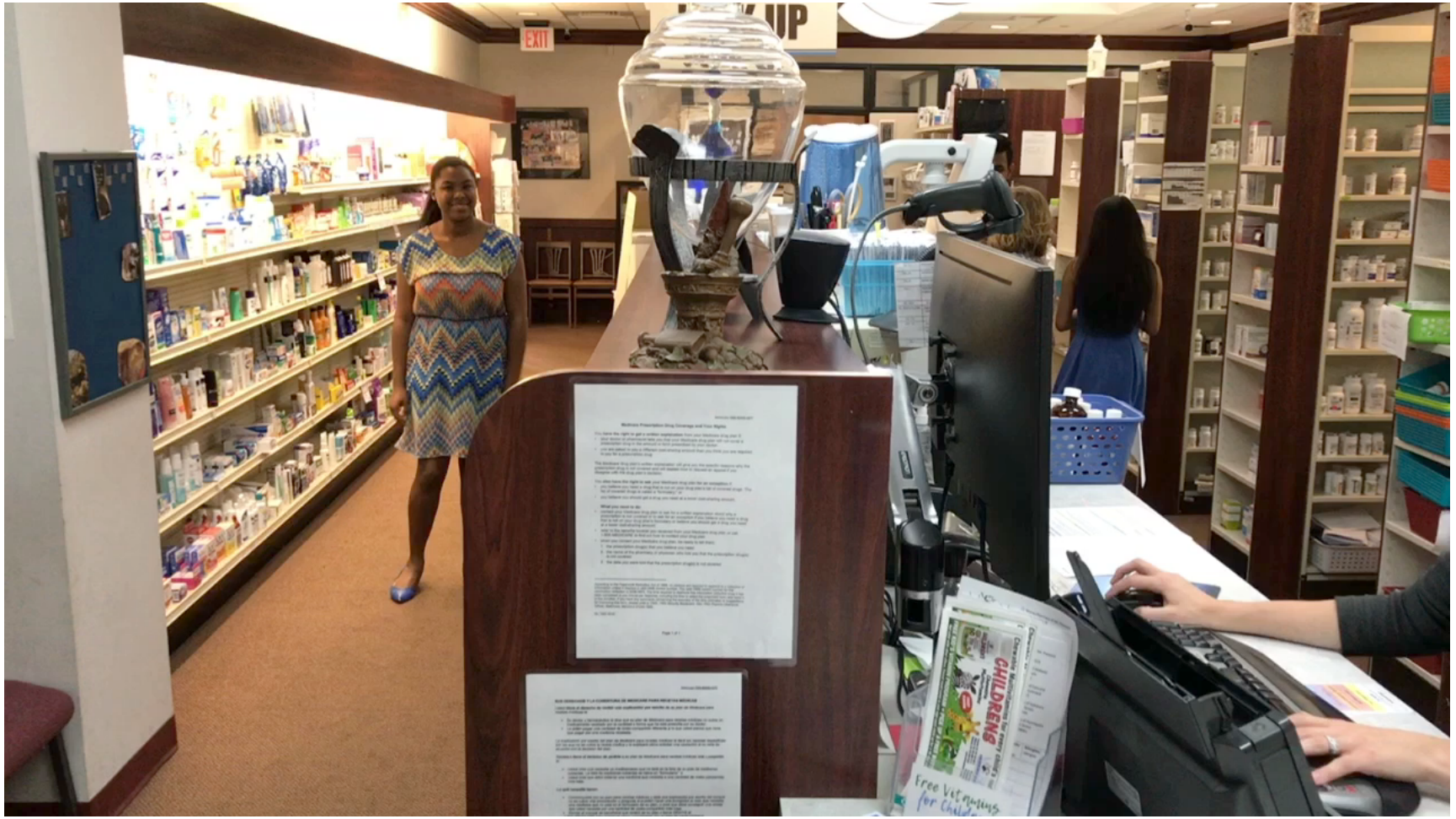
Immunization Workflow at Drop Off



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CPESN Example Workflow

Filling Technician

Key Responsibilities

- Accurately prepare medications for dispensing
- Answer phone
- Identify potential DTPs
- Document identified DTPs
- Maintain accurate counts in inventory

Filling Technician

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Different Expectations of Our Pharmacy Team

If we are going to be different in the marketplace…

…We need to provide services differently

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Pharmacy Example Workflow

Cashier

Key Responsibilities

- Review system flags with patients
- Notify pharmacist to counsel when DTP is identified
- Identify when medications are not picked up and alert pharmacists (especially if patient is enrolled in the adherence program)
- Pull medications not picked up every 10 days

Cashier

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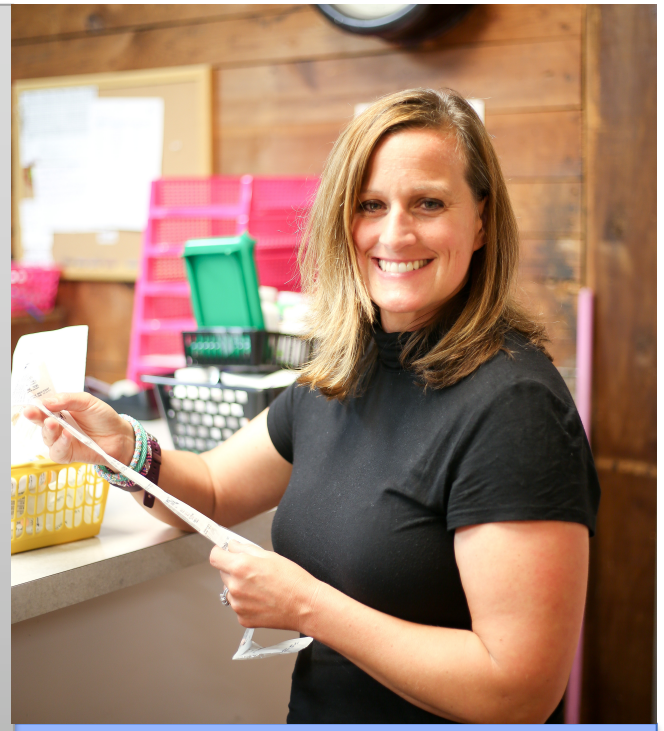
CPESN Example Workflow

Dispensing Pharmacist

Key Responsibilities

- Final verification on all medications
- Review medication history
- Counsel patients
- Maximize encounters with all high-risk patients
- Alert Clinical Pharmacist when in-depth medication review is needed
- Identify DTPs and create care plan
- Resolve medication-related problems through care coordination



Pharmacist

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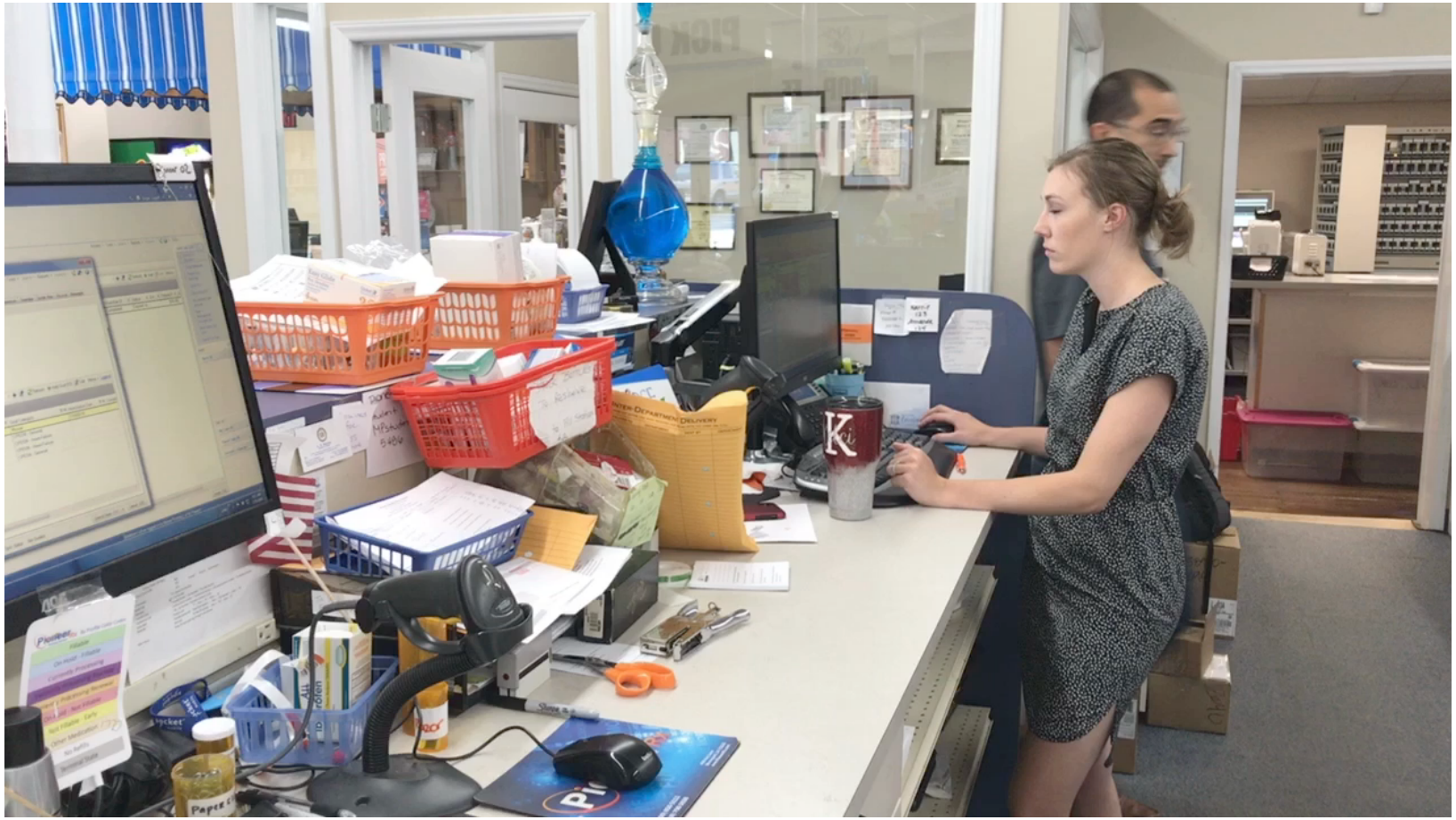
Pharmacist in workflow



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Community Pharmacy Documentation 2.0
Care Planning

What happens when your technician goes to lunch and a patient calls back asking if their medication concern has been resolved?

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Community Pharmacy Documentation 2.0
Care Planning

What happens when your technician goes to lunch and a patient calls back asking if their medication concern has been resolved?

- What actions have been completed to date?
- Where do you check to see progress?
- Does everyone on your team know location to check progress?

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Community Pharmacy Documentation 2.0
Care Planning

What happens when your technician goes to lunch
medic

Or do you ask the patient if the technician can call back upon return from lunch?

- WH
- WH
- Does everyone on your team know location to check progress?

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Opioid Dispensing Best Practices *Starting Point*

1. Monitor patients by using the Prescription Drug Monitoring Programs (PDMP) prior to dispensing any controlled substance.
2. Establish a relationship with your local providers who are prescribing opioid treatment to patients.
3. Naloxone Offered?

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Opioid Dispensing Best Practices *Starting Point*

4. Develop a checklist of questions to ask on each encounter
   - Is this the first time the patient has been prescribed the opioid?
   - What is the intended diagnosis?
   - Is this the right therapy for the intended use?
   - Has the patient been educated on risk vs benefits of starting the therapy
   - MME/day >50
   - Is patient narcotic naive?
   - How many days early or late is the refill request?
   - Has the patient been informed of our narcotic dispensing policy?
   - Does the patient have naloxone on them at the moment?
   - Did we dispense this med at time it was requested?

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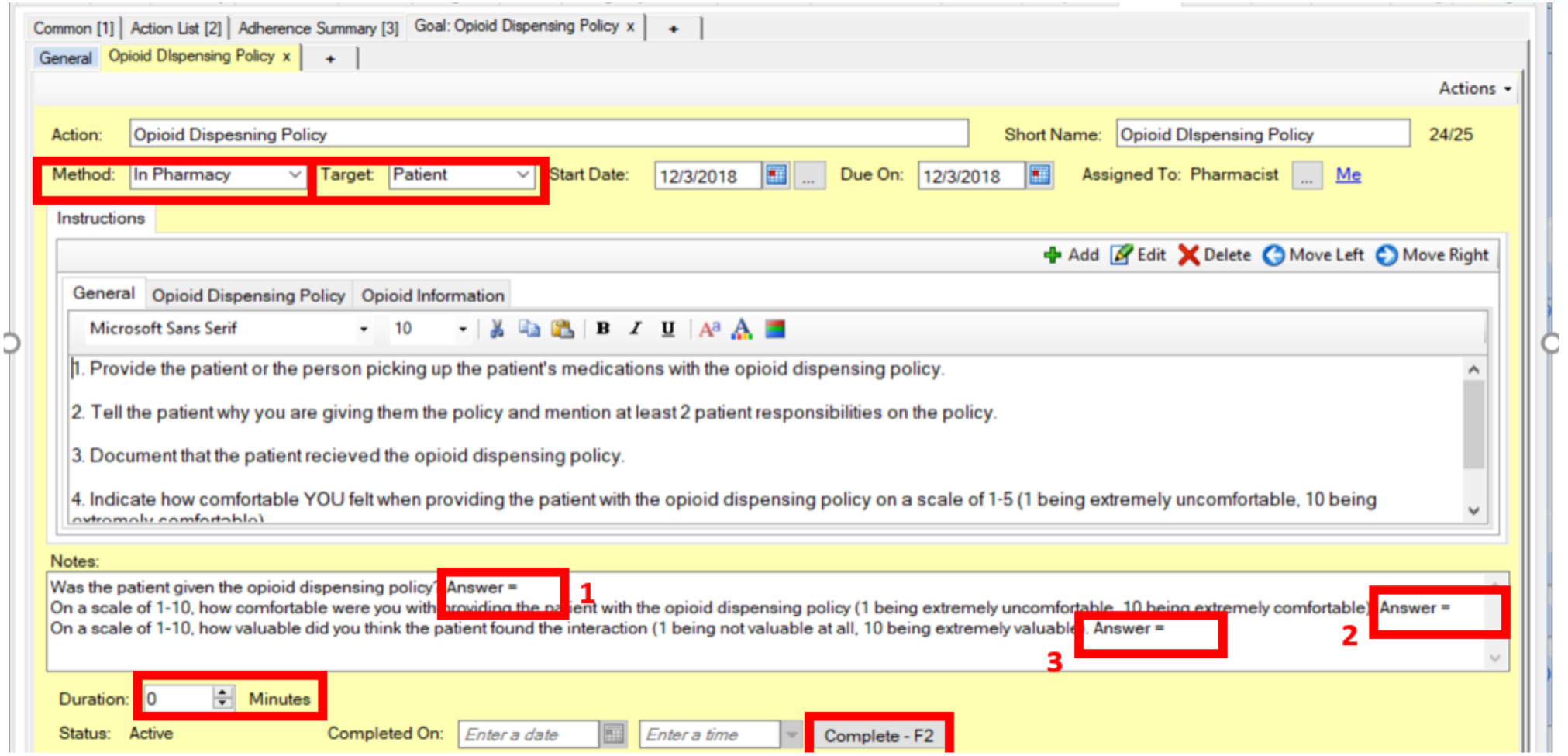
Documenting Opioid Encounters



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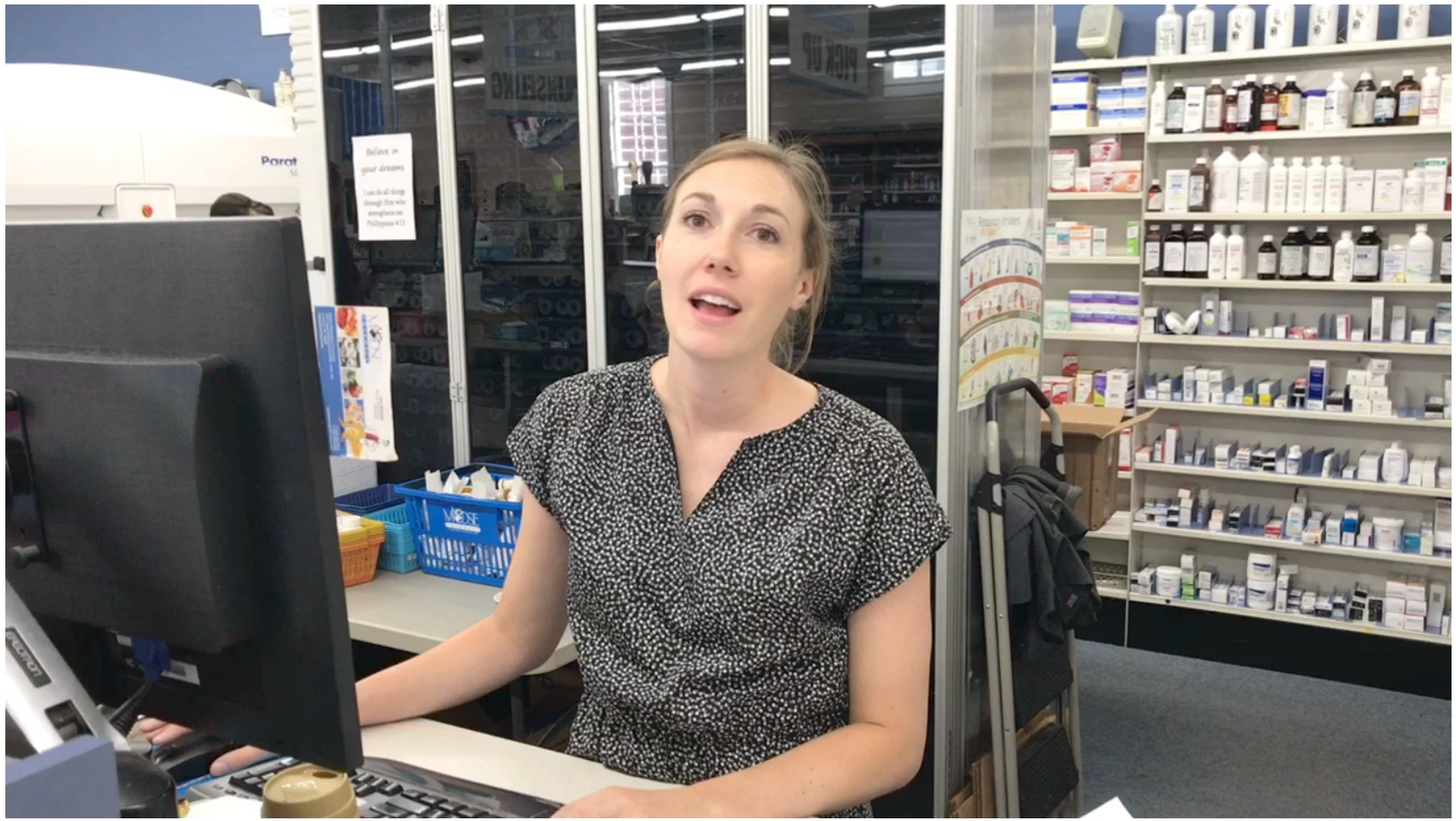
Opioid at Drop Off



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Referral from Provider to Provider

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

SPI#: 6294845865002
State License#:

Phone: 7047866521

Patient Name: [redacted]
Address:

Date Of Birth: [redacted] Gender: Female Phone: [redacted]

Prescriber Order Number: CERN11487028001.S[redacted] RxReference Number:

PRESCRIPTION AS FOLLOWS Written: 10/03/2016

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:

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Not Sure Where to Start?
Review CPESN Service Set Standards

CPESN USA Enhanced Service Set Standard	Personalized Medicatio
Original Implementation Date	December 17, 2018
Revised Date	N/A

Personalized Medication Delivery Service Set Standard

Definition

CPESN USA Enhanced Service Set Standard	Diabetes M Education
Original Implementation Date	December
Revised Date	N/A

Diabetes Management and Education Service Set Standard

CPESN USA Enhanced Service Set Standard	Heart Failure (HF) Management and Education
Original Implementation Date	March 8, 2018
Revised Date	N/A

Heart Failure (HF) Management and Education Service Set Standard

Definition

- Provide collaborative quality patient care for HF patients by providing medication management, care coordination, and intensive follow-up with the goal of decreasing HF hospital readmission.

Description

- The Heart Failure (HF) Management and Education Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer HF Management and Education as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional HF Management and Education standards for their network.

Heart Failure (HF) Management and Education Enhanced Service Set Prerequisites and Services

Prerequisite(s)

- The HF Enhanced Service Provider has a lead pharmacist, lead patient engagement coordinator, and delivery driver, which will

CPESN USA Enhanced Service Set Standard	Behavioral Health Community Pharmacy Care Management (CPCM)
Original Implementation Date	April 18, 2019
Revised Date	N/A

Behavioral Health Community Pharmacy Care Management (CPCM) Service Set Standard

Definition

- Behavioral Health Community Pharmacy Care Management (CPCM) focuses on locally-based services, in which the pharmacy follows the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists' Patient Care Process as defined below in the minimum requirements. Additionally the patient receives enhanced dispensing and distribution services, while focusing on behavioral health conditions.

Description

CPESN USA Enhanced Service Set Standard	Community Pharmacy Care Management (CPCM)
Original Implementation Date	December 17, 2018
Revised Date	N/A

Community Pharmacy Care Management (CPCM) Service Set Standard

Definition

Community Pharmacy Care Management (CPCM) focuses on locally-based services, in which the pharmacy collects information, assesses the patient, develops a patient-specific care plan, implements the care plan, and follows-up with the patient regularly. Additionally the patient receives enhanced dispensing and distribution services.

Description

The Community Pharmacy Care Management (CPCM) Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer CPCM as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional CPCM standards for their network.

CPCM Enhanced Service Set Prerequisites and Services

Prerequisite(s)

Must understand and be able to perform the CPESN pharmacy care management service, which aligns with the JCPP Pharmacists' Care Process. Additionally, must offer enhanced dispensing and distribution services, which include medication synchronization,

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**

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Joe Moose, PharmD
CPESN® USA
jmoose@cpesn.com

joe@moosepharmacy.com

Maximizing Care Plan Opportunities

NCPA Enhanced Services Bootcamp

Cody Clifton, PharmD
Coordinator of Quality Assurance and Best Practices, CPESN USA
Pharmacist, Moose Pharmacy

Objectives

- Define the elements of a care plan that are needed to document patient care interactions.
- Describe strategies for implementing care planning into pharmacy workflow.
- Identify various types of interventions that should be documented in a care plan.

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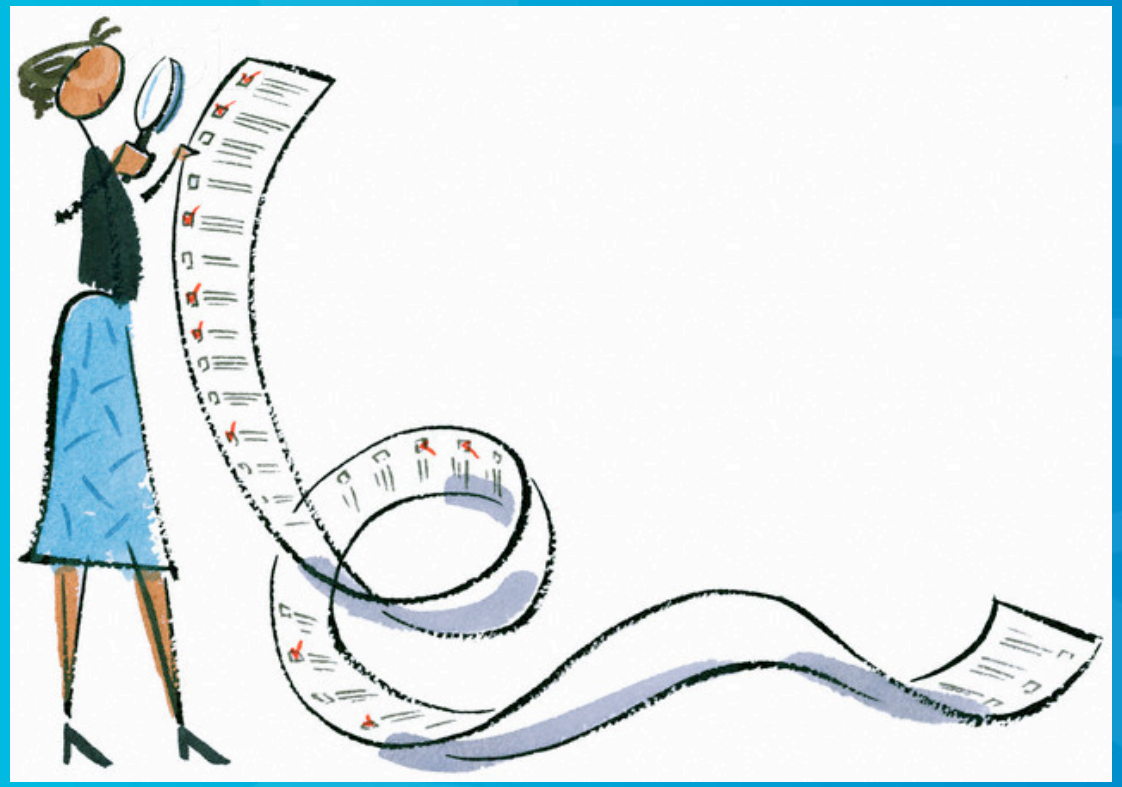
But Why?



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But Why, eCare Plan?

1. Improves Workflows Efficiencies
2. Communication with other health practitioners
3. Provides comprehensive documentation of services – **demonstrating value**
4. Facilitates ability for payers to pay pharmacies differently
5. Allows for Quality Assurance and Improvement

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Patient and Pharmacist Communication

Pharmacy Quality Reports

Care Teams

Pharmacist eCare Plan

Prospective and Retrospective Quality Data

High Performing CPESN Pharmacy

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EHR-Compatible Pharmacist Care Plan Standard Opens the Door to Cross-Setting Data Exchange

September 14, 2018 by Zabrina Gonzaga, R.N., Industry Voice

Pharmacists drive information sharing towards quality improvement

Pharmacists work in multiple environments—community, hospital, long term care, clinics, retail stores, etc.—and consult with other providers to coordinate a patient's care. They work with patients and caregivers to identify goals of medication therapy and interventions needed, and to evaluate patient outcomes. Too often, pharmacy data is trapped in a silo and unavailable to other members of the care team, duplicated manually in disparate systems which increases clinical workloads without adding value.

To address these issues, Lantana Consulting Group and Community Care of North Carolina (CCNC) developed an electronic document standard for pharmacist care plans—the HL7 Pharmacist Care Plan (PhCP). The project was launched by a High Impact Pilot (HIP) grant to Lantana from the Office of the National Coordinator for Health Information Technology (ONC).

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eCare Plan 101

- The Pharmacist eCare Plan is a data repository and transmission standard
- It contains the latest clinical data for a given patient
- It is not a platform
- It is impartial to vendor

  (Can work with any system that has adopted it)
- It is an "open" standard

  (Any system can adopt it; Specifications are published)
- It is not a CPESN USA construct. It is an industry standard.

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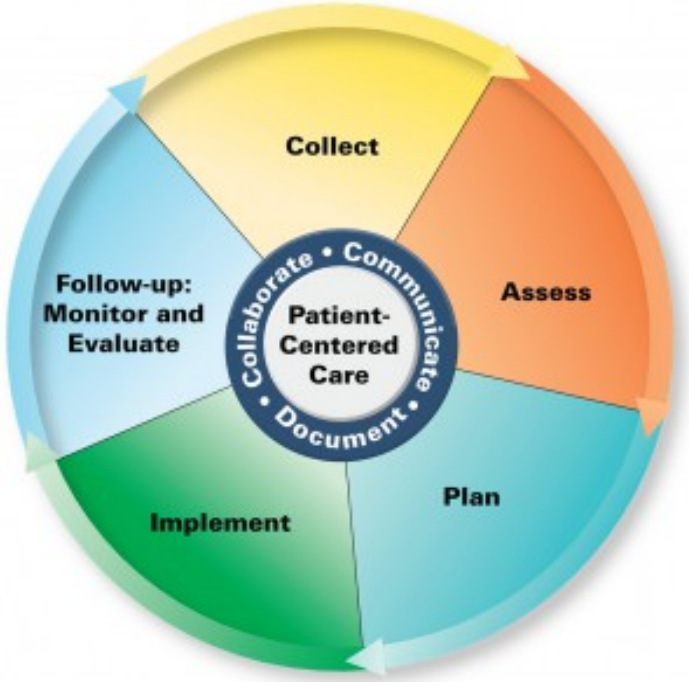
Care Planning vs. Care Plan

- The Care Plan is a tool for assisting pharmacy staff in care planning
  - The Care Plan (eCare Plan Standard) is a noun
  - Care Planning is a verb

- The Pharmacist's Patient Care Process = Workflow Innovation



What is the value of standardized data?

- Data is standardized in part by use of national libraries of codes, such as SNOMED CT
  - Pharmacists are able to provide and document care while the eCare Plan allows the value of the pharmacist's work to be shared with others

- National standards allow care plans to be exchanged with medical providers and care managers → *data-enabled care coordination*

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Basic eCare Plan Functionality

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

Disease State Management

Transitional Care

Comprehensive, Whole-Person Medication Mgmt.

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Advanced 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

*Future state as eCare Plan standard continues to mature

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Care Plans Submissions for CPESN Pharmacies involved with CPESN Northeast Tennessee pilot

Total Number of Care Plans (June-July)	Medication Related Problems	Interventions	Goals
293	**103**	**568**	**122**

475 % increase in # of care plans submitted from care plans submitted between January and April 2019 to those submitted during June and July 2019

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The Need for the eCare Plan Standard

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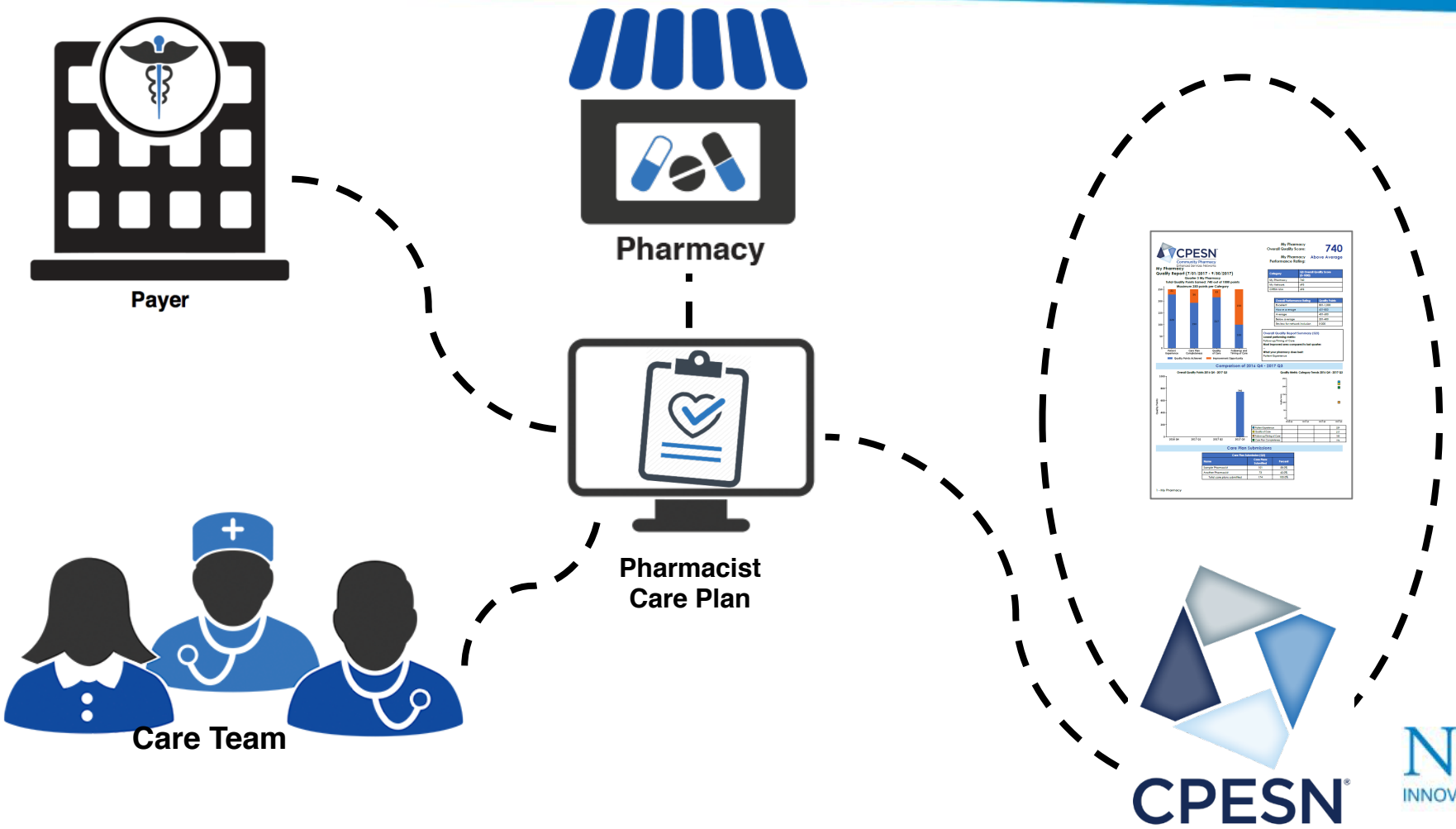
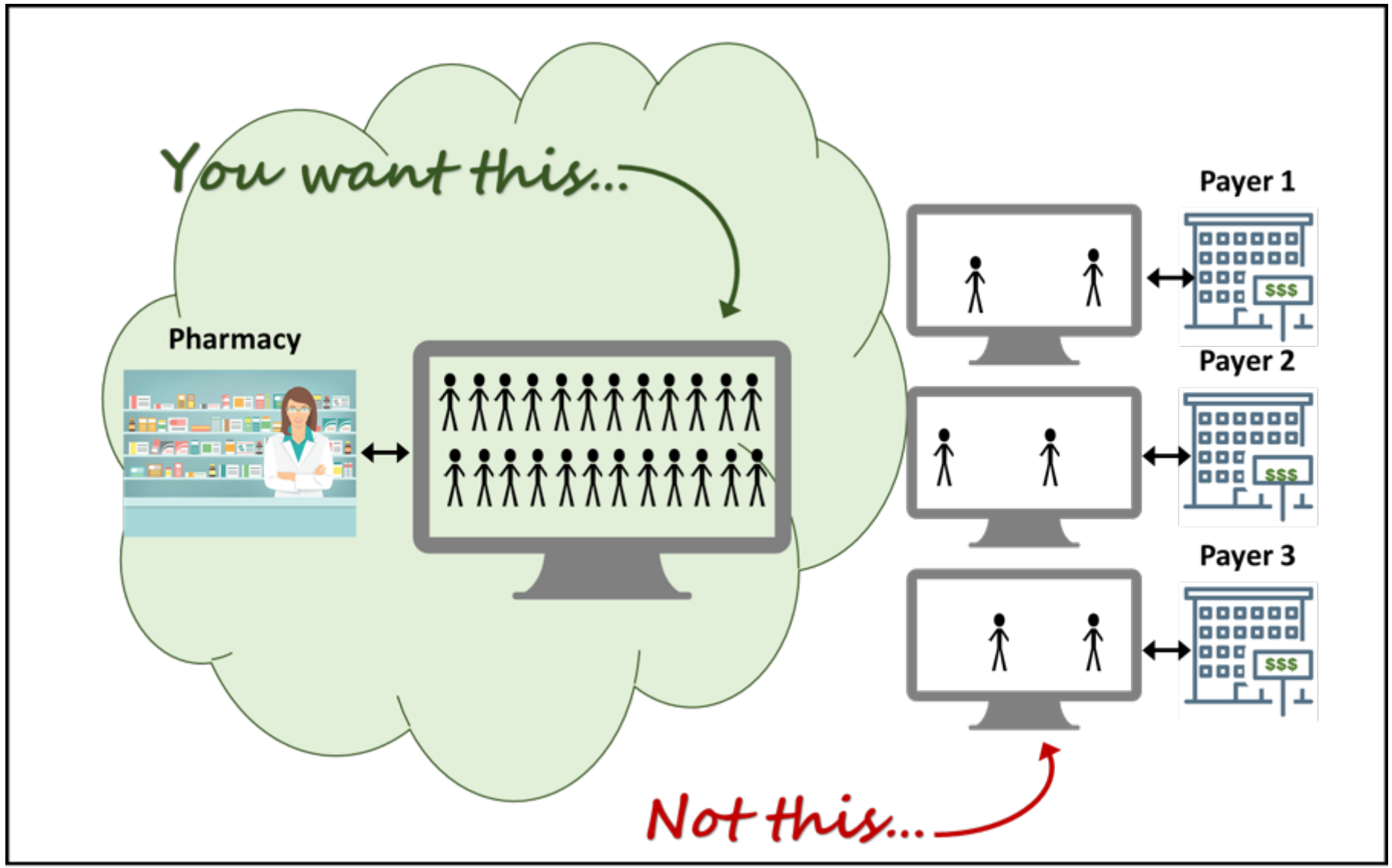
Pharmacist Care Plan is a Key Ingredient





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Why Does CPESN USA Need it?

- Pharmacies can't effectively provided enhanced services without documenting their services
- We need to demonstrate our value to payers so we can differentiate from conventional pharmacies
- It's the law. Clinical integration *requires* data sharing
- It allows you to choose your clinical documentation system

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Documentation via the Pharmacist eCare Plan

- CPESN USA's use of the data is limited to:
  - Quality assurance, quality improvement, & best practices
  - Care coordination
  - Program implementation
  - The owner remains the pharmacy

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Technology Solutions for the eCare Plan Standard

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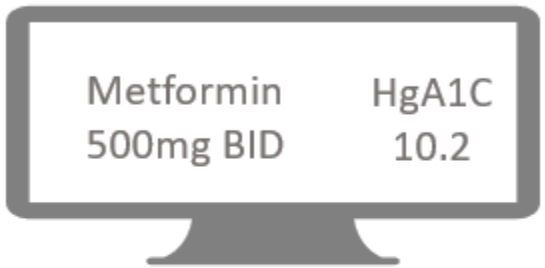
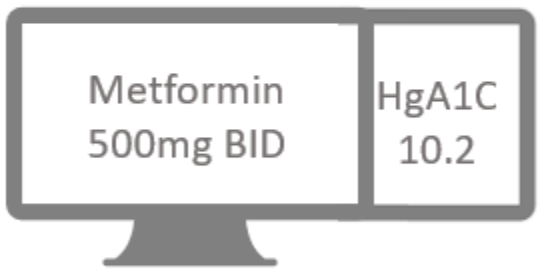
There are three ways to document...



Care Planning
Embedded Within
Dispensing System



Care Planning
Bolted Onto
Dispensing System

Care Planning
Separate From
Dispensing System

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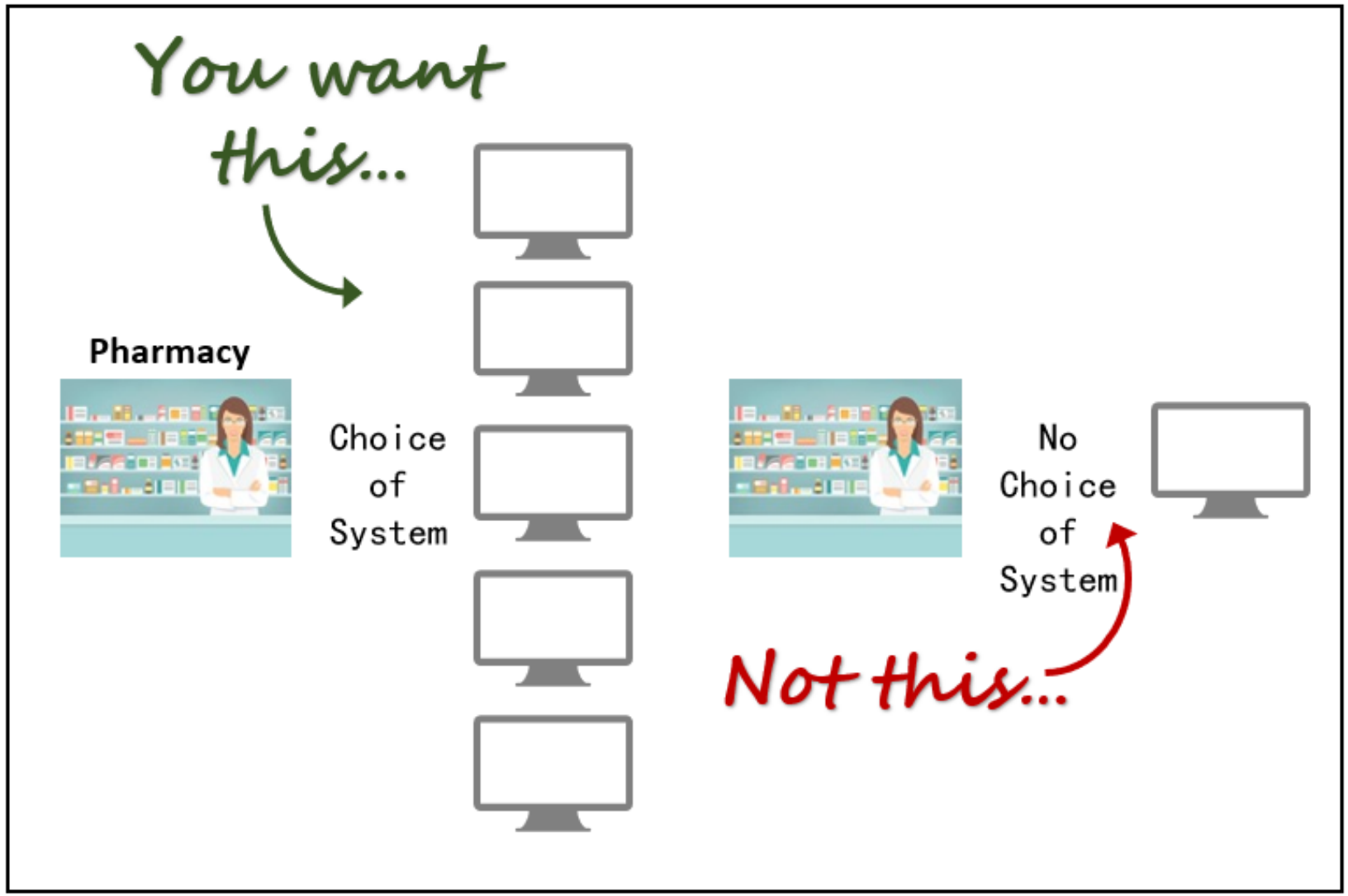

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14 Technology Companies with eCare Plan active in the marketplace

4 Technology Companies with eCare Plan active in the marketplace via integration

Technology Companies building eCare Plan functionality

Cost Effective Computers; Digital Business Solutions; DocStation; Kloudscript; Mobile Mediclaim, Omnicell

Now Where Do I Begin?

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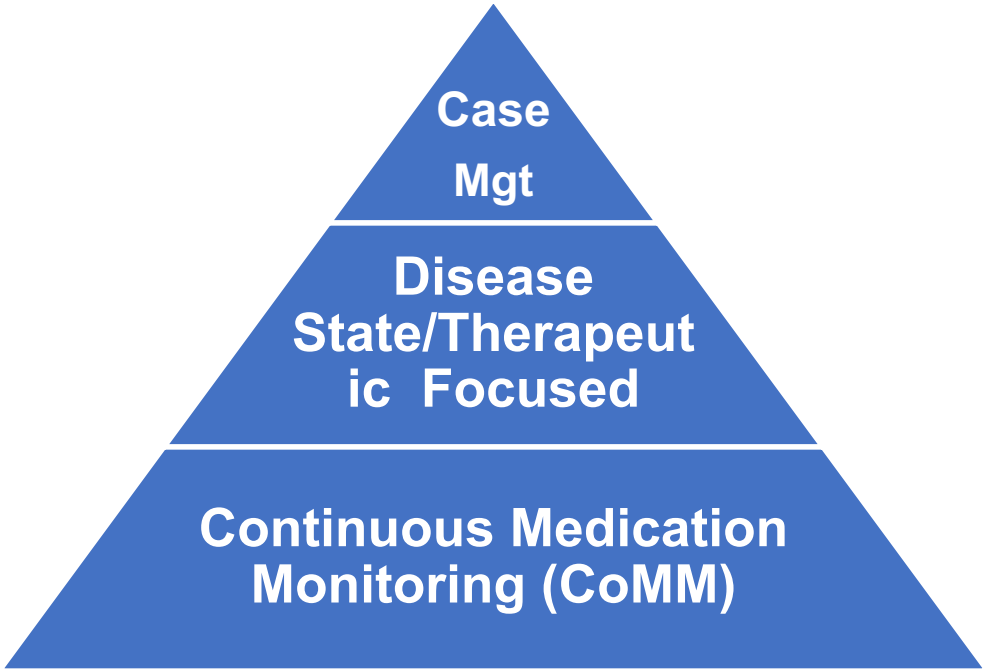
A Tiered Approach to Patient Care

Pyramid Approach



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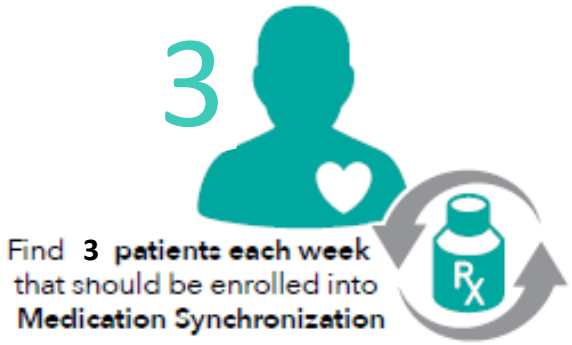
http://www.communitypharmacyfoundation.org/resources/grant_docs/CPFGrantDoc_74861.pdf. Assessed April 24, 2017.
http://www.pharmacytimes.com/publications/directions-in-pharmacy/2015/december2015/impacting-pharmacy-performance-measures-the-need-for-fair-and-reasonable-compensation-for-pharmacists. Assessed April 24, 2017.

Focus on your Med Sync Process for Care Plans

Document patients already enrolled in med sync and/or packaging



Document each of these in an **eCare plan**

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Flip the Pharmacy

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DOMAIN **ONE**

Leveraging the Appointment-Based Model

DOMAIN **TWO**

Improving Patient Follow Up and Monitoring

DOMAIN **THREE**

Developing New Roles for Non-Pharmacist Support Staff

DOMAIN **FOUR**

Optimizing the Utilization of Technology and electronic Care Plans

DOMAIN **FIVE**

Establishing Working Relationships with other Care Team Members

DOMAIN **SIX**

Developing the Business Model and Expressing Value

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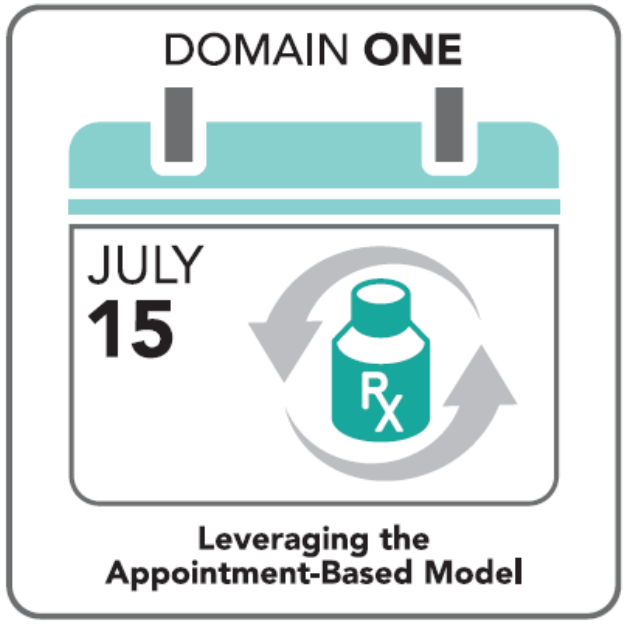
Flip the Pharmacy Change Package

Change Package Includes:

- Quick reflection with pharmacy goals
- Workflow innovation with tools
- Persona & Sample Case

Monthly Change Package
available at www.flipthepharmacy.com

Where to Start with Care Planning



Domain 1: ***Leveraging the Appointment-Based Model*** – Medication Synchronization is at the core of the ABM model, yet what are the patient evaluation, care coordination, and medication use support services that may be efficiency layered alongside the mechanical Medication Synchronization process.

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October Change Package

Goal: Identify nonadherence, enroll patients into medication synchronization, and document the patient encounter

- *within your technology partner for eCare plan*
- *with the goal of following up with the patient next month*

→ Workflow Innovation: Care Planning During Medication Synchronization

→ Tools: Medication Synchronization Pharmacy Assessment, Conversation Starters, Patient Encounter Documentation Form

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October Change Package: Persona and Sample Case

PERSONA #1

French Fry

Identifying issues associated with the patient's drug therapy

DATE OF BIRTH: January 13, 1979
RACE: White
GENDER: Male
OCCUPATION: College Professor
ADDRESS: 241 Cheeseburger Hwy, Pickle Junction, OH 00000
PROBLEM LIST: Hypertension. Overweight (calculated BMI = 29.6)

HISTORY OF PRESENT ILLNESS
Patient was diagnosed one year ago with essential hypertension following complaints of headaches that persisted for several days. His blood pressure at the clinic was 195/105. He was started on hydrochlorothiazide (HTCZ) 12.5 mg and eventually lisinopril was added. He is currently taking a lisinopril/HCTZ 20/12.5 combination tablet–2 tablets every day. Amlodipine 5 mg every day and Potassium Chloride 20 mEq–2 tablets every day have been added.

PAST MEDICAL HISTORY
Right ankle–torn ligaments–multiple episodes, Left knee–torn meniscus X 3, hypokalemic

ACTIVE MEDICATIONS
Lisinopril/HCTZ 20/12.5–2 tablets every morning, Amlodipine 5 mg every morning, Potassium Chloride 20 mEQ–2 tablets every morning.
Prescriber: Coach Well, MD

FILL HISTORY
HCTZ 12.5–discontinued after 3 months. Due to uncontrolled hypertension–started on combination tablet of lisinopril 20/12.5 every day and was titrated to 2 tablets every morning. One month later added amlodipine 5 mg every day after physician visit due to therapeutic goals not achieved. Blood work at this visit demonstrated that he was hypokalemic–also started potassium chloride 20 mEq–2 tablets every morning.

ALLERGIES
- Penicillin

SOCIAL HISTORY
FF works as a college professor. He has never smoked and, on average, has 2 alcoholic drinks/week. He doesn't exercise and admits little physical activity.

VITAL SIGNS AND LABS
- **Vital signs:** Not measured
- **Renal:** Blood work was completed, but not requested so unaware of lab results
- **Basic metabolic panel:** completed (pharmacist unaware of results)

MEDICATION RELATED PROBLEM(S)
FF presents to the pharmacy today to refill his lisinopril/HCTZ 20/12.5 tablets. **Pharmacy management system indicates that he is approximately 15 days late filling this medication. Further review indicates that he fills his amlodipine and potassium chloride tablets on different days and that FF doesn't seem to be consistent with the timing and frequency of refills with these medications as well.**

INTERVENTION(S) AND EDUCATION (RECOMMENDATIONS)
Emphasizing importance of adhering to medications to achieve therapeutic goals. **Recommend Medication Synchronization to get all refills synced up on the same date to reduce patient inconvenience coming to pharmacy multiple times. Also, provide clinical monitoring and patient follow-up utilizing an appointment-based model tied to the synchronization process.**

GOAL
Improved adherence: Set a reminder alarm on cell phone to take medications every day. Overall goal is controlled blood pressure (<120/<80 mmHg).

MONITORING PLAN AND FOLLOW-UP
Sync date selected. Patient will be called 5 days in advance of medication pick-up to address any changes/patient complaints/concerns/medication issues.

October Change Package: Persona and Sample Case

PERSONA #1

French Fry

Identifying issues associated with the patient's drug therapy

DATE OF BIRTH: January 13, 1979
RACE: White
GENDER: Male
OCCUPATION: College Professor
ADDRESS: 241 Cheeseburger Hwy, Pickle Junction, OH 00000
PROBLEM LIST: Hypertension. Overweight (calculated BMI = 29.4)

HISTORY OF PRESENT ILLNESS
Patient was diagnosed one year ago with essential hypertension following complaints of headaches that persisted for several days. His blood pressure at the clinic was 195/105. He was started on hydrochlorothiazide (HTCZ) 12.5 mg and eventually lisinopril was added. He is currently taking a lisinopril/HCTZ 20/12.5 combination tablet--2 tablets every day. Amlodipine 5 mg every day and Potassium Chloride 20 mEq--2 tablets every day have been added.

PAST MEDICAL HISTORY
Right ankle--torn ligaments--multiple episodes, Left knee--torn meniscus X 3, hypokalemic

ACTIVE MEDICATIONS
Lisinopril/HCTZ 20/12.5--2 tablets every morning,
Amlodipine 5 mg every morning, Potassium Chloride 20 mEQ--2 tablets every morning.
Prescriber: Coach Well, MD

FILL HISTORY
HCTZ 12.5--discontinued after 3 months. Due to uncontrolled hypertension--started on combination tablet of lisinopril 20/12.5 every day and was titrated to 2 tablets every morning. One month later added amlodipine 5 mg every day after physician visit due to therapeutic goals not achieved. Blood work at this visit demonstrated that he was hypokalaemic--also started potassium chloride 20 mEq--2 tablets every morning.

ALLERGIES
- Penicillin

SOCIAL HISTORY
FF works as a college professor. He has never smoked and, on average, has 2 alcoholic drinks/week. He doesn't exercise and admits little physical activity.

VITAL SIGNS AND LABS
- **Vital signs:** Not measured
- **Renal:** Blood work was completed, but not requested so unaware of lab results
- **Basic metabolic panel:** completed (pharmacist unaware of results)

MEDICATION RELATED PROBLEM'S)
FF presents to the pharmacy today to refill his lisinopril/HCTZ 20/12.5 tablets. Pharmacy management system indicates that he is approximately 15 days late filling this medication. Further review indicates that he fills his amlodipine and potassium chloride tablets on different days and that FF doesn't seem to be consistent with the timing and frequency of refills with these medications as well.

INTERVENTION(S) AND EDUCATION (RECOMMENDATIONS)
Emphasizing importance of adhering to medications to achieve therapeutic goals. Recommend Medication Synchronization to get all refills synced up on the same date to reduce patient inconvenience coming to pharmacy multiple times. Also, provide clinical monitoring and patient follow-up utilizing an appointment-based model tied to the synchronization process.

GOAL
Improved adherence: Set a reminder alarm on cell phone to take medications every day. Overall goal is controlled blood pressure (<120/<80 mmHg).

MONITORING PLAN AND FOLLOW-UP
Sync date selected. Patient will be called 5 days in advance of medication pick-up to address any changes/patient complaints/concerns/medication issues.

Sample Care Plan Case for Documentation

French Fry presents to your pharmacy and wants a refill on lisinopril/hctz 20/12.5 mg. This prescription is 15 days late, so nonadherence appears to be an issue. After reviewing the patient profile and talking with FF, nonadherence is confirmed. FF is about 15 days late filling lisinopril/hctz 20/12.5 mg. Amlodipine and potassium are filled on different days. FF doesn't seem to be consistent with timing and frequency of refills. FF agrees to enroll in your Medication Synchronization program. FF is being enrolled into our sync program and we will be aligning his medication fills on the same day each month with follow-up calls at least 5 days prior to next refills. The pharmacist helps the patient set a reminder alarm on cell phone to take medications every day.

Patient Demographics:
Patient First Name: French
Address: 241 Cheeseburger Hwy
Phone: 919-555-5555
ies: Penicillin
formation:
Wellness, MD
mg

Patient Last Name: Fry
City: Pickle Junction
State: OH
Patient DOB: 1/13/79
Zip: 00000
Address: 222 Healthy Shores Ln, Pickle Junction, OH 00000
NPI Number: 1234567890

Directions	Prescriber
2 tablets every morning	Coach Wellness, MD
1 tablet every morning	Coach Wellness, MD
lets every morning	Coach Wellness, MD

ntions:
(SNOMED CT: 129834002)
opril/hctz 20/12.5 mg, Amlodipine and
m to be consistent with timing and
ation of repeat medication
our sync program and we will be aligning his
nth with follow-up calls at least 5 days prior to
n cell phone to take medications every day

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PERSONA #1

French Fry

Identifying issues associated with the patient's drug therapy

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RACE: White
GENDER: Male
OCCUPATION: College Professor
ADDRESS: 241 Cheeseburger Hwy, Pickle Junction, OH 00000
PROBLEM LIST: Hypertension. Overweight (calculated BMI = 29.6)

HISTORY OF PRESENT ILLNESS

Patient was diagnosed one year ago with essential hypertension following complaints of headaches that persisted for several days. His blood pressure at the clinic was 195/105. He was started on hydrochlorothiazide (HTCZ) 12.5 mg and eventually lisinopril was added. He is currently taking a lisinopril/HCTZ 20/12.5 combination tablet–2 tablets every day. Amlodipine 5 mg every day and Potassium Chloride 20 mEq–2 tablets every day have been added.

PAST MEDICAL HISTORY

Right ankle–torn ligaments–multiple episodes, Left knee–torn meniscus X 3, hypokalemic

ACTIVE MEDICATIONS

Lisinopril/HCTZ 20/12.5–2 tablets every morning, Amlodipine 5 mg every morning, Potassium Chloride 20 mEQ–2 tablets every morning.

Prescriber: Coach Well, MD

FILL HISTORY

HCTZ 12.5–discontinued after 3 months. Due to uncontrolled hypertension–started on combination tablet of lisinopril 20/12.5 every day and was titrated to 2 tablets every morning. One month later added amlodipine 5 mg every day after physician visit due to therapeutic goals not achieved. Blood work at this visit demonstrated that he was hypokalemic–also started potassium chloride 20 mEq–2 tablets every morning.

ALLERGIES

- Penicillin

SOCIAL HISTORY

FF works as a college professor. He has never smoked and, on average, has 2 alcoholic drinks/week. He doesn't exercise and admits little physical activity.

VITAL SIGNS AND LABS

- **Vital signs:** Not measured
- **Renal:** Blood work was completed, but not requested so unaware of lab results
- **Basic metabolic panel:** completed (pharmacist unaware of results)

MEDICATION RELATED PROBLEM(S)

FF presents to the pharmacy today to refill his lisinopril/HCTZ 20/12.5 tablets. **Pharmacy management system indicates that he is approximately 15 days late filling this medication. Further review indicates that he fills his amlodipine and potassium chloride tablets on different days and that FF doesn't seem to be consistent with the timing and frequency of refills with these medications as well.**

INTERVENTION(S) AND EDUCATION (RECOMMENDATIONS)

Emphasizing importance of adhering to medications to achieve therapeutic goals. **Recommend Medication Synchronization to get all refills synced up on the same date to reduce patient inconvenience coming to pharmacy multiple times. Also, provide clinical monitoring and patient follow-up utilizing an appointment-based model tied to the synchronization process.**

GOAL

Improved adherence: Set a reminder alarm on cell phone to take medications every day. Overall goal is controlled blood pressure (<120/<80 mmHg).

MONITORING PLAN AND FOLLOW-UP

Sync date selected. Patient will be called 5 days in advance of medication pick-up to address any changes/patient complaints/concerns/medication issues.

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Sample Care Plan Case
for Documentation

French Fry presents to your pharmacy and wants a refill on lisinopril/hctz 20/12.5 mg. This prescription is 15 days late, so nonadherence appears to be an issue. After reviewing the patient profile and talking with FF, nonadherence is confirmed. FF is about 15 days late filling lisinopril/hctz 20/12.5 mg. Amlodipine and potassium are filled on different days. FF doesn't seem to be consistent with timing and frequency of refills. FF agrees to enroll in your Medication Synchronization program. FF is being enrolled into our sync program and we will be aligning his medication fills on the same day each month with follow-up calls at least 5 days prior to next refills. The pharmacist helps the patient set a reminder alarm on cell phone to take medications every day.

Patient Demographics:

Patient First Name: French **Patient Last Name:** Fry **Patient DOB:** 1/13/79

Address: 241 Cheeseburger Hwy **City:** Pickle Junction **State:** OH **Zip:** 00000

Phone: 919-555-5555

Allergies: Penicillin

Prescriber Information:

Name: Coach Wellness, MD **Address:** 222 Healthy Shores Ln, Pickle Junction, OH 00000

Phone: 999-999-9999 **NPI Number:** 1234567890

Active Medication List:

Medication Name	Directions	Prescriber
Lisinopril/HCTZ 20/12.5 mg	2 tablets every morning	Coach Wellness, MD
Amlodipine 5 mg	1 tablet every morning	Coach Wellness, MD
Potassium Chloride 20 mEQ	2 tablets every morning	Coach Wellness, MD

Medication Related Problems (MRPs) and Interventions:

- **MRP:** Noncompliance with medication regimen (SNOMED CT: 129834002)
  - **MRP Note:** Patient is about 15 days late filling lisinopril/hctz 20/12.5 mg. Amlodipine and potassium are filled on different days. FF doesn't seem to be consistent with timing and frequency of refills.
- **Intervention:** Medication synchronization/synchronization of repeat medication (SNOMED CT: 415693003)
  - **Intervention Note:** FF is being enrolled into our sync program and we will be aligning his medication fills on the same day each month with follow-up calls at least 5 days prior to next refills."

Goals (Free-Text):

1. **Goal Note:** Set a reminder alarm on cell phone to take medications every day

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Month 1 – Initial Encounter

Medication Related Problems (MRPs) and Interventions:

- **MRP:** Noncompliance with medication regimen (SNOMED CT: 129834002)
  - **MRP Note:** Patient is about 15 days late filling lisinopril/hctz 20/12.5 mg. Amlodipine and potassium are filled on different days. FF doesn't seem to be consistent with timing and frequency of refills.
- **Intervention:** Medication synchronization/synchronization of repeat medication (SNOMED CT: 415693003)
  - **Intervention Note:** FF is being enrolled into our sync program and we will be aligning his medication fills on the same day each month with follow-up calls at least 5 days prior to next refills."

Goals (Free-Text):

1. **Goal Note:** Set a reminder alarm on cell phone to take medications every day

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Month 2 – Follow-up Encounter

Medication Related Problems (MRPs) and Interventions:

- **MRP (10/15/19):** Noncompliance with medication regimen (SNOMED CT: 129834002) – **(status: COMPLETE)**
  - **MRP Note**: Patient is about 15 days late filling lisinopril/hctz 20/12.5 mg. Amlodipine and potassium are filled on different days. FF doesn't seem to be consistent with timing and frequency of refills.
- **Intervention (10/15/19):** Medication synchronization/synchronization of repeat medication (SNOMED CT: 415693003) – **(status: COMPLETE)**
  - **Intervention Note**: FF is being enrolled into our sync program and we will be aligning his medication fills on the same day each month with follow-up calls at least 5 days prior to next refills.
- **MRP (11/11/19):** Deficient knowledge of disease process (SNOMED CT: 129864005)
  - **MRP Note:** FF states that he does not know what his blood pressure (BP) goal is, and FF has not been monitoring his BP at home because he does not have a device.
- **Intervention (11/11/19):** Recommendation to monitor physiologic parameters (SNOMED CT: 432371000124100)
  - **Intervention Note:** After further discussion and education, FF likes the idea of self-monitoring his BP at home. FF states he wants to purchase a BP monitoring device and wants it delivered with his medications. The pharmacist asked if he would be willing to come into the pharmacy to get his BP checked, but he says he doesn't have time this month. FF states that he will come into the pharmacy next month to get his BP measured when he picks up his December medication fills, and he will bring in his BP log from November.

Goals (Free-Text):

1. **Goal Note (10/15/19):** Set a reminder alarm on cell phone to take medications every day – **(status: COMPLETE)**
2. **Goal Note (11/11/19):** Monitor BP at least 3 different times/week and record on provided paper. Overall goal is for readings to be <130/<90 mmHg

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Month 2 – Follow-up Encounter

Medication Related Problems (MRPs) and Interventions:

- **MRP (10/15/19):** Noncompliance with medication regimen (SNOMED CT: 129834002) – **(status: COMPLETE)**
  - **MRP Note**: Patient is about 15 days late filling lisinopril/hctz 20/12.5 mg. Amlodipine and potassium are filled on different days. FF doesn't seem to be consistent with timing and frequency of refills.
- **Intervention (10/15/19):** Medication synchronization/synchronization of repeat medication (SNOMED CT: 415693003) – **(status: COMPLETE)**
  - **Intervention Note**: FF is being enrolled into our sync program and we will be aligning his medication fills on the same day each month with follow-up calls at least 5 days prior to next refills.
- **MRP (11/11/19):** Deficient knowledge of disease process (SNOMED CT: 129864005)
  - **MRP Note:** FF states that he does not know what his blood pressure (BP) goal is, and FF has not been monitoring his BP at home because he does not have a device.
- **Intervention (11/11/19):** Recommendation to monitor physiologic parameters (SNOMED CT: 432371000124100)
  - **Intervention Note:** After further discussion and education, FF likes the idea of self-monitoring his BP at home. FF states he wants to purchase a BP monitoring device and wants it delivered with his medications. The pharmacist asked if he would be willing to come into the pharmacy to get his BP checked, but he says he doesn't have time this month. FF states that he will come into the pharmacy next month to get his BP measured when he picks up his December medication fills, and he will bring in his BP log from November.

Goals (Free-Text):

1. **Goal Note (10/15/19):** Set a reminder alarm on cell phone to take medications every day – **(status: COMPLETE)**
2. **Goal Note (11/11/19):** Monitor BP at least 3 different times/week and record on provided paper. Overall goal is for readings to be <130/<90 mmHg

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MEDICATION RELATED PROBLEM (MRP): Check the problem that you identify for a patient and put the date that this problem was identified

To the right of each row, common interventions are listed for the MRP

Patient Encounter Documentation Form

Patient Name: French Fry	**Medication:** lisinopril/hctz 20/12.5 mg
DOB: 1/13/79	**Rx #:** 123456
Medication Related Problem Date Identified: 9/30/19	**Intervention** Date Resolved: 9/30/19
☑ Noncompliance with medication regimen	☑ Medication synchronization or synchronization of repeat medication

Goal: Set a reminder alarm on cell phone to take medications every day

GOAL: Free text format that is a goal the patient wants to focus on achieving. Could be different for each patient

INTERVENTION: Select a resolution (AKA intervention) to the MRP that you identified

Put the date the MRP was resolved. This may or may not be the same date as the MRP was identified

You may select one or more of these interventions for the MRP

There may be other interventions that are applicable to the MRP, but were not listed for simplicity purposes

There could be instances that you have an intervention but not necessarily a MRP

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Putting It All Together

NCPA Enhanced Services Bootcamp

Cody Clifton, PharmD
Coordinator of Quality Assurance and Best Practices, CPESN USA
Pharmacist, Moose Pharmacy

Objectives

- Identify components that should be documented in a care plan.
- Develop a sustainable plan of action to increase documentation in a pharmacy workflow.

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How to Get Started with Care Planning

1. Pick one type of intervention to focus on (administration of immunizations, side effects, recommendations to MDs, med sync or packaging, etc.)
2. Create a mini care plan for each of your pharmacy's patients receiving that service
3. Capture on paper at first (for electronic documentation later), then slowly work toward electronic documentation in workflow

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How to Work Care Plan Documentation into Monthly Sync Calls

- Month 1: Document that the patient is enrolled in medication synchronization
  - Intervention: Medication Synchronization

- Following Months: Document that the patient receiving monthly follow-up
  - Intervention: Medication Monitoring (OR) Medication Reconciliation

- When comfortable, begin documenting additional Medication Relations Problems and Interventions

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How to Get Started with eCare Plan

1. Identify your 3-5 most complex, high risk patients in your pharmacy
    - Patients with frequent ED visits or hospitalizations
    - Patients in your sync program whose medications are frequently changing month to month
    - Patients with many different prescribers involved in their care
2. Recruit those patients into your sync program, if not already in it
3. Each month with sync process, begin asking the patient questions about their disease state control in addition to regular sync questions

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How to Get Started with eCare Plan (cont.)

3. Each month with sync process, begin asking the patient questions about their disease state control in addition to regular sync questions
    A. Have you been to the hospital, urgent care, or emergency department in the past month?
    B. For patients with certain medical conditions:
        - *Diabetes* – What was your highest blood sugar in the past week? What was your lowest blood sugar in the past week?
        - *Heart Failure* – How often do you weigh yourself? What was your most recentweight?
        - *Asthma* – How often are you using your rescue inhaler?

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How to Get Started with eCare Plan (cont.)

4. By asking questions during sync calls, you wil inevitably find drug therapy problems and identify that one or more interventions are needed to resolve them
5. Update the care plan with each sync fill
6. Slowly take it to the next level
    - Notes from coordinating care with other health care providers
    - Patient's goals for his/her own health
7. Over time, add more patients

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Health Condition Specific Questions

www.ncpanet.org/ic

Hypertension Follow up Guide

Patient Name:_____ DOB:_____Today's Date: _____

At each medication pick up, assess:

1. In the past 14 days, how many days have you missed at least one dose of any medication?

2. Are you having any issues with your medications?

3. What target goal blood pressure did your doctor tell you?

4. How often are you monitoring your BP? Do you write your measurements down?

5. How often do you consume foods high in sodium, sugar, animal fat, sugary drinks, and alcohol?

6. How often do you smoke or use tobacco/are you exposed to any secondhand smoke?

7. How often per week do you exercise or engage in a physical activity?

Documentation Forms

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

Patient Encounter Documentation	
Patient Name:	Medication:
DOB:	Rx #:
Medication Related Problem Date Identified:_____	**Intervention** Date Resolved:_____
Adherence Issues ☐ Noncompliance with therapeutic regimen ☐ Patient forgets to take medication	☐ Medication synchronization (may be found as synchronization of repeat medication) ☐ Medication regimen compliance education
☐ Medication overuse	☐ Medication education
☐ Patient unable to obtain Medication [Prior Auth]	☐ Insurance authorization
☐ Drug allergy ☐ Adverse Drug Interaction	☐ Discussed with doctor ☐ Recommendation to change medication ☐ Medication interaction education
Goal:	

Documenting eCare Plans

DOCUMENTING THE MRP:
After you have documented the MRP, intervention, and goal on paper, document within your technology partner for the eCare Plan.

Documenting can be performed in a variety of ways:

1. Immediately after this document has been completed
2. During random downtimes by an appointed pharmacy staff member
3. During designated time throughout the day (e.g., slow periods, towards the end of the day)
4. After getting comfortable with documenting care plans, document directly into the care plan platform within the appointment-based model workflow

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Case #1

Patient Encounter Documentation	
Patient Name:	Medication:
DOB:	Rx #:
Medication Related Problem Date Identified:_____	**Intervention** Date Resolved:_____
Adherence Issues ☐ Noncompliance with therapeutic regimen ☐ Patient forgets to take medication	☐ Medication synchronization (may be found as synchronization of repeat medication) ☐ Medication regimen compliance education
☐ Medication overuse	☐ Medication education
☐ Patient unable to obtain Medication [Prior Auth]	☐ Insurance authorization
☐ Drug allergy ☐ Adverse Drug Interaction	☐ Discussed with doctor ☐ Recommendation to change medication ☐ Medication interaction education
Goal:	

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Case #1

Mrs. Jefferson has been coming to your pharmacy for 14 years. Seven of those years, she has been diagnosed with Diabetes. She has remained adherent to her medications, but she is still uncontrolled. Her PCP decided to start her on Tresiba, however, Mrs. Jefferson's insurance requires a prior authorization before it is covered.

- **What is the next step?**
- **Who performs the next step?**
- **Who follows up to make sure this occurs?**

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Case #2

Nonadherence Patient Encounter Documentation		
Patient Name: **DOB:**	**Medication:** **Rx#:**	
Common Reason for Nonadherence	**Medication Related Problem for Care Plan Documentation**	**Intervention**
Lack of knowledge about why medication is important	Patient does not understand why taking all medication	☐ Medication synchronization (may be found as synchronization of repeat medication) ☐ Medication regimen compliance education ☐ Renewal of prescription ☐ Drug therapy discontinued ☐ Discussed with doctor ☐ Discussed with patient
Forgets to take	Patient forgets to take medication	
Lack of understanding on how to take medication as prescribed	Patient misunderstood treatment instructions	
Out of refills	Patient unable to obtain medication	
Perceived side effects	Patient refuses to take medication	
Actual Side effects	Adverse drug interaction	
Cost	Cost effective medication alternatives available	
Takes differently than prescribed	Uses less medication than prescribed	
Goal:		

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Case #2

Bobby presents to your pharmacy with her empty bottle for lisinopril 20 mg written for #30 and to be taken one tablet by mouth daily. It's been 45 days since she last filled and picked up her lisinopril.

- **What is the medication related problem?**
- **What questions do you ask the patient to further assess her adherence?**
- **What is the intervention?**

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Case #3

Patient Name:	Medication:
DOB:	Rx #

Targeted Intervention Programs (TIPS) and Flags in OutcomesMTM© and MirixaPro℠	Medication Related Problem for Care Plan Date Identified: _____	Medication Therapy Intervention for Care Plan Date Resolved: _____
Needs medication synchronization	☐ Noncompliance with medication regimen ☐ Patient forgets to take medication	☐ Medication synchronization (may be found as synchronization of repeat medication) ☐ Medication regimen compliance education ☐ Medication education
Adherence Check-in	☐ Noncompliance with medication regimen ☐ Patient forgets to take medication	☐ Medication synchronization (may be found as synchronization of repeat medication) ☐ Medication regimen compliance education ☐ Medication education
Needs refill	☐ Patient unable to obtain medication	☐ Discussed with doctor
Suboptimal drug selection (e.g., concurrent opioid and benzodiazepine, non-selective B-Blocker with COPD or Asthma)	☐ Additional medication required ☐ Adverse drug interaction ☐ More effective medication therapy available	☐ Discussed with doctor ☐ Recommendation to change medication ☐ Medication interaction education
Needs drug therapy (e.g., SABA for patients with Asthma or COPD), ACE-inhibitor or ARB for patients with Diabetes)	☐ New medication needed for condition	☐ Discussed with doctor ☐ Discussed with patient ☐ Recommendation to start prescription medication
High risk medication	☐ Medication therapy unnecessary	☐ Discussed with doctor ☐ Discussed with patient ☐ Recommendation to change medication ☐ Recommendation to discontinue medication ☐ Drug therapy discontinued

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Case #3

You're performing medication reconciliation for Sheila as you enroll her into the pharmacy's medication synchronization process. You notice that Sheila has diabetes and is not on an ACE-I or ARB. You contact Sheila's PCP and the PCP sends over an escript for lisinopril 5 mg #30: 1 tablet by mouth one time daily.

Side note: You have built in your workflow to check MTM platforms when you enroll a patient into med sync.

- **What questions do you ask Sheila to further assess her need for an ACE-I or ARB?**
- **What is the medication related problem?**
- **What is the intervention?**

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Case #4

Medication Related **Problem**	SNOMED CT Code	Medication Related **Intervention**	SNOMED CT Code
Additional medication therapy required	428981000124101	Over-the-counter medication started	432851000124100
		Prescription medication started	432861000124103
New medication needed for condition	436071000124104	Recommendation to start prescription medication	428821000124109
		Discussed with patient	395085009
		Discussed with doctor	394696007
Medication not effective	435501000124106	Medication therapy changed	432701000124107
		Drug therapy discontinued	274512008
		Medication dosage form changed	432841000124102
		Recommendation to discontinue medication	4701000124104
		Discussed with doctor	394696007
Medication dosage too low	448152000	Medication therapy changed	432701000124107
		Medication course duration changed	432811000124101
		Medication dose changed	432751000124106
		Medication dose increased	432761000124108
		Medication dosing interval changed	432781000124103
		Medication education	967006
		Prescribed medication education	386465007
		Discussed with doctor	394696007
Medication dosage too high	448089004	Medication course duration changed	432811000124101
		Medication dose changed	432751000124106
		Medication dosing interval changed	432781000124103
		Drug therapy discontinued	274512008
		Recommendation to discontinue medication	4701000124104
		Discussed with doctor	394696007
Not up to date with immunizations (finding) - Problem observation	171259000	Administration of substance to produce immunity, either active or passive	127785005
		Influenza vaccination	86198006
		Pneumococcal vaccination	12866006
		Vaccine refused by parent	921000119109
		Vaccine refused by patient	591000119102
		Immunization status screening	268558004
		Immunization education	171044003

Other Common Medication Related **Interventions**

Medication Related **Intervention**	SNOMED CT Code
Medication Reconciliation	430193006
Comprehensive medication therapy review	428911000124108
Risk evaluation and mitigation strategy consultation	6061000124109
Discussed with carer	395084008

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Case #4

After talking with Mr. Jackson (65 y/o), you recognize that he needs Influenza and PCV13 vaccinations. He agrees to get both vaccinations while in the pharmacy today.

- **What is the medication related problem?**
- **What is the intervention?**

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Case #5

Patient Encounter Documentation	
Patient Name:	Medication:
DOB:	Rx #:
Medication Related Problem Date Identified:_____	**Intervention** Date Resolved:_____
☐	☐
☐	☐
☐	☐
☐	☐
Goal:	

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Common Care Plan Encounters

- Med sync calls
- Med reconciliation
- Adverse reactions to medication
- Allergy to medication
- Dosage changes
- Medication or health condition education
- Medication interaction education
- Accessing the Prescription Drug Monitoring Program
- Immunizations

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Case #5

- Take 5 minutes to think about what the most common medication related problems that you experience with patients

- In the “Build Your Own Patient Encounter Documentation Form for Your Pharmacy,” list the problems and interventions that you provide to resolve the problems.

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http://www.stoneassociatesresearch.com/wp-content/uploads/2015/11/Effectively-Overcome-Objections.j

Questions?

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Measuring Success

Enhanced Services Boot Camp

Tripp Logan, PharmD, L&S and Medical Arts Pharmacies

Speaker Disclosure

Tripp Logan, PharmD

- NCPA Innovation Center Board Member
- CPESN USA National Luminary / CPESN Missouri Lead Luminary
- Chief Operating Officer, Enhanced Service Pharmacy Alliance “ESPhA”
- Partner, MedHere Today Consulting
- Vice President, L&S and Medical Arts Pharmacies
  - Missouri Department of Health and Senior Services / CDC - Community Heath Worker Grantee

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Disclosure

- Tripp Logan is receiving an honorarium for this program. The conflict of interest was resolved by peer review of the content.

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Learning Objectives

- Discuss performance programs from third party payers.
- Identify an adherence program patient enrollment SMART goal for your pharmacy.
- Recognize the role data mining plays in crafting enhanced services.

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Personal Disclaimer

"The content of this presentation reflects my personal experiences in our pharmacies, our consulting firm, and my service within pharmacy advocacy groups. Each pharmacist & pharmacy is unique, with a unique payer mix, unique set of offered services, unique opportunities, and most of all unique patient populations. The purpose of this presentation is to walk you through our ROI exploration process in our businesses. The purpose of this presentation IS NOT for it to be used as specific guidance on how you should operate your pharmacy practice, how you work within your current or future pharmacy contracts, or how you care for your unique set of patients."

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Most Taboo Words in Health Care:

Provider Profitability

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Pharmacy Staff Orientation Speech:

"As a community pharmacy, our primary responsibility is to the patients that walk through our doors.

If we make poor business decisions, we close our doors, and ***FAIL EVERY PATIENT WE SERVE****."*

The Community Pharmacy Conundrum:

Pharmacies must:

1. Think **PATIENT FIRST – PAYER SECOND**,
2. While we ensure that our patients have access to the medication they need,
3. But most of all maintain pharmacy profitability at the same time to keep the doors open

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Historically it was the Rx

PRESCRIPTION RECEIVED BY A PHARMACY

PHARMACY REACTS BY FILLING THE RX THEN COUNSELS PATIENT

PHARMACY PROFITS FROM FILLED PRESCRIPTION(S)

- PBM Covers Cost Plus Fee
- Out of Pocket (CASH Transaction) Covers Cost Plus Fee

For:_____ Date:_____

Address:_____

The *Prescription* Drove Pharmacy Value

Refill:___

Dr:_____ Dr:_____

SUBSTITUTION PERMITTED DISPENSE AS WRITTEN

Address:_____ DEA:_____

PHARMACY WAITS FOR PATIENT TO RETURN TO THE PHARMACY

A PHARMACY'S VALUE IS DEFINED BY THE VOLUME OF RXs FILLED EACH DAY, WEEK, MONTH, ETC

Today……

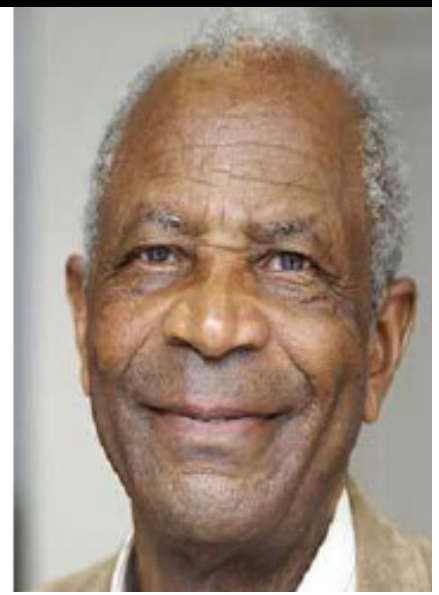
All Rxs *ARE NOT* The Same

Today……

All Patients ***ARE NOT*** The Same







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Today……

What High Quality Pharmacy Providers SEE

Mary

- High Blood Pressure
- Diabetes
- High Cholesterol
- Non-adherent to meds & care plan

Sue

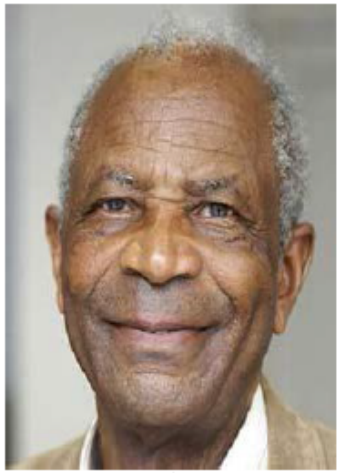
- Depression
- Parkinsons
- Fall Risk
- Low Health Literacy

Dorothy

- Diabetes
- Amputee
- High Blood Pressure
- COPD
- Smoker

Stan

- Alzheimers/Dementia
- Diabetes
- High Blood Pressure
- Low Health Literacy
- Fall Risk



Fred

- High Blood Pressure
- Previous MI
- Non-adherent to meds & care plan

Today……

What High Quality Pharmacy Providers

FEEL

Plan A
+$5.00

Plan B
-$12.00

Plan C
+$40.00

Plan D
-$3.00

Plan E
$0.00

“Payer” MTM/Incentive Programs

- 90 day supply conversion FFS
- Traditional Medicare Part D FFS Comprehensive Medication Reviews
- Medicare Part D adherence interventions through MTM vendors
- Medicare Part D treatment gap interventions through MTM vendors
- Medicare Part D performance program using health plan quality metrics
- Medicare Part D / PBM incentive programs (non-DIR)

Are these incentives profitable for you?

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Health Plan Strategies

"There is more value in hitting the measure's star rebate level, than a focus on the medical cost reduction"

-Medicare Part D Plan Executive, August 2017

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My Email Inbox this Year

[redacted] He says because it is so easy to do this that they do it much more often now than they were able to the manual way in the past because it is so much quicker. Doing this, [redacted] says, improves refills as they can contact patients with a reminder call, and he says this has helped with his STAR ratings.

If you want to fight back against shrinking reimbursements, you need to grow revenues at your business and increase your Star ratings.

How? With medication adherence.

- [redacted] **Webinar**: Adherence
- **Date**: February 5th, 2019
- **Time**: 2pm EST/11am PST

Register Here

Improve Med Adherence & Star Ratings with [redacted]

Improve adherence. Improve Star Ratings. While it may sound simple, everyone in the industry knows that it's far more complicated than that. Unless you're using [redacted] that is.

My Email Inbox this Year

[redacted]

to do this that they do it much more oft
manual way in the past because it is so
improves refills as they can contact patien
this has helped with his STAR ratings.

asy
ays,
says

But pharmacies don't have star ratings

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My Email Inbox this Year

[redacted]

asy

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the past because it is so

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hey can contact patient

says

is STAR ratings.

But pharmacies don't have star ratings

Adherence to What?

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your Star ratings.

How?

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My Email Inbox this Year

[redacted]

to do this that they do it much more oft… asy

the past because it is so… ays,

hey can contact patient… says

is STAR ratings.

But pharmacies don't have star ratings

Adherence to What?

g reimbursements, you need to grow your Star ratings.

How?

- [redacted] **Webinar**: Adherence
- **Date**: February 5th, 2019
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Register Here

Improve Med … tings with [redacted]

Improve adherence. … t may sound simple, everyon… hat it's far more complicated … using [redacted] that is.

I'm So Confused

What Are They Talking About?

"Adherence" to What?

- Insurance formulary/billing?
- Prescribed med?
- Right dose?
- Right med?
- Right administration?
- The care plan?

"Adherence" is Measured?

- For population health mgt?
- By PDC? MPR? Other?
- By EQuIPP? PBM? Plan?
- Using Claims? Switch? Fills?
- For DIR? P4P? Plan ratings?

I ALWAYS Want to Know:

WHO BENEFITS?

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Our Strategy

CLAIMS BASED	PATIENT CENTRIC
Fill Reminders	Social Determinants
Med Sync	Medication Access
Gaps in Care	Care Transitions
Medication Safety	Clinical Outcomes
CMR	Care Management / Coordination
MMEs	Health Care Cost Reduction
Days supply	Education
DIR reduction	Empathy

Our Strategy

Focus On

Prioritize

CLAIMS BASED	PATIENT CENTRIC
Fill Reminders	Social Determinants
Med Sync	Medication Access
Gaps in Care	Care Transitions
Medication Safety	Clinical Outcomes
CMR	Care Management / Coordination
MMEs	Health Care Cost Reduction
Days supply	Education
DIR reduction	Empathy

Enhanced Services…Which Ones?

Medication Reconciliation
Clinical Medication Synchronization
Immunizations
Comprehensive Medication Reviews
Personal Medication Record
Home Visits
Pharmacogenomics
Travel Health
Naloxone Services
Smoking Cessation
Diabetes Prevention
Weight Loss
Long Acting Injections
Care Transition Support
Coverage Navigation Services
Multi-lingual Services
Chronic Disease Classes
Chronic Care Management
Community Health Worker Care Management

- Is this profitable (not just reimbursable)?
- How long until a return on my investment (ROI)?
- Will this tie us more closely to local providers?
- Who do we target?
- Is this good for my pharmacy's image?
- Does this fit my patient population?
- Will my staff embrace it?
- How can I afford it?
- How will we measure it?
- Is it scalable and sustainable?
- What's the labor cost?

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Start with S.W.O.T Analysis

WEAKNESSES

THREATS

STRENGTHS

OPPORTUNITIES

Set S.M.A.R.T Goals

Specific **M**easurable **A**ttainable

Realistic **T**imely

Low Hanging Fruit……

Medication Optimization Service

100 Number of patients receiving service

×

29* Additional Rxs per patient annually

=

Increase in ADDITIONAL Rx Volume

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*Armstrong T., Impact of the MedHere Today Program on Persistence and Adherence, A Descriptive Report; Pfizer, May 2011.

Increasing Cash Flow……..

Medication Optimization Service

$500 × **20** = 

Pharmacy acq. cost of each prescription

Number of patients filling 1 Rx > $500/mo.

3-4 week CASH FLOW savings for pro-active medication management of 20 patients

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Our Strategy

CLAIMS BASED	LOCAL SOLUTIONS
Fill Reminders	**Assign Staff to Patients for Patient Specific Solutions**
Med Sync	**Assign Staff to Patients for Patient Specific Solutions**
Gaps in Care	**Create Lists of Patients with Gaps for Pharmacists & Staff**
Medication Safety	**Understand the WHYs & Utilize Provider Office Relationships**
CMR	**Assign Staff to MTM Identification, Scheduling, Billing, etc**
MMEs	**Understand the WHYs & Utilize Provider Office Relationships**
Days supply	**Assign Staff to Review Submissions on Monitored Drugs**
DIR reduction	**Prioritize High DIR Risk Patient Engagements**

Our Strategy

PATIENT CENTRIC	LOCAL SOLUTIONS
Social Determinants	CHW, Surveys, Assessments, Home Visits, MI
Medication Access	Coupons, Discounts, Non-Profits, Formulary Optimization
Care Transitions	Communication, Coordination, CHW, Relationships
Clinical Outcomes	Benchmarking, Communication, Relationships
Care Management / Coordination	Understanding the Community, CHW
Health Care Cost Reduction	Prevention, Collaboration, Shared Goals, CHW
Education	MI, Longitudinal Care, Convenience, Peer to Peer
Empathy	MI, Relationships, Peer to Peer, CHW, Home Visits

How Do We Identify Patient Targets for Services?

PROFITABILITY & COST SAVINGS

- High Margin Patients
- High Volume Patients
- High Utilizer Patients
- High Cost Medications

REFERRALS

- Local Providers
- Local Social Services
- Community Organizers
- Advertising

TIME CONSUMING / WORTH INVESTING TIME

- Frequent Flyers
- High Labor Costs
- Low Hanging Fruit
- High Need / High Risk

REPORTS / ANALYTICS / DATA MINING

- Internal Reporting
- Third Party Reporting
- Metric / DIR Reporting
- Purchase Reporting

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CASE: Targeting Prescribers

You know its time to do something different and you're not sure what to do. You decide that the easiest thing to do at this point is to just go in to see some local prescribers, feel them out, understand their needs, and encourage them to refer to you for enhanced services you currently, or can easily offer that help them directly.

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CASE: Question 1

What do you need to know before you begin knocking on doors?

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CASE: Targeting Prescribers

1. **Who is my most profitable third party payer?**
2. **Which prescriber accounts for the most prescriptions from that payer?**
3. **What is my average margin per patient per month from this third party payer and prescriber**
4. **How many patients do I have from that prescriber and how could I get more?**

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CASE: Targeting Prescribers

1. **Who is my most profitable third party payer?**
2. **Which prescriber accounts for the most prescriptions from that payer?**
3. **What is my average margin per patient per month from this third party payer and prescriber**
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Local Results
1. State Medicaid

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CASE: Targeting Prescribers

1. Who is my most profitable third party payer?
2. Which prescriber accounts for the most prescriptions from that payer?
3. What is my average margin per patient per month from this third party payer and prescriber
4. How many patients do I have from that prescriber and how could I get more?

Local Results
1. State Medicaid
2. Multi-Site Mental and Behavioral Health Clinic

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CASE: Question 2

1. Who is my most profitable third party payer?
2. Which prescriber accounts for the most prescriptions from that payer?
3. What is my average margin per patient per month from this third party payer and prescriber
4. How many patients do I have from that prescriber and how could I get more?

Local Results
1. State Medicaid
2. Multi-Site Mental and Behavioral Health Clinic
What do you need to determine this?

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CASE: Targeting Prescribers

1. Who is my most profitable third party payer?
2. [illegible] patient per month from this third party payer and prescriber
4. How many patients do I have from that prescriber and how could I get more?

Local Results
1. State Medicaid
margin/mo)

Don't Forget to Factor in average DIR, GER, BER….WTH

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Internal Plan Assessment

2018 DIR Fee Report Aggregate							
PBM		DIR Claim Count	DIR Fee Amount	Average DIR/Script	Avg Margin Pre-DIR	Avg Margin Overall	Actual Overall Margin
Q1-Q4 2018	Med D Plans with PBM 1	33,912	$97,860.59	$2.89	$13.22	$10.33	$350,456.05
Q1-Q4 2018	Med D Plans with PBM 2	1,560	$ 7,224.03	$4.63	$9.73	$5.10	$7,954.77
Q1-Q4 2018	Med D Plans with PBM 3	3,466	$17,547.69	$5.06	$7.70	$2.64	$9,140.51
Q1-Q3 2018	Med D Plans with PBM 4	655	$19,832.34	$30.28	$7.09	-$23.19	-$15,188.39
Q1-Q4 2018	Med D Plans with PBM 5	3,200	$61,535.68	$19.23	$18.21	-$1.02	-$3,263.68
Pharmacy Total		**42,793**	**$204,000.33**	**$4.77**			**$349,099.26**
*no Q4 data yet							

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CASE: Targeting Prescribers

1. Who is my most profitable third party payer?
2. Which prescriber accounts for the most prescriptions from that payer?
3. What is my average margin per patient per month from this third party payer and prescriber
4. How many patients do I have from that prescriber and how could I get more?

Local Results
1. State Medicaid
2. Multi-Site Mental and Behavioral Health Clinic
3. Average 4 Rx/patient but most see multiple prescribers ($63 avg margin/mo)

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CASE: Targeting Prescribers

1. Who is my most profitable third party payer?
2. Which prescriber accounts for the most prescriptions from that payer?
3. What is my average margin per patient per month from this third party payer and prescriber
4. How many patients do I have from that prescriber and how could I get more?

Local Results
1. State Medicaid
2. Multi-Site Mental and Behavioral Health Clinic
3. Average 4 Rx/patient but most see multiple prescribers ($63 avg margin/mo)
4. We see 88 patients/month

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CASE: Question 3

What do you need to know before you schedule a meeting?

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CASE: Targeting Prescribers

1. Started with Research in Mental Health, Medicaid, the Clinic
2. Became familiar with some pharmacy best practices in mental and behavioral health
3. Learned who was on the board and who was in administration
4. Explored common barriers and pharmacy solutions that could positively impact mental and behavioral health

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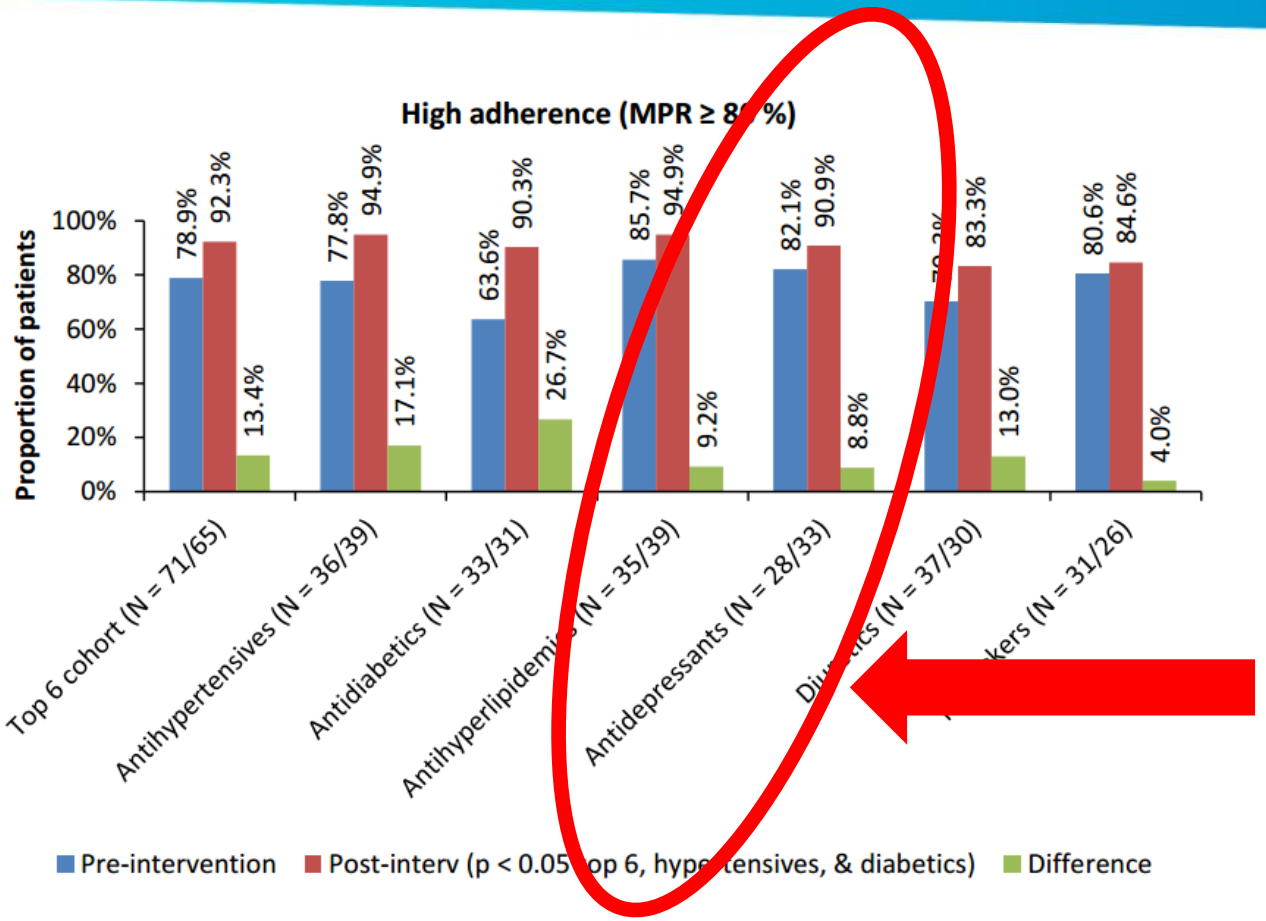
CASE: Use What You Have



Our medication optimization service leads to improvements in medication adherence across multiple chronic conditions

*Armstrong T., Impact of the MedHere Today Program on Persistence and Adherence, A Descriptive Report; Pfizer, May 2011.

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CASE: Solutions

Multi Dose Packaging

CASE: Business Planning

Can WE Afford This?

- How much does a vial cost?
- How much does a cap cost?
- How much does a label cost?
- How much does a package / card cost?
- How many vials equal the cost of one package / card?
- How many cards will each new clinic patient purchase?

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CASE: Results

What We Discovered

- Found packaging solution that allowed us to start with minimal investment and automation upgrade opportunities
- Estimated that patients with 10 or more prescriptions would cost us around $20/year to covert to packaging
- Estimated that each new clinic Medicaid patient is worth the cost of around 870 packages/cards annually

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CASE: Return On Investment (ROI)

- Held meetings with administrator for clinic needs assessment and pharmacy service detailing
- Hosted in service for case managers to detail pharmacy services
- Immediately began receiving referrals from case managers for packaging, care coordination, and other pharmacy services
- Prescription volume & referrals from target clinic increased
- Utilized packaging for other target patients, prescribers, & clinics
- Continually working on refining workflow, reducing packaging costs, & increasing referrals

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Enhanced Service: PGX

Patient Case

- Long time patient of our pharmacy
- 21 y/o female with a Hx of behavioral health issues
- 3 hospitalizations in the past 2 years
- Medications completely changed each time
- Mental health providers referring her to other providers (we're her only constant)
- Currently unstable (suicide risk)
- Previously held a job and was functional member of the community
- Currently at home and Mom can't leave her alone
- Mom on her last rope and asked what she should do?????

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Enhanced Service: PGX

What Happened?

- Recommended PGx Testing now (not wait for our pharmacists to complete training)
- Mom called local Behavioral Health Clinic for testing
- Clinic called Mom to say testing is ready to pick up
- Mom picked up 14 page report with no explanation
- Mom brought PGx report in to the pharmacy for pharmacist review
- We determined current and prior regimens had a high likelihood of failure
- We constructed recommendations for patient's primary care provider
- Mom set up a follow up meeting 5 weeks later to say…….

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Enhanced Service: PGX

- Initial Investment
  - Training for pharmacists approximately $500 a piece x 6 pharmacists = $3,000
- Staff Education and Service Launch Preparation
  - Discussed in staff meetings and monthly news letter months before service launch
- Marketing Strategy
  - Social media, print media, word of mouth, and direct to prescriber
- Return on Investment
  - 28 swabbed on site & 37 remote consults in first 12mo (revenue exceeded investment)
  - Patient retention for those swabbed (only pharmacy with PGX in their record)
  - New patient referrals for PGX service (not prescription dispensing)
  - Opened many new doors for us with local prescribers & employers

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Enhanced Service: PGX

"When looking back out of the 10 patients we have been working on so far I already know that we have made a significant and potentially lifesaving modification in the care of one of our patients and that makes it all worth it!"

-Local Primary Care Provider Partner

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Enhanced Service: CCM

Service Modeling to Ensure ROI

	Non-Complex 20+ min of CCM G0511 for FQHC/RHC	Monthly margin per CCM less pharmacist & CHW overhead at $70/hr	Monthly margin per hour above cost if 2 CCM / hr	Annual CCM payment / patient	Annual Margin per CCM less pharmacist overhead @ $70/hr	Annual CCM revenue if 50 patients	Annual CCM revenue if 50 patients less overhead	Annual CCM revenue if 100 patients	Annual CCM revenue if 100 patients less overhead	Annual CCM revenue if 200 patients	Annual CCM revenue if 200 patients less overhead
1 PHARMACIST + 1 CHW											
100% payment	$ 62.28	$ 38.95	$ 77.89	$ 747.36	$ 467.36	$ 37,368.00	$ 23,368.02	$ 74,736.00	$ 46,736.04	$ 149,472.00	$ 93,472.08
90% payment	$ 56.05	$ 32.72	$ 65.44	$ 672.62	$ 392.62	$ 33,631.20	$ 19,631.22	$ 67,262.40	$ 39,262.44	$ 134,524.80	$ 78,524.88
80% payment	$ 49.82	$ 26.49	$ 52.98	$ 597.89	$ 317.89	$ 29,894.40	$ 15,894.42	$ 59,788.80	$ 31,788.84	$ 119,577.60	$ 63,577.68
75% payment	$ 46.71	$ 23.38	$ 46.75	$ 560.52	$ 280.52	$ 28,026.00	$ 14,026.02	$ 56,052.00	$ 28,052.04	$ 112,104.00	$ 56,104.08
70% payment	$ 43.60	$ 20.26	$ 40.53	$ 523.15	$ 243.15	$ 26,157.60	$ 12,157.62	$ 52,315.20	$ 24,315.24	$ 104,630.40	$ 48,630.48
65% payment	$ 40.48	$ 17.15	$ 34.30	$ 485.78	$ 205.78	$ 24,289.20	$ 10,289.22	$ 48,578.40	$ 20,578.44	$ 97,156.80	$ 41,156.88
60% payment	$ 37.37	$ 14.03	$ 28.07	$ 448.42	$ 168.42	$ 22,420.80	$ 8,420.82	$ 44,841.60	$ 16,841.64	$ 89,683.20	$ 33,683.28
55% payment	$ 34.25	$ 10.92	$ 21.84	$ 411.05	$ 131.05	$ 20,552.40	$ 6,552.42	$ 41,104.80	$ 13,104.84	$ 82,209.60	$ 26,209.68
50% payment	$ 31.14	$ 7.81	$ 15.61	$ 373.68	$ 93.68	$ 18,684.00	$ 4,684.02	$ 37,368.00	$ 9,368.04	$ 74,736.00	$ 18,736.08
45% payment	$ 28.03	$ 4.69	$ 9.39	$ 336.31	$ 56.31	$ 16,815.60	$ 2,815.62	$ 33,631.20	$ 5,631.24	$ 67,262.40	$ 11,262.48
40% payment	$ 24.91	$ 1.58	$ 3.16	$ 298.94	$ 18.94	$ 14,947.20	$ 947.22	$ 29,894.40	$ 1,894.44	$ 59,788.80	$ 3,788.88
35% payment	$ 21.80	$ (1.54)	$ (3.07)	$ 261.58	$ (18.42)	$ 13,078.80	$ (921.18)	$ 26,157.60	$ (1,842.36)	$ 52,315.20	$ (3,684.72)
30% payment	$ 18.68	$ (4.65)	$ (9.30)	$ 224.21	$ (55.79)	$ 11,210.40	$ (2,789.58)	$ 22,420.80	$ (5,579.16)	$ 44,841.60	$ (11,158.32)
25% payment	$ 15.57	$ (7.76)	$ (15.53)	$ 186.84	$ (93.16)	$ 9,342.00	$ (4,657.98)	$ 18,684.00	$ (9,315.96)	$ 37,368.00	$ (18,631.92)
20% payment	$ 12.46	$ (10.88)	$ (21.75)	$ 149.47	$ (130.53)	$ 7,473.60	$ (6,526.38)	$ 14,947.20	$ (13,052.76)	$ 29,894.40	$ (26,105.52)

Enhanced Service: CHW

"Community Health Workers (CHWs) are frontline public health workers who are trusted members of and /or have an unusually close understanding of the community served. This trusting relationship enables CHWs to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy."

Community Health Worker Definition; American Public Health Association Policy Statement 20091, Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities; 2009

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Why CHW's in a Pharmacy?

Medicaid Programs & Health Plans often spend more on CARE MANAGEMENT (medical side) than on PRESCRIPTION DRUGS (pharmacy side)

--North Carolina Medicaid and NC Health Choice Annual Report for State Fiscal year 2018July 1, 2017 – June 30, 2018

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Enhanced Service: CHW

- Initial Investment
  - Training for technicians $800 a piece x 4 pharmacy techs = $3,200 – CDC Grant = $0
  - Certificate completion incentive: $1.50/hr raise per CHW
- Staff Education and Service Launch Preparation
  - Discussed in staff meetings and monthly news letter months before service launch
- Implementation Strategy
  - Local research led to grants, DHSS engagement, MO Medicaid engagement, etc
- Return on Investment
  - Secured CHW grant to explore ROI for CHWs in pharmacies
  - Patient retention for those being supported by our CHWs
  - New patient referrals for CHW services (not prescription dispensing)
  - Opened many new doors for us with local prescribers & employers

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Early CHW Results (Q1Q2-2019) **unpublished**

- >1400 Delivery Driver Home Assessments
- >275 Unique Sites
- >200 CHW referrals from Drivers, Pharmacist, Staff, & Other
- Medication Optimization review led to > $75 PMPM out of pocket savings (CHW → PharmD)
- >$87,000 in estimated annual out of pocket Rx savings
- Converted 10+ patients to medication packaging
- Connected patients to ongoing transit services for multiple office visits

Hundreds of unique, patient centric engagements

Update: This project continues with home monitoring of patients with diabetes, hypertension, & heart failure with regular follow up. We have also expanded our CHW initiative with a county wide pediatric asthma initiative across multiple school districts, clinics, PCPs, pulmonologists, service providers, and pharmacies.

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How to Approach Payers/Providers?

- *“Hey, we’ve just added a Community Health Worker to our team, can we connect her to your care managers & CHWs?”*
- Providers are often unwilling to refer for prescriptions, but regularly refer for services.
- Offered PGx testing for primary care’s most complex patients via referrals
- Offer Care Coordination for complex patients via CHW referrals
- EVERYONE recognizes the need for LOCAL / ACCESSIBLE care coordination for at risk patients, it usually isn’t tied to prescriptions
- Once we get referrals, we follow up, then go to them with more services
- Trusted LOCAL partners aren’t the norm

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Since January, Who's Noticed Us?

Federal Agencies	Clinically Integrated Networks	Local School Districts	County Health Departments	Boards of Pharmacy
Non Profit Service Providers	Health Systems	State Departments of Health	Hospital Associations	Governor's Offices
Joint Committees on Legislative Research	Pharmacy Associations	FQHCs	Universities	Schools of Pharmacy

We Don't Succeed Every Time, But We Learn Something Valuable Every Time

CONDUCT LOCAL NEEDS ASSESSMENTS TO FILLING LOCAL CARE GAPS

BUILD BUSINESS PLANS AROUND OPPORTUNITIES AND LEAN ON COLLEAGUES AND PEERS FOR GUIDANCE

START SMALL AND SCALE, BUILD UPON WHAT WORKS, SCRAP WHAT DOESN'T

SHARE OUR STORY IN AND OUT OF THE PHARMACY, KEEP PUSHING TO AVOID COMPLACENCY

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Leveraging Relationships

LOCAL Focus

LOCAL Patients

Filling LOCAL Needs

Partnering with LOCAL Providers

Capitalizing on LOCAL Opportunities

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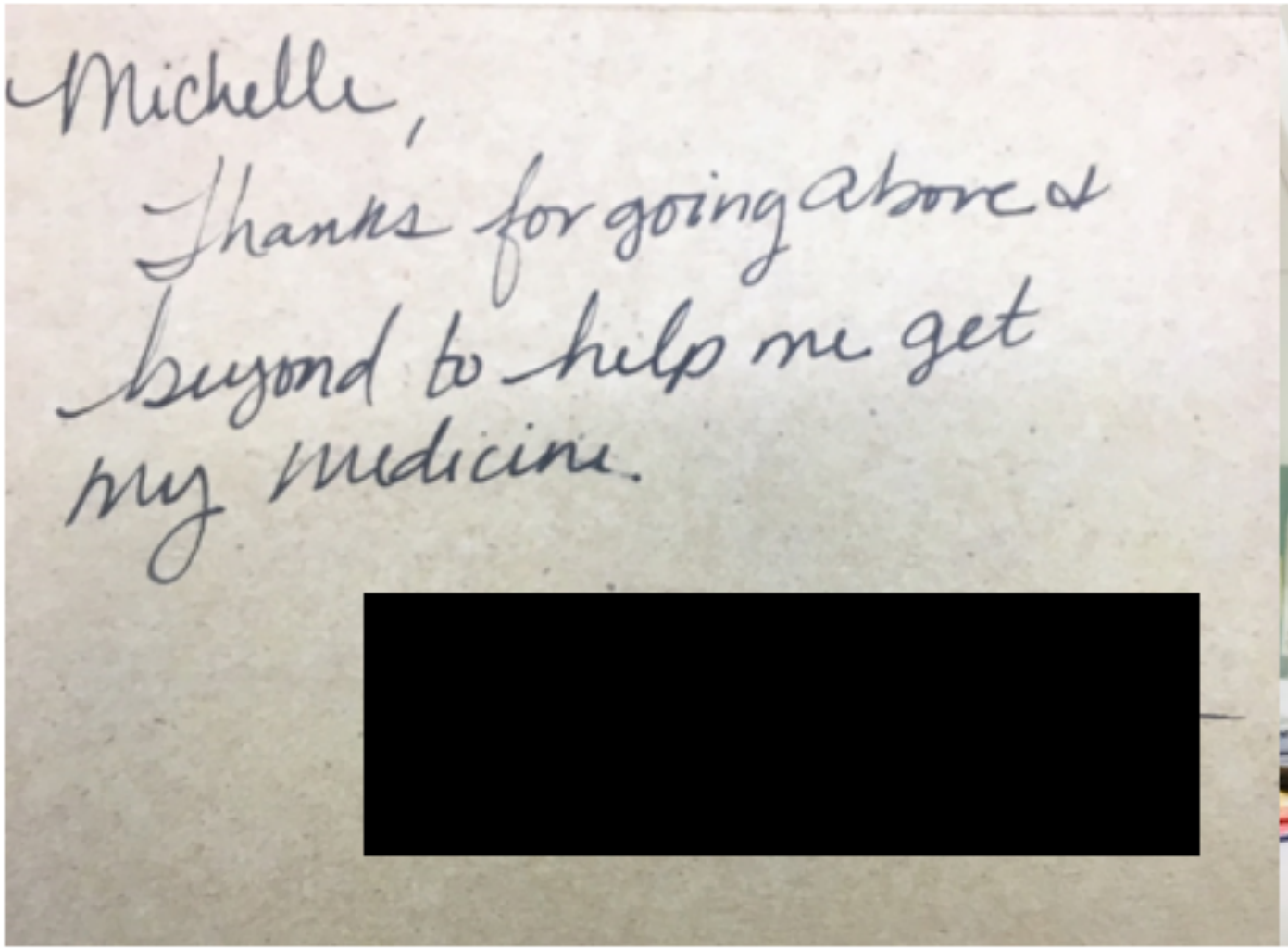
The True Return On Investment



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Succeeding with Enhanced Services

Joe Moose, PharmD
Director of Strategy and Luminary Development CPESN USA
VP Moose Pharmacy

Objectives

1. Summarize real-world examples of enhanced services that plan sponsors value.
2. Review Strategies for approaching plan sponsors based on peer success stores
3. Discuss opportunities to establish payment programs with plan sponsors based on mutual needs and ability to deliver enhanced serves

What is Our Purpose?

To Aggregate Pharmacy Providers to Express their Value in an Increasingly Consolidated & Commoditized Marketplace

To Catalyze a Services Marketplace where the Payer has a Direct Relationship with Pharmacy Providers (in aggregate)

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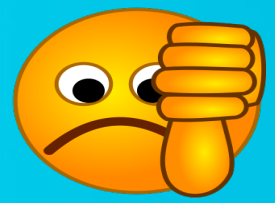
Next Gen Pharmacy Reimbursement Model

Why is the system broken?



Sponsor

Product $$

Service $

Plan

PBM

Product $

Service None

Pharmacy

Sponsor

Plan

Product $$

PBA

Service $$

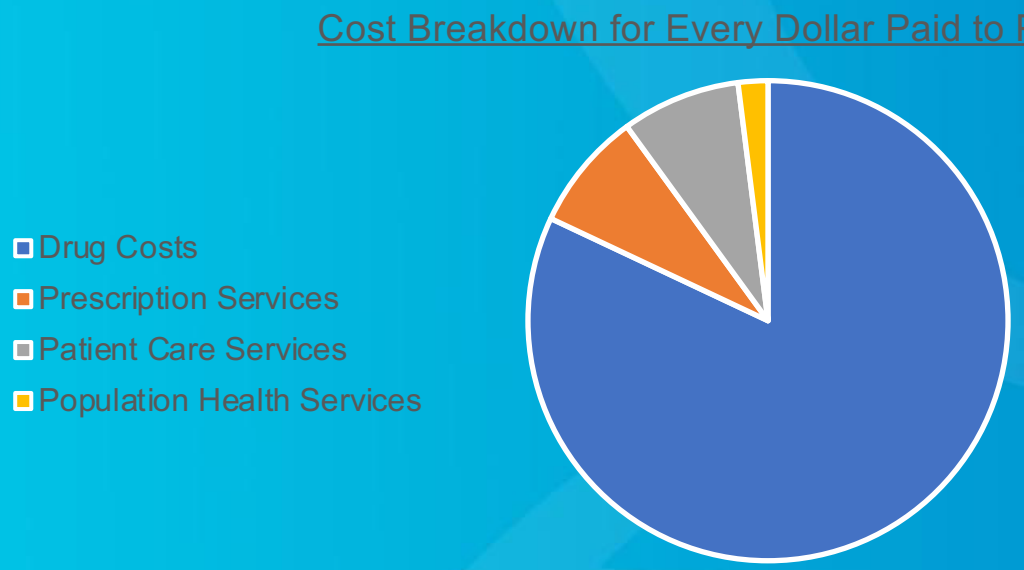
Product $$

Pharmacy

Next Generation Pharmacy Reimbursement Model

Pharmacy Reimbursement is broken down into a four part structure:

Drug Costs	Prescription Services	Patient Care Services	Population Health Services



Next Generation Pharmacy Reimbursement Model

Drug Costs are determined and reimbursed based on National Average Drug Acquisition Cost – a transparent acquisition cost reimbursement rate maintained by CMS

Prescription Services are reimbursed at a rate of $x per prescription.
Prescription level services include:

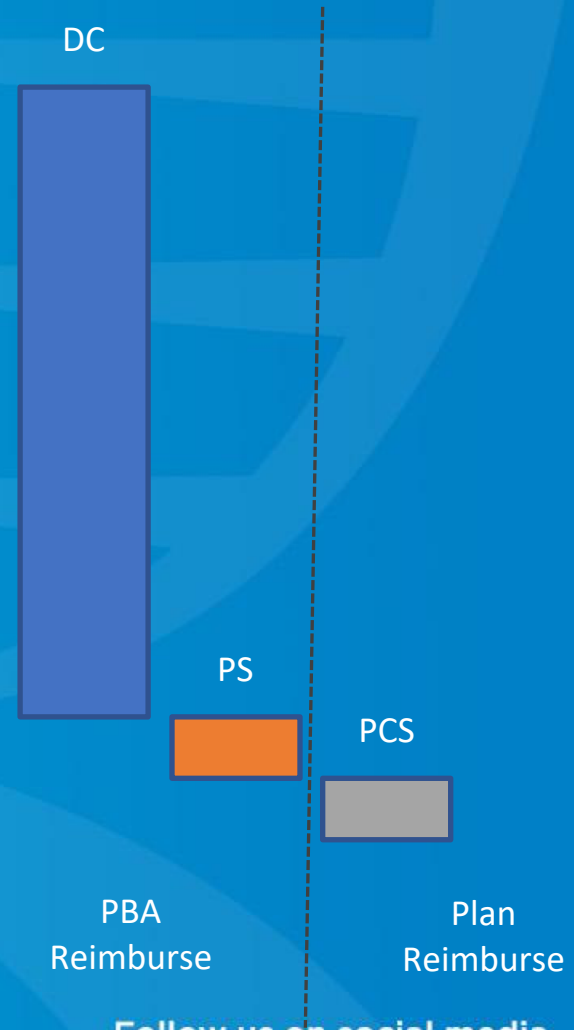
- **Staff time in checking necessary information systems for information about an individual's coverage**
- **Performing drug utilization review and utilization management functions required Measuring, mixing, counting and packaging of medications**
- **Patient counseling on medication**
- **Physically providing the completed prescription to the patient either through a face to face interaction in the pharmacy, or hand-delivery to the patient's home**
- **Overhead associated with maintaining and operating the pharmacy**

Next Generation Pharmacy Reimbursement Model

Patient Care Services are reimbursed based on a risk- and performance-adjusted per member per month fee schedule (average $x PMPM in this population). The fee schedule and associated services will be variable based on patient population. Patient-level services include:

- Development and maintenance of a pharmacy care plan for each patient
- Any clinical intervention activity identified within the care plan, such as:
  - Medication Synchronization
  - Adherence Packaging
  - Health screenings
  - Disease state management

Risk-Based PMPM Reimbursement Rates		
Risk	**Reimbursement**	**Eligible Patients**
High	$$$$$	5%
Moderate	$$$$	17%
Normal	$$$	44%
Low	$$	34%

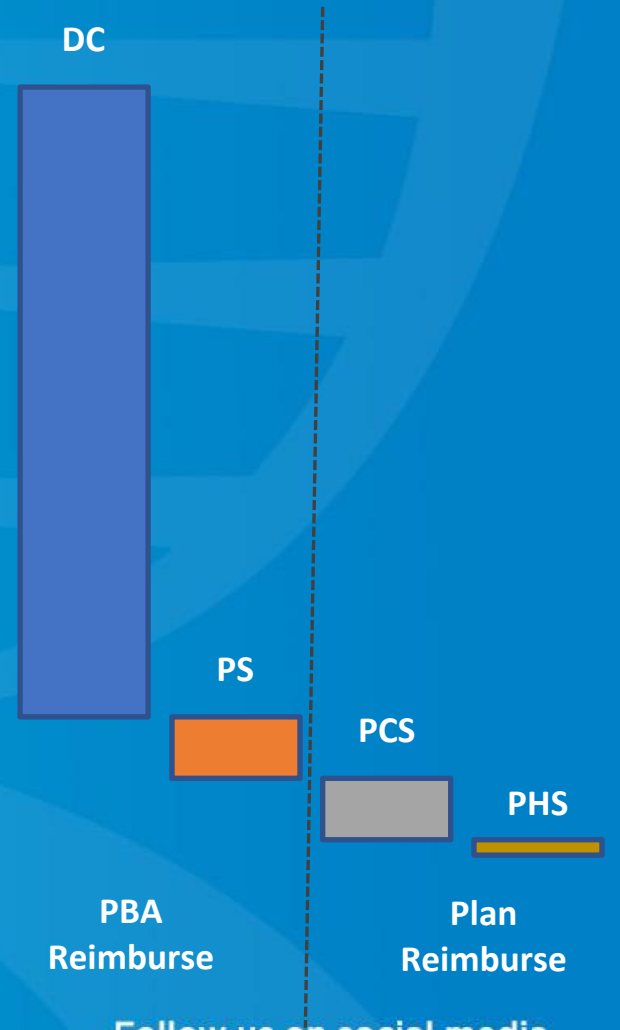


Next Generation Pharmacy Reimbursement Model

Population Health Services are reimbursed at a rate of $x per member per month to incentivize pharmacies to provide necessary population health, patient screening and care coordination services to the entire patient panel

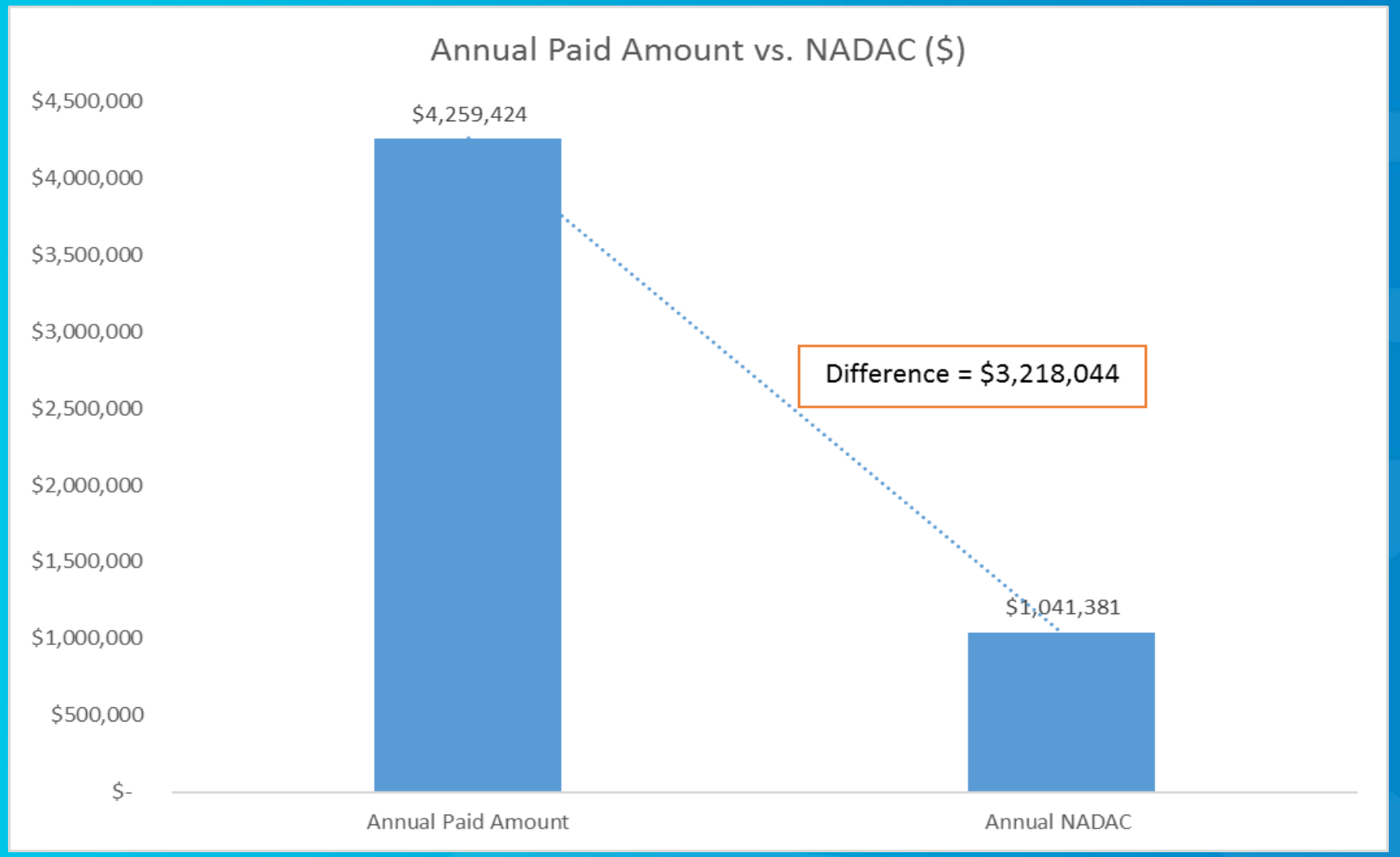
Performance Adjustment will occur at the network level using a plan-specific selection of performance measures such as:

- **Medication adherence**
- **Care plan quality**
- **Patient voice evaluations**
- **Provider satisfaction measures**
- **Chronic disease management**



NADAC Analysis

Total Annual NADAC vs. Plan Paid Amount ($)



CPESN® Payer Successes

- 65% of CPESN Networks with more than 40 participating pharmacies already have **an active payer agreement** in place
- 25% of CPESN Networks with more than 40 participating pharmacies **have at least two active payer agreements** in place
- The number of payer engagements is at an all-time high with dozens of additional opportunities in the contracting phase
- Over 1,600 CPESN pharmacies have documented patient interventions and electronically submitted care plans as a part of the eCare Plan initiative

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Breadth of Payer Contracts with CPESN® Networks

Payer & Partner Types	Program Types	Payment Model Types
▪ Medicaid Managed Care Organizations ▪ Medicare Advantage Plans ▪ Commercial Health Plans ▪ Medicare Part D Enhanced MTM programs ▪ Accountable Care Organizations ▪ Health Systems/Hospitals ▪ Individual Physician Practices ▪ Grants or Demonstration Projects with state-based entities (such as public health departments)	▪ Pharmacy care management programs ▪ Disease state focused programs (e.g., heart failure, behavioral health, tobacco cessation) ▪ Chronic care management agreements (potentially combined with Medicare annual wellness visits and/or transitional care management) ▪ Transitional care programs ▪ Enhanced service bundles such as med sync + adherence packaging	▪ Traditional fee for service ▪ Per member per month for a targeted high risk population ○ Tiered PMPM based on patient risk ○ Flat PMPM ▪ Performance incentive bonus ○ Traditional pharmacy-side measures (e.g., medication adherence) ○ Medical side measures (e.g., HEDIS) ○ Process measures (e.g., engagement and follow up rates)

Updated June 2019

CPESN Network(s)	Payer/Partner	Program Type	Payment Example	Payment Type
Northeast	Alliance for Better Health / Medicaid	BH-Focused Pharmacy Care Planning and Care Coordination	X per care plan + performance bonus	Mixed-PMPM, performance bonus, and startup funds
Southeast	Medicaid MCO	Pharmacy Care Planning (Longitudinal + Single Encounters)	X per care plan + performance bonus	Mixed-PMPM, performance bonus, and startup funds
Northeast	Health System	Transitional Care	X per completed med reconciliation at 30 days post discharge	Fee-for-service
Midwest	Commercial	Pharmacy Care Planning	Not available (local network agreement)	Mixed, includes performance incentive
4 in Midwest	Medicare Part D Enhanced MTM	Custom	X per encounter + performance bonus	Mixed fee-for-service and performance incentive
4 in Southeast	Medicare Advantage	Heart Failure Management	X per care plan	Risk-based PMPM
Midwest	Grant	Tobacco Cessation	X per encounter	Fee-for-service
Midwest	Grant	eCare Plan Start Up Program	Covered the costs of tools and training for Care Planning	NA
Northeast	Medicaid MCO	CMR	Not available (local network agreement)	Fee-for-service
Southeast	DHEC	Diabetes Prevention Program	x per yr	Class group payment

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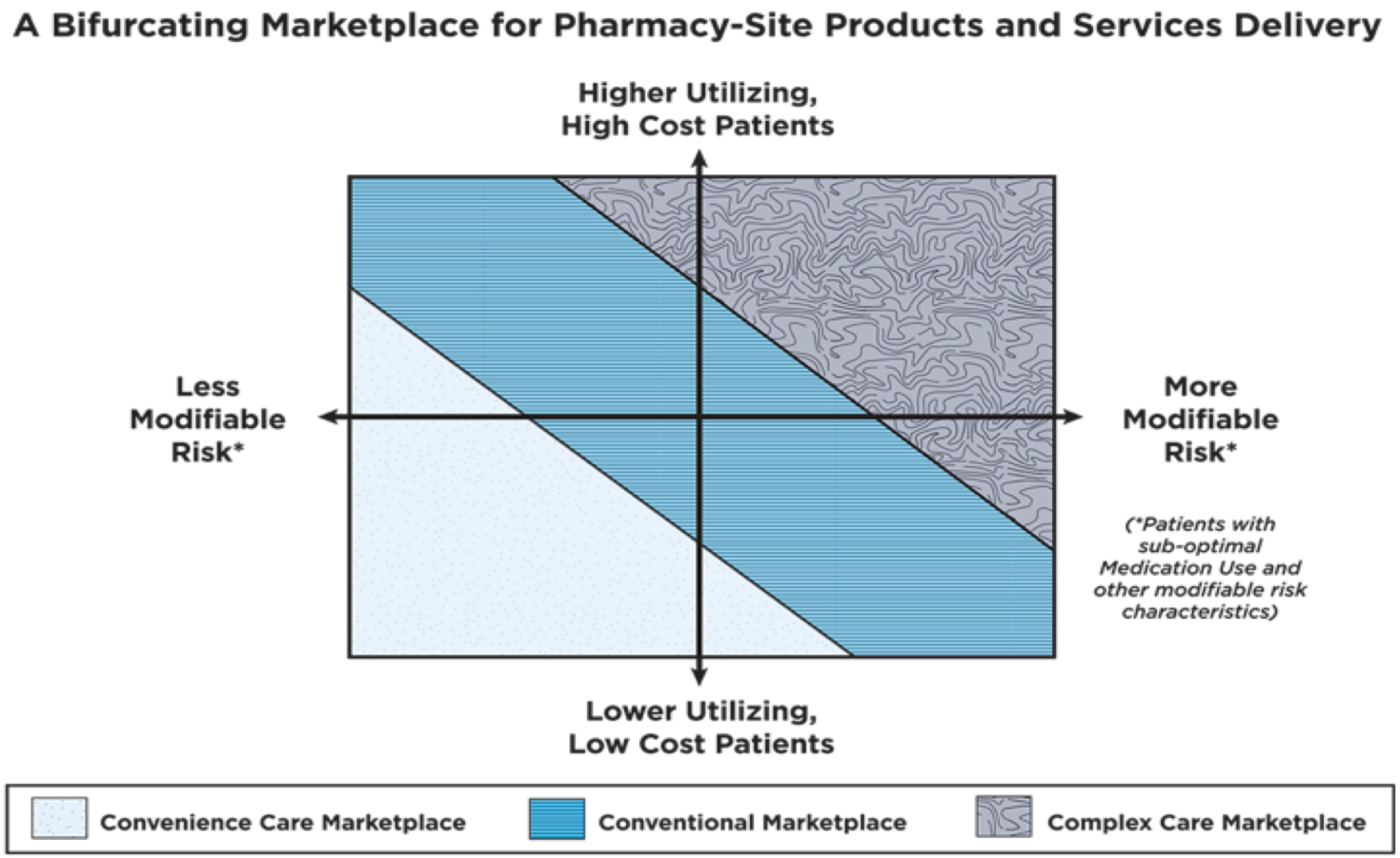
Importance of Targeting and Channeling Patients to High Performing Pharmacies



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What it Might Look Like

- DPP program where the pharmacy is paid to screen and paid to enroll patients in the program. In addition to payment for the program.
- Begin a new service and intervention if you enroll X# patients of this type (DM, asthma with ED visits, elevated HgbA1c, CHF discharge, etc.) in the service you will get x$.
- # Asthma and DM programs with a substantial amount of $$ for at risk for ED. Pharmacy you can have $$ for service and $$$$% percent for shared savings or you can have $$$$ for service and smaller$$% of shared savings.
- Payment for completed eCarePlan.
- Payment for activity-FFS

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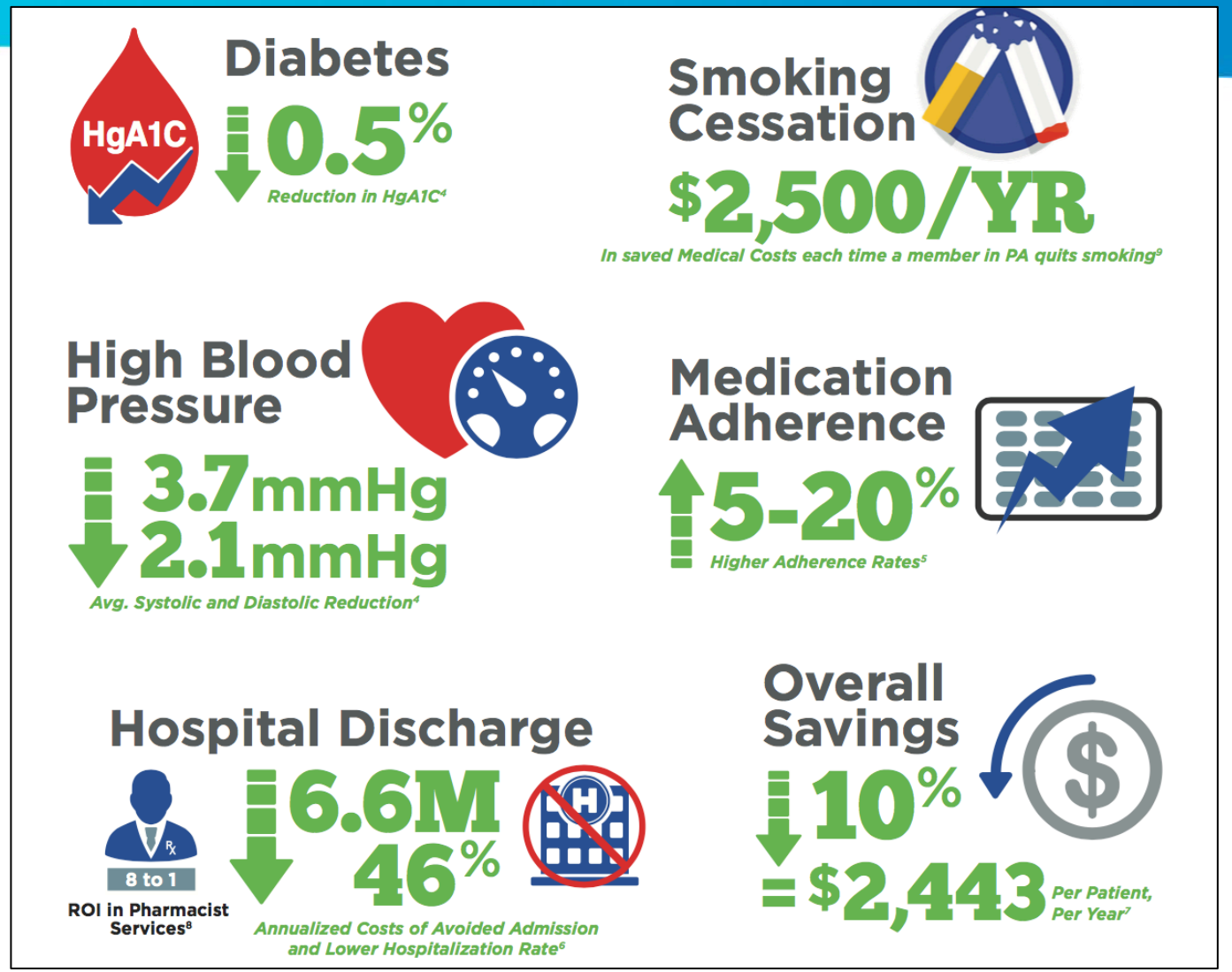
Not Just Delivering Medications, but Results



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Questions