Using Technology to Enhance your Opportunities in Expanded Pharmacy Services

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Disclosures

Bri Morris is the Director of Strategic Initiatives with NCPA. The conflict of resolution was resolved by peer review of the slide content.

Ashley Branham has no disclosures to report.

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Learning Objectives

- Discuss the role of technology, specifically clinical documentation, in the operation of a value-driven independent pharmacy setting.
- Discuss best practices for utilizing pharmacy staff to optimize pharmacy workflow.
- Outline key business considerations for independent pharmacies looking to transform their business model from a *reactive* to a *proactive* business model.

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Value-Based Health Care

- The health care system is moving towards a *value-based* model...
  - What does this mean?

Shift of payments from solely $$ per visit/per script to...
...Payments based both on products dispensed and *performance measures* and <u>outcomes</u>

- Impact on community pharmacy?
  - Less dependence on prescription volume
  - Adoption of a range of clinical services that add to the value of a patient's care

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Where We Are Today

- Early adopters have already implemented advanced clinical services in their pharmacies
  - Building from Medication Synchronization to...
  - Medication Therapy Management to...
  - Complete Chronic Care Management to...
  - Collaborative Team-Based Care

- These early adopters are *banding together* to offer their enhanced services as provider networks to employers and health systems

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Where We Are Going

- NCPA is working to foster the re-engineering of independent community pharmacies to become more:
  - *Patient-Centered,*
  - *Adherence-Focused,*
  - *Technologically-Advanced, and*
  - *Outcomes-Driven*

- In this model, pharmacies offer enhanced services through which they collaborate with the entire health care team to drive better overall health outcomes
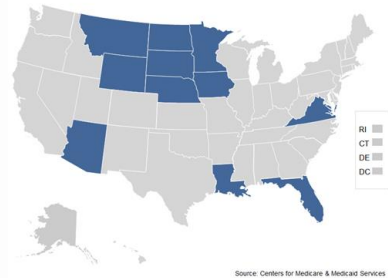
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Slide 1

- Medication Synchronization
- Adherence Packaging
- Comprehensive Medication Review
- Immunizations
- Long-Acting Injectables
- Home Delivery/Home Visits
- Durable Medical Equipment
- Compounding
- Naloxone Dispensing
- Disease State Management
  - Diabetes, COPD/Asthma etc.
- Health Coaching
- Lab Tests
- Point of Care Testing
- Smoking Cessation
- Nutritional Counseling
- Pharmacogenomic Testing
- Specialty Pharmacy Dispensing
- Collection of Vitals

And more… All in *collaboration* with the entire health care team

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Enhanced MTM Model

RI
CT
DE
DC

Source: Centers for Medicare & Medicaid Services

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A Fundamentally Different Approach to Payment and Delivery

Fee-For-Service

Pre-Encounter	Encounter	Post-Encounter	Disengaged
x	$$$$	x	x

Population Management

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

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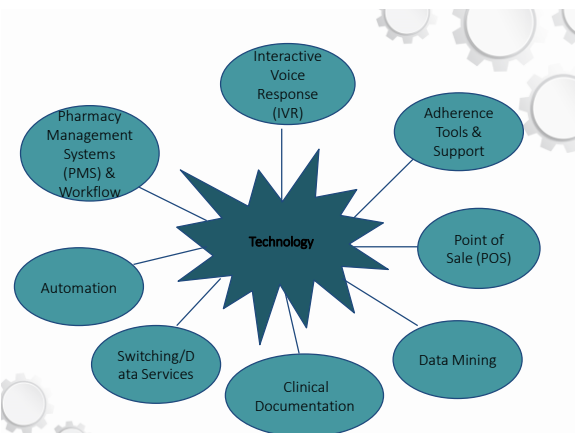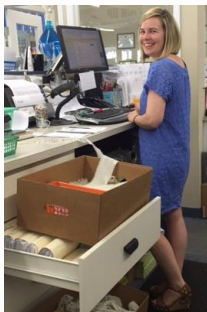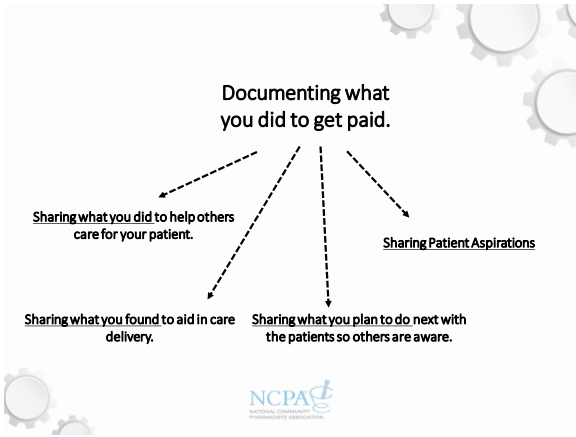PHARMACISTS ASSOCIATION

Opportunity: In Economic Terms to Pharmacy

- Typical Referred Patient 10 Rx/Pt/Month

- Profit per Rx   ~$10

- How it Breaks Down
  - ~ 2 pts/week/referred to adherence program
  - $100/pt/yr X 104 pts =   **$10,400 in annual net profit per year**

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Technology…Where to Start?

Slide 6

Interactive Voice Response (IVR)

Pharmacy Management Systems (PMS) & Workflow

Adherence Tools & Support

Technology

Automation

Point of Sale (POS)

Switching/Data Services

Clinical Documentation

Data Mining

Slide 1

Documenting what
you did to get paid.

Sharing what you did to help others
care for your patient.

Sharing Patient Aspirations

Sharing what you found to aid in care
delivery.

Sharing what you plan to do next with
the patients so others are aware.

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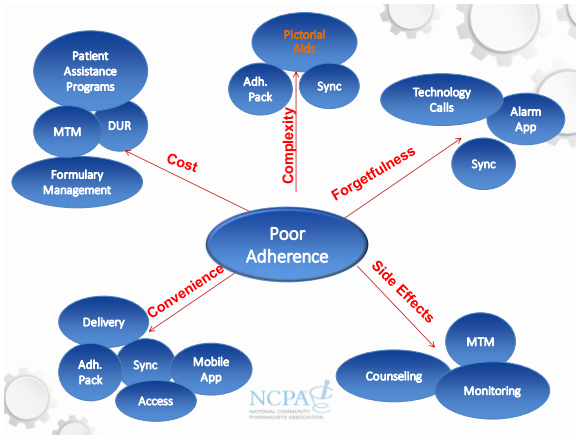PHARMACISTS ASSOCIATION

Clinical Decision Making Technology

- Pharmacy Management Systems
  - Adherence support
  - Quality ratings/reports
  - Check with PMS vendor on specific solutions
  - Population Health Management
- Clinical Dashboards
  - Streamline ABM and other clinical functions
  - Allow way to *document* encounters
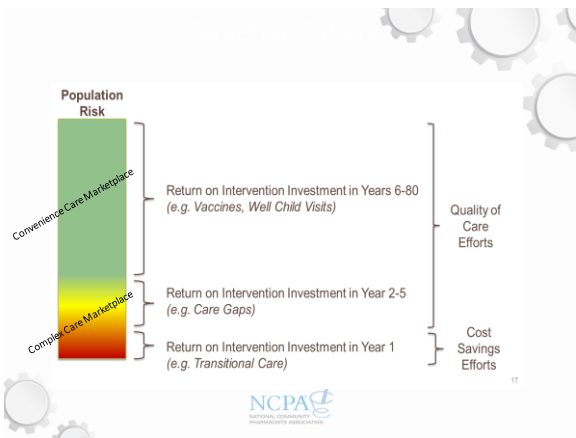 - Adherence Technology Checklist
- MTM Platforms

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Slide 3

Pictorial Aids

Adh. Pack   Sync

Patient Assistance Programs

MTM   DUR

Formulary Management

Technology Calls   Alarm App

Sync

Cost   Complexity   Forgetfulness

Poor Adherence

Convenience   Side Effects

Delivery

Adh. Pack   Sync   Mobile App

Access

Counseling

MTM

Monitoring

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Identification of Patients

- Existing patients with trends of poor adherence to chronic medications
- Recurrent visits to ED or hospital
- Transportation challenges
- Literacy challenges
- Complex medication regimens
- Looking to reduce number of visits to the pharmacy

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Slide 5

Population Risk

Convenience Care Marketplace

Complex Care Marketplace

Return on Intervention Investment in Years 6-80
(e.g. Vaccines, Well Child Visits)

Return on Intervention Investment in Year 2-5
(e.g. Care Gaps)

Return on Intervention Investment in Year 1
(e.g. Transitional Care)

Quality of Care Efforts

Cost Savings Efforts

17

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Example of Population Management Tool

Patient Risk Score -

Patient Risk Score   75 - VH (Very High Risk)
Last Updated: 4/12/2016   Source: PioneerRx

Source is either
PioneerRX for
National or CCNC
for CPESN

Hospitalization Patient Risks

30 Day Hospitalization   Very High   Risk for hospitalization
12 Month Hospitalization   Very High   Risk for hospitalization within next 12 months

Drug Therapy Problems

Therapeutic DTP   Very Low   Therapeutic consideration-related drug therapy problem
Adherence DTP   Low   Adherence-related drug therapy problem
Discrepancy DTP   Very High   Discrepancy-related drug therapy problem

Close - ESC

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Patient Notification and Management Tools

- Outbound call reminders
- Text alerts confirming medication is ready for pick up
- App to manage medications

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Advanced Practice Model Opportunities for Community Pharmacy

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Clinical Service Business Planning

- How do I start to make changes today that allow for more time for other patient care opportunities?
- What is the void in my community? How can I help improve this?
- What is the cost of a new service? ROI? How do I measure my ROI?

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What Is the ABM?

Appointment-Based Model (ABM):
Coordinating all of a patient's prescription medications to be picked up on the **same date** each month, coupled with communications from the pharmacy.

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1. Determine and list the chronic monthly prescriptions the patient will be taking.	Lisinopril 20mg daily (due 4th) Crestor 20mg daily (due 16th) Metformin 500mg BID (due 22nd)
2. The medication with the highest copay should become the anchor prescription.	Crestor 20mg (due 16th)
3. Calculate the quantity needed for each medication to synchronize it with the anchor prescription.	Lisinopril 20mg (12 tablets) Metformin 500mg (50 tablets)
4. Contact the patient's prescriber, explain your coordinated refill program, and request two prescriptions for each "synchronized" medication: •One for the quantity required for synchronization •A second for the normal monthly quantity	
5. Short fill the appropriate prescription(s) to synchronize with the anchor prescription. Document on the hard copy the one-time short fill was for adherence program.	

Program Mechanics

- **7 Days Prior**
  - Pull patient files 7 days ahead of their refill date
  - Call patient to review meds; ask about recent hospitalizations/physician visits
- **3-7 Days Prior**
  - Review for prescriptions with zero refills
  - Update the patient profile in the dispensing system

Final Fill Procedures

- **1-2 Days Prior**
  - RPh reviews orders and resolves any clinical issues identified by the program manager
  - Review inventory/order products
  - Dispense product(s)
  - Call and remind patient to pick up prescriptions

Appointment Date

- **Day Of**
  - Patient picks up medication
  - Offered option to speak with RPh to address any issues
  - Opportunity for pharmacy to add other patient care services—immunizations, MTM, etc.

Tips from the Experts

- Designate a technician to run the daily operations
- Leverage your software
  - Identify non-adherent patients
  - Group patients by 'sync' date
  - Reports to help with patient calls
- Test it out with 5-10 patients first
- Engage your front-line staff (they're your best marketers!)

Free 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

ABM Impact on Workflow

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

Transitions of Care Programs

- Builds off your adherence programs
- Helps health systems deal with readmission penalties
- Several different strategies to get started
- All about building your case with the health system/group practice

Staffing

- Manage practice like a physician's office
  - Staff to help support pharmacist services
  - Delegate administrative tasks
- Utilize staffing resources effectively
  - Technician as med sync program manager
  - Care coordinator to schedule appointments

Technician(s)

- Real MVPs of the pharmacy
- General understanding of medications
- Role an evolve past dispensing
  - SMM program manager
  - Scheduler
  - Technology guru—packaging machine, PMS expert, clinical dashboards

Student Pharmacists

- Both paid pharmacy interns and APPE students
- Pharmacist "extenders"
- Allow pharmacist to focus on other tasks, serve additional patients
- Trained to document; use expertise!
- MTM/CMRs, immunizations, documentation of doctor changes, biometric screenings for self-ensured companies

Immunization Workflow

Patient Requests Vaccine
- Technician/Intern helps with health background questionnaire.
- Technician/Intern retrieves and prints out information from the state 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 gives vaccine. Technician/Intern prepare yellow Immunization Record and MD letter for patient
- Pharmacist verifies Immunizations. Record and initials.
- Technician/Intern faxes record to MD and files papers.

Adherence Technician | Administrative Assistant | Clinical Pharmacist

Consultation Room | Inventory

Cashier | Pharmacist | Fill Technician | Input Technician

Delivery

Example Workflow
Input Technician

Key Responsibilities
- Determine if patient is on attribution list
- Assess profile for adherence when processing prescriptions
- Clean up medication lists (discontinue medications)
- Document identified DTPs on *DTP Short Form*
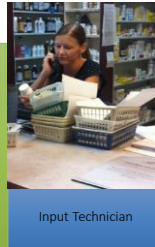
Input Technician

Technician Tool: DTP Short Form

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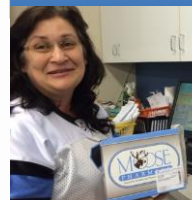
Filling Technician

Key Responsibilities
- Accurately prepare medications for dispensing
- Answer phone
- Identify potential DTPs
- Document identified DTPs on DTP Short Form
- Alert pharmacists if consultation is needed

Filling Technician

### *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 PASS machine

Monthly Follow-Up Calls

- Patients called prior to synch date each month to assess adherence and changes in medication regimen
  - Standardized script to fully assess
    - Problems with medications
    - Changes to medication regimen
    - Review of each specific medication
   - Evaluation of need of PRN medication
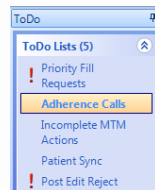
Evaluation of Adherence

- Integrate additional technology in dispensing process to access a comprehensive database for patient-specific prescription fill history, provider, pharmacy and adherence measures to prescribed therapy

Dispensing Pharmacist

Key Responsibilities
- Final verification on all medications
- Review medication history
- Counsel patients
- Maximize encounters with attributed patients
- Alert Clinical Pharmacist when CIPA needed
- Identify DTPs
- Resolve medication-related problems through care coordination

Pharmacist

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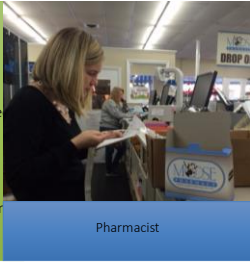
Clinical Pharmacist

Clinical Pharmacist

Key Responsibilities
- Prioritize attribution list
- Perform Comprehensive Initial Pharmacy Assessments (CIPA)
- Identify Drug-Therapy Problems (DTPs)
- Home Visits
- Perform Transition of Care Assessments
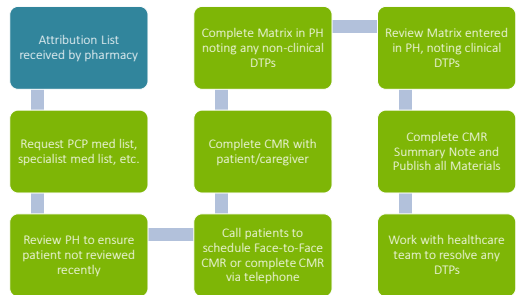- Documentation and follow up with patients

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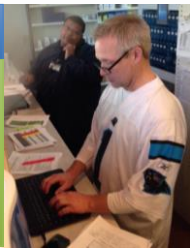NATIONAL COMMUNITY
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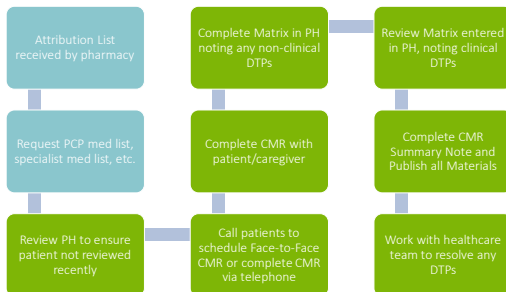
Administrative Assistant

Administrative Assistant
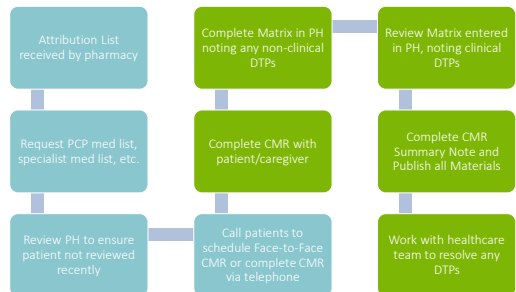
Key Responsibilities
- Sort attribution lists
- Request labs and medication lists from provider(s)
- Assist with documentation of DTPs
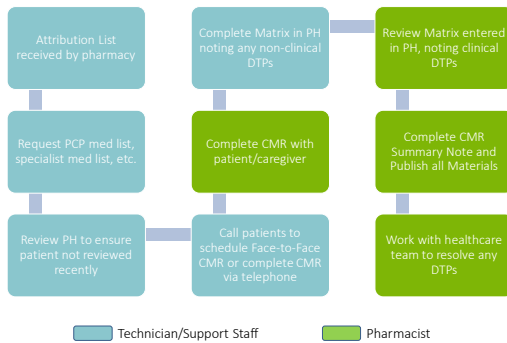- Builds medication matrix
- Schedule patient appointments

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Attribution List received by pharmacy → Complete Matrix in PH noting any non-clinical DTPs → Review Matrix entered in PH, noting clinical DTPs

Request PCP med list, specialist med list, etc. → Complete CMR with patient/caregiver → Complete CMR Summary Note and Publish all Materials

Review PH to ensure patient not reviewed recently → Call patients to schedule Face-to-Face CMR or complete CMR via telephone → Work with healthcare team to resolve any DTPs

Technician/Support Staff   Pharmacist

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Technician/Support Staff   Pharmacist

Flowchart:
- Attribution List received by pharmacy → Complete Matrix in PH noting any non-clinical DTPs → Review Matrix entered in PH, noting clinical DTPs
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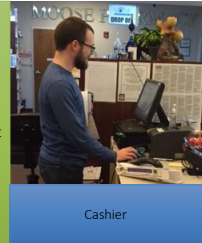
Legend: Technician/Support Staff | Pharmacist

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)

Cashier

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Delivery

Key Responsibilities
- Deliver medications to patient's home
- Provide instructional video(s) through iPad
- Notify pharmacists through Face Time for consultations
- Report back signs of poor adherence to pharmacist(s)

Delivery

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Realigning the Team

- Cross train staff
- Individual team members have ownership
  - Point person for calls
  - Pride in work
  - Easier to troubleshoot obstacles
- Consider job descriptions for each position

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Engaging the Team

- Give them the "why"
  - Together we can help our patients stay healthy and out of the hospital
  - ACOs/Health Systems are being penalized for readmissions
- Focus on the brand you want to build
  - Health and wellness destination
  - Define key messaging
- Listen to the staff

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Summary of Our Pharmacy Learnings

- Frequently discuss initiative with entire team to create a culture of providing value-based care
  - Frequent Team Meetings
  - When you stop talking about it, staff resume "old" practices
  - Encourage everyone to work at the top of their degree
- Be efficient at dispensing medications
- Complex patients require time away from the workflow
  - Invest in resources when appropriate to assist with workflow
- Relationship building is key to successful intervention

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Are You Ready?
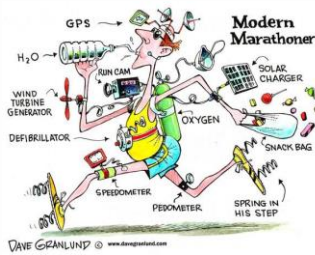
Take-Away Points

- Health care is moving to a value-based payment model.
- Community pharmacists are adequately trained and ready to help patients stay healthy and out of the hospital.
- Implementing (and optimizing) an ABM program helps free up pharmacist time.
- Small changes in workflow and technology can equate to big changes in opportunities.

Questions?

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