Disclosures

- Ashley Branham is receiving an honorarium for this program. The conflict of interest was resolved by peer review of the slide content.
- Bri Morris declares no conflict of interest or financial interest in any product or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.
Learning Objectives

1. Discuss how an ABM program can positively affect pharmacy operations.
2. Outline staffing/workflow considerations needed for enhanced service delivery.
3. Create job descriptions for key roles of pharmacy team in a re-engineered practice.
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 care coordination from the pharmacy.
Best Thing Since Sliced Bread

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

Improved:
- Communication
- Patient adherence
- Quality of care
- Health outcomes
- Workflow/efficiencies
- Inventory management
- Business margins
ABM Impact on Workflow

• Reactive → proactive
  • Optimizes dispensing process
  • “The way we do business here”

• Scripts → patients
  • Are we optimizing therapy?
  • How’s the patient’s adherence?

• Facilitates the patient appointment
  • Opportunity for revenue each month
  • Additional time for meaningful patient interaction
Hello, Goodbye

• 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
  • Taking care of patients who run out of pills
## Synchronization: How It Works

<table>
<thead>
<tr>
<th>Action</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Determine and list the chronic monthly prescriptions the patient will be taking.</td>
<td>Lisinopril 20mg daily (due 4&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
<tr>
<td></td>
<td>Synthroid 137mcg daily (due 16&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
<tr>
<td></td>
<td>Metformin 500mg BID (due 22&lt;sup&gt;nd&lt;/sup&gt;)</td>
</tr>
<tr>
<td>2. The medication with the highest copay should become the anchor prescription.</td>
<td>Synthroid 137mcg (due 16&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
<tr>
<td>3. Calculate the quantity needed for each medication to synchronize it with the anchor prescription.</td>
<td>Lisinopril 20mg (12 tablets)</td>
</tr>
<tr>
<td></td>
<td>Metformin 500mg (50 tablets)</td>
</tr>
</tbody>
</table>
Synchronization: How It Works

4. Contact the patient’s prescriber, explain your ABM program, and request two prescriptions for each “synchronized” medication:
   • One for the quantity required for synchronization
   • A second for the normal monthly quantity

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

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

• 3-7 Days Prior to the Appointment
  • Initiate refill requests, PAs; contact prescribers as needed
  • Update the patient profile in the pharmacy management system
  • Pharmacist reviews orders and resolves any drug therapy problems identified by the program manager
Final Fill Procedures

• 1-2 Days Prior
  • Review inventory/order products
  • Dispense product(s)
  • Call and remind patient to pick up prescriptions
Appointment Date

• Patient picks up medications
• Pharmacist addresses any clinical issues
  • Are we optimizing patient therapy?
  • How’s the patient’s adherence?

ABM is more than syncing medications to the same day. The key is leveraging the patient appointment for enhanced service delivery.
Tips from the Experts

• Designate a technician to run the daily operations
  • Best use of staff time
  • Something for them to “own”
  • Vested interest in success

• Leverage your software
  • Identify non-adherent patients
  • Group patients by ‘sync’ date
  • Reports to help with patient calls
  • Robust sync programs
Med Sync Pearls

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

1. **Patient Requests Vaccine**
   - Technician/Intern helps with health background questionnaire.
   - Technician/Intern retrieves and prints out information from the Immunization Registry.

2. **Patient Completes Questionnaire**
   - Technician/Intern checks for completeness and gives patient the Vaccine Information Statement.
   - Technician/Intern process vaccine. Pharmacist verifies.

3. **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 paperwork
Before Appointment: Technician/Intern sets and confirms appointment, prepares medication list, checks adherence, and retrieves immunization records.

During Appointment: Technician/Intern confirms all information with patient, Intern can perform services with pharmacist supervision, and write documenting notes.

After Appointment: Pharmacist reviews notes and bills for services. Technician/Intern follow up with patient and provider as needed.
Different Approach to Payment and Delivery

Fee for Service

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

Population Health Management

Pre-Encounter: $
Encounter: $$
Post-Encounter: $
Disengaged: $
Failing Forward: Our Guide to Prepare Community Pharmacy for Delivering Value

- Rethink Workflow Operations
- Population Management Strategies
- Shifting the Patient’s Expectation of the Pharmacy Experience
Value Stream for Observed Pharmacy

Courtesy of Edward P. Fitts Department of Industrial and Systems Engineering, North Carolina State University
Identify Opportunities for Improvement

Clinical

Patient Interview
Gather Patient Info
Consult with Provider
Create Care Plan
Follow up with Patient

Operational

Patient's name on attribution list
Documentation
Mark DTPs as Resolved

Courtesy of Edward P. Fitts Department of Industrial and Systems Engineering, North Carolina State University
## Pharmacy Demographics

<table>
<thead>
<tr>
<th>Resources</th>
<th>Pharmacy</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
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<td>Percent Non-Value Added Time for Workers</td>
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<td>Average Wait Time for Patients (minutes)</td>
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## Comprehensive Initial Pharmacy Assessment

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<thead>
<tr>
<th>Pharmacy</th>
<th>A</th>
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<tr>
<td>Contacting providers about DTPs</td>
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<td>✓</td>
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*Courtesy of Edward P. Fitts Department of Industrial and Systems Engineering, North Carolina State University*
## Medication Synchronization

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<tr>
<td>Starting patients on Med Sync with software</td>
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<tr>
<td>Calling patients monthly before filling meds</td>
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## Medication Delivery

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<tr>
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<tr>
<td>Drivers taking notes to bring back about patient’s medication</td>
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<tr>
<td>Drivers checking in on patients who are difficult to contact</td>
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<td>N/A</td>
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</tr>
</tbody>
</table>
## Clearly Defined Processes & Roles

<table>
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<tr>
<th>Pharmacy</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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<th>F</th>
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<tbody>
<tr>
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</tbody>
</table>

## Utilizing Staff Members at Highest Ability

| Only pharmacist is in charge of all aspects of CIPA |   |   |   |   | ✓ |
| Pharmacy students are in charge of all aspects of CIPA |   |   |   | ✓ |
| Pharmacist utilizes other staff members for CIPA tasks |   | ✓ | ✓ |   | ✓ |
| Staff members besides students are engaged in CIPA tasks | ✓ | ✓ | ✓ |   |   |
| Technicians target patients from attribution list | ✓ | ✓ |   |   | ✓ |
| Technicians perform patient outreach for CIPA     |   |   |   |   | ✓ |
| Technicians fill out PharmaceHome Matrix          | ✓ | ✓ |   |   | ✓ |
| Technicians fill out PharmacyHome DTPs            |   |   |   |   | ✓ |
| Technicians identify patients for med sync        | ✓ | ✓ |   |   | ✓ |
| Technicians perform monthly med sync calls        | ✓ | ✓ |   |   | ✓ |
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.”
Glimpse into Operations

Input & Counting Typical Day

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

11:00AM-6:00PM – DTP follow up queue in dispensing system. Call patients, physicians offices, insurance and comment on progress in dispensing system. Assist pharmacist with inputting matrices for CMRs
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 investigates the issue and takes necessary steps to resolve DTP
- DTP documented in platform

Example form:

<table>
<thead>
<tr>
<th>Patient Name: Daffy Duck</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOD: 1/1/40</td>
</tr>
<tr>
<td>ID: 967530A</td>
</tr>
<tr>
<td>Medication: Metformin 500 mg</td>
</tr>
</tbody>
</table>

- Need additional refills
- Lost prescription
- System failure (i.e., rejected claim, eligibility)
- Memory/cannot remember
- Order unclear or incomplete
- Pt unaware of med change
- Concern for side effects
- Med changed
- Felt better
- Med discontinuation
- Felt worse
- Pt not taking med (write reason below)
- Low health literacy
- Other (write below)

Response:
- Clarified
- Implemented
- Modified
- Declined by provider
- Pending
- Not implemented by pt

Comments:
Stopped taking because it makes his stomach upset

DTP Date: 9/1/15  Initials: CPH
Glimpse into Operations

Adherence Technician Typical Day

8:30-9:30AM – Identify patients for phone calls. Attributed patient noted in profile.

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

1:30PM-5:00PM – Process patient medications – primary DTPs during this part of the day will be system failure (insurance reject, PA required) DTPs added to dispensing system DTP queue via MTM Actions. Help with DTP queue as allowed.
### Scripts for Techs Calling/Meeting With Patients

#### HEART FAILURE:

<table>
<thead>
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<th>Yes</th>
<th>No</th>
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| **• 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?** | |
Glimpse into Operations

Dispensing Pharmacist

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

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

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

Cashier

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

8:30AM-6:00PM – Schedule CMR for pharmacist at point of sale if no time to do CMR

• Notify staff if attributed patient chooses not to get a drug at register or if returned by delivery driver
Glimpse into Operations

Delivery Drivers

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

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

...We need to deliver services differently
Meet Karrie

“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.”

Adherence Technician
Identifying Drug Therapy Problems- It’s a Team Approach

• Prescription **ON HOLD** for simvastatin 40mg and aspirin 325mg
• Prescriber office (different from the PCP) was contacted. Told that the patient was recently discharged from the nursing home
• Patient’s PCP was also notified to discuss discrepancies in medication regimen. PCP unaware of patient’s most recent discharge from nursing home.
• Patient was notified and fill was initiated
• Medication was delivered to the patient’s home
Identifying Drug Therapy Problems- It’s a Team Approach

- Prescription **ON HOLD** for simvastatin 40mg and aspirin 325mg

*Student Pharmacist* Discovery through Data Mining Project
Identifying Drug Therapy Problems- It’s a Team Approach

- Prescription **ON HOLD** for simvastatin 40mg and aspirin 325mg
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Consulted with **Pharmacist** and **Adherence Technician** Notified Prescriber
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Consulted with **Pharmacist** again and **Adherence Technician** Notified PCP
Identifying Drug Therapy Problems- It’s a Team Approach

• Patient was notified and fill was initiated
• Medication was delivered to the patient’s home

**Pharmacist** discussed with patient and alerted **Technician** to fill the medications

**Delivery Driver**
Panel Management & Risk Stratification

- Managing a panel of patients is new to community pharmacy
  - Adequate training is needed to acclimate to this model

- Patients at different levels of risk need different types or intensities of services from enhanced service pharmacies
  - Assists with targeting intensive activities toward highest risk, most complex patients

![Composite Score: 81](chart.png)
Using Risk Scores in Your Community Pharmacy

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

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

For those not reached, flag in the system to alert staff at next point of contact
Using Risk Scores in Our Community Pharmacy

![Adherence Program Selection Tool]

<table>
<thead>
<tr>
<th>Patient Risk Score</th>
<th>80-100</th>
<th>60-79</th>
<th>40-59</th>
<th>20-39</th>
<th>0-19</th>
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<th>Medication Possession Ratio (MPR)</th>
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Using Risk Scores in Your Community Pharmacy

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

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No Population Management Tool?

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

• Trends of poor adherence to chronic medications
• Recurrent visits to ED or hospital
• Transportation challenges
• Literacy challenges
• Complex medication regimens
• Looking to reduce number of visits to the pharmacy
Changing Patient Expectations

• The patient experience in the CPESN model may be different than how the patient previously worked with his or her pharmacy.
Strategies for Patient Engagement

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

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

Phone: 7047866521

Patient Name: [redacted]
Address: [redacted]

Date Of Birth: [redacted]
Gender: Female

Prescriber Order Number: CERN11487928001

RxReference Number: [redacted]

Written: 10/03/2016

Medication NDC
Prescribed: Narcan 4 Mg Nasal Spray
NDC: 69547-0353-02

Medication: Narcan 4 mg/0.1 mL nasal spray
Days Supply:

Quantity: 2.0000 Each
Refills: 1 (additional refills)

Directions: 4 mg NO STRIL, 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: