RE-ENGINEERING YOUR PHARMACY PRACTICE: PROMOTING ADHERENCE-BASED CARE
JULY 15, 2017
7:45 – 8:45 AM

ACPE UAN: 0107-9999-17-103-L04-P 0.1 CEU/1.0 hr
Activity Type: Knowledge-Based

Learning Objectives for Pharmacists: Upon completion of this CPE activity participants should be able to:
1. Identify opportunities for patient care in your pharmacy
2. Describe how collaboration can improve patient outcomes
3. Discuss logistics and benefits of pharmacist-provider collaboration in various care settings

Speaker: Bri Morris, PharmD
Dr. Bri Morris is the Director of Strategic Initiatives at the National Community Pharmacists Association (NCPA). Dr. Morris currently leads NCPA’s adherence initiatives and develops programs to assist community pharmacists in streamlining workflow to add enhanced services. Collaborating with corporate sponsors and other stakeholders, she works to ensure medication adherence is a core competency of the pharmacy profession by empowering community pharmacists with the tools needed to make a measurable impact on the nation’s $290 billion medication adherence problem. Dr. Morris recently led a first-of-its-kind adherence network pilot involving 84 independent community pharmacists in the state of Arkansas. She currently resides in Alexandria, Virginia. She studied at the University of Central Arkansas before attending the University of Arkansas for Medical Sciences for her pharmacy training. Dr. Morris is a graduate of the NCPA Executive Residency Program in Association Management and currently serves as the residency director.

Speaker Disclosure: Bri Morris reports no actual or potential conflicts of interest in relation to this CPE activity. Off-label use of medications will not be discussed during this presentation.
Re-Engineering Your Pharmacy Practice: Promoting Adherence-Based Care

Bri N. Morris, Pharm.D., Director of Strategic Initiatives
National Community Pharmacists Association

Disclosure

Bri Morris reports no actual or potential conflicts of interest associated with this presentation.
Learning Objectives

Upon successful completion of this activity, pharmacists should be able to:

1. Identify opportunities for patient care in your pharmacy.
2. Describe how collaboration can improve patient outcomes.
3. Discuss logistics and benefits of pharmacist-provider collaboration in various care settings.

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 outcomes

• Impact on community pharmacy?
  • Less dependence on prescription volume
  • Adoption of a range of enhanced services that add to the value of a patient’s care
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 networks to employers and health systems

Where We Are Going

• NCPA Innovation Center 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
Enhanced Pharmacy Services

- Medication Synchronization
- Adherence Packaging
- Comprehensive Medication Review
- Immunizations
- Long-Acting Injectables
- Home Delivery/Home Visits
- Durable Medical Equipment
- Compounding
- Naloxone Dispensing
- Specialty Pharmacy Dispensing

- Disease State Management (DM, COPD/Asthma, etc.)
- Health Coaching
- Lab Tests
- Point of Care Testing
- Smoking Cessation
- Nutritional Counseling
- Pharmacogenomic Testing
- Collection of Vitals

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

What Is Med Sync?

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.
Med sync is the way we practice here.

Best Thing Since Sliced Bread

Patient
- 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

Physician
- Physician
- Pharmacist
- Patient
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
**Program Mechanics**

**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 4th)</td>
</tr>
<tr>
<td></td>
<td>Synthroid 137mcg daily (due 16th)</td>
</tr>
<tr>
<td></td>
<td>Metformin 500mg BID (due 22nd)</td>
</tr>
<tr>
<td>2. The medication with the highest copay should become the anchor prescription.</td>
<td>Synthroid 137mcg (due 16th)</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.

7-10 Days Prior to the Appointment

• Call patient to review medications
• Assess adherence
  • Have you been to the doctor in the last month?
  • Have you been in the hospital in the last month?
  • Are you taking any new prescription or over-the-counter medications?
  • Are there any other changes we need to be aware of at this time?
### 3-7 Days Prior to the Appointment

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

### 1-2 Days Prior to the Appointment

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

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

ABM is more than syncing medications.

Leveraging the patient appointment for enhanced service delivery is key.
Tips 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 RTS reject for being <30 days)
- Figure out your anchor
  - Highest copay med
  - Delivery area
  - Disease state ➔ drive to enhanced services
  - Pay schedule
Finding and Creating Opportunities

Chronic Care Management (CCM)

• Designation under Medicare that reimburses qualified providers to provide Chronic Care Management (CCM) services
• Aims to better coordinate the care these patients receive
• Non-face-to-face care coordination services furnished to Medicare beneficiaries who reside in the community setting
• Opportunity to bill “incident to” prescriber
Eligible Patients

Medicare beneficiaries with **two or more** chronic conditions who reside in the community setting

- Alzheimer’s disease and related dementia
- Arthritis (osteoarthritis and rheumatoid)
- Asthma
- COPD
- Depression
- Diabetes
- Hypertension
- Infectious diseases such as HIV/AIDS

Nearly **two-thirds** of Medicare patients have two or more chronic conditions.
Components of CCM

- Structured Data Recording – Demographics, Problems, Medications, Allergies, etc
- Comprehensive Care Plan
- Access to Care/Continuity to Care
- Manage Care – (ongoing assessment, med reconciliation, etc)

Billing Overview

**CCM (99490)**
- At least 20 minutes
- National average $43*

**Complex CCM (99487)**
- More than 60 minutes of time
- High risk or complex patient population
- Revision of patient care plan
- National average is $94

**Complex CCM Add-on (99489)**
- Allows providers to bill for each additional 30 min after billing complex CCM
- National average is $47

Community Pharmacy’s Opportunity

- Allowed under *general* supervision by provider
  - Does not need to be physically present in building
  - Exception to the rule
  - Bill “incident to” provider

- Types of partnerships
  - Directly employed
  - Independent contractor
  - Leased employment

- Reimbursement structure to be discussed between provider and pharmacist

In many markets, chronic care management is an *untapped* revenue and collaboration opportunity.
Identifying Your PCP Partner

• Start with the prescribers you and your patients know
  • Shared patients with the pharmacy
  • Leveraging an existing relationship
• Proximity to pharmacy
• Interest in collaborative relationship/Team-based care

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
### Diversified Revenue Opportunities

- 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

### Free Tools/Resources

- Implementing Med Sync video series
  - <25 minutes
  - Step by step training
  - Great for pharmacy staff
  - [www.youtube.com/NCPAvids](http://www.youtube.com/NCPAvids)

- Diversified Revenue Opportunities
  - CCM, transitions of care, and other opportunities
  - [www.ncpanet.org/ic](http://www.ncpanet.org/ic)
Free Tools/Resources

• APhA CCM Resource
  • Overview for pharmacists
  • Offers in-depth implementation information

• CDC/NASPA/APhA Collaborative Practice Agreements Toolkit
  • Overview of CPAs
  • Includes sample CPAs and their application
  • [https://www.cdc.gov/dhdsp/pubs/docs/CPA-Team-Based-Care.pdf](https://www.cdc.gov/dhdsp/pubs/docs/CPA-Team-Based-Care.pdf)

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.
• Collaborating with prescribers to offer CCM services could provide a revenue stream for much of the service community pharmacies already offer.
Questions?
Bri N. Morris, Pharm.D., Director of Strategic Initiatives
National Community Pharmacists Association
bri.morris@ncpanet.org