

Bringing Profits to the Business of Medication Adherence

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Learning Objectives

- Outline tools and tips for operating a successful community pharmacy-based medication synchronization program.
- Describe chronic care management and transitional care management collaboration opportunities.
- 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 a higher level of care, 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

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

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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.

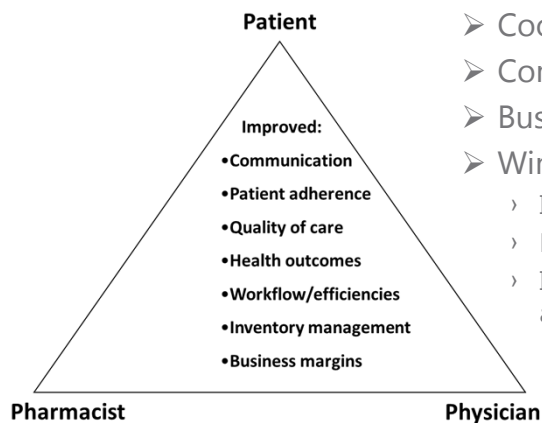
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Med sync is the way we practice here.



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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

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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



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Synchronization: How It Works

Action	Example
1. Determine and list the chronic monthly prescriptions the patient will be taking.	Lisinopril 20mg daily (due 4 th) Synthroid 137mcg daily (due 16 th) Metformin 500mg BID (due 22 nd)
2. The medication with the highest copay should become the anchor prescription.	Synthroid 137mcg (due 16 th)
3. Calculate the quantity needed for each medication to synchronize it with the anchor prescription.	Lisinopril 20mg (12 tablets) Metformin 500mg (50 tablets)

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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.

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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?

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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

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1-2 Days Prior to the Appointment



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



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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?



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ABM is more than syncing medications.

Leveraging the patient appointment for enhanced service delivery is key.



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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

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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

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Finding and Creating Opportunities



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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

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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

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



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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)

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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

To find billing information in your area, check out the CMS's Physician Fee Schedule Look-Up Tool:

<https://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

Complex CCM Add-on (99489)

Allows providers to bill for each additional 30 min after billing complex CCM

National average is \$47

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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

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



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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

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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

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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

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Free Tools/Resources



Implementing Med Sync video series

- <25 minutes
- Step by step training
- Great for pharmacy staff
- www.youtube.com/NCPAvids

Diversified Revenue Opportunities

- CCM, transitions of care, and other opportunities
- www.ncpanet.org/ic

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Free Tools/Resources



- APhA CCM Resource
 - Overview for pharmacists
 - Offers in-depth implementation information
 - <https://www.pharmacist.com/sites/default/files/CCM-An-Overview-for-Pharmacists-FINAL.pdf>
- 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>

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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.

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Questions?



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