



## Community Pharmacy Foundation (CPF) Research Forum

Linda Garrelts MacLean, RPh – CPF Vice President  
Michelle Chui, PhD – Moderator, Grantee  
Anne Marie (Sesti) Kondic, PharmD – CPF Executive Director

Learning about impact of CPF process & grants! #APhA2017. @CPFgrants

**APhA 2017**  
San Francisco, CA  
March 25, 2017

## Welcome



CPF Research Forum  
APhA 2017

### CPF Research Forum Goals

1. Provide an opportunity for CPF grantees to connect at APhA
2. Share current CPF research activities
  - ◆ Process / Implementation Tools
  - ◆ Evidence
3. Discuss future funding opportunities

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## CPF Board and Staff



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 Brian Jensen, RPh, Two Rivers, Wisconsin  
 Carlos Ortiz, RPh, Amherst, Massachusetts

Anne Marie (Sesti) Kondic, PharmD  
 CPF Executive Director  
 Chicago, Illinois

## Strategic Interests



See Isetts, et al 2017 publication (academic)

CPF is interested in grants that highlight new and emerging patient care innovations that are sustainable, transferable, and replicable in community pharmacy practice.

<b>Goal 1: The Community Pharmacy Foundation will invest in grant making to advance community pharmacy by supporting projects or initiatives that target:</b>	
<b>Patient Care Best Practices</b>	<ul style="list-style-type: none"> <li>➤ PQA collaboration for quality measures and development of public Pharmacy Stars comparison tool.</li> <li>➤ Identify the impact of CPF grants on the profession, academicians and community pharmacy practitioners.</li> <li>➤ Consumer awareness of the value of pharmacists' services.</li> <li>➤ Capture and integrate the voice of the patient into models of care supported by CPF grant activity. <i>New</i></li> </ul>
<b>Health Care Delivery Models</b>	<ul style="list-style-type: none"> <li>➤ Continued grant support for:                             <ul style="list-style-type: none"> <li>○ Topics of payment reform, delivery reform and real-time data integration.                                     <ul style="list-style-type: none"> <li>▪ Value-based compensation for pharmacist services/care (moving from volume to value).</li> <li>▪ The pharmacists' role in emerging and/or redesigned care delivery models.</li> </ul> </li> </ul> </li> </ul>
<b>Provider Status</b>	➤ Collaborate to advance national provider status achievement and contribute toward state and local community pharmacy transformation leading to 'coverage for' and 'access to' pharmacists' services.
<b>Future Practice</b>	➤ Catalyze the preparation of pharmacists through grants, projects and collaborations to assure they are ready for value-based payment and provider status recognition.
<b>Advocacy</b>	➤ Collaborate with national organizations to support advocacy initiatives.
<b>Goal 2: The Community Pharmacy Foundation will invest in communication initiatives to advance community pharmacy.</b>	
<b>CPF Grants</b>	<ul style="list-style-type: none"> <li>➤ Develop website enhancements to identify grants that focus on:                             <ul style="list-style-type: none"> <li>○ <b>Process</b> - transferable methods and materials for community pharmacists to advance patient care.</li> <li>○ <b>Demonstrated Value</b> - quantifiable evidence supporting the impact of community pharmacists to healthcare organizations, providers, patients or consumers. <i>New</i></li> </ul> </li> <li>➤ Maintain communications and information access to internal and external stakeholders.</li> </ul>



## Michelle Chui, PharmD, PhD

Associate Professor  
School of Pharmacy  
University of Wisconsin

## My CPF Experiences




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**Search results**  
The following CPF Grants match your search criteria...

Year	P.I.	Category	Title	Status
2006 <a href="#">View Details</a>	Michelle Chui Midwestern University College of Pharmacy - Glendale	Pharmacy Management & Ownership Location: Arizona	Evaluation of Computer Generated DUR Alerts in Community Pharmacy Resources: <a href="#">CPF Synopsis</a>   <a href="#">Report</a>   <a href="#">Publication</a>	Grant Complete
2013 <a href="#">View Details</a>	Michelle Chui, Pharm.D., Ph.D. University of Wisconsin School of Pharmacy	Pharmacy Management & Ownership Location: Wisconsin	Enhancing Physician Referral and Recommendation of Pharmacist Provided MTM Services Resources: <a href="#">CPF Synopsis</a>   <a href="#">Report</a>	Grant Complete
2012 <a href="#">View Details</a>	Michelle Chui, Pharm.D., Ph.D. University of Wisconsin School of Pharmacy	Pharmacy Management & Ownership Location: Wisconsin	Impact of e-prescribing on patient safety and pharmacy workflow in community pharmacies Resources: <a href="#">CPF Synopsis</a>   <a href="#">Poster</a>   <a href="#">Publication</a>	Grant Complete
2013 <a href="#">View Details</a>	Michelle Chui, Pharm.D., Ph.D. School of Pharmacy, University of Wisconsin	Pharmacy Management & Ownership Location: Wisconsin	Examining Causes, Consequences, and Interventions to Address E-Prescribing Errors in Community Pharmacies Resources: <a href="#">CPF Synopsis</a>   <a href="#">Publication</a>	Grant Complete
2016 <a href="#">View Details</a>	Michelle Chui, Pharm.D., Ph.D. University of Wisconsin - Madison, School of Pharmacy	Pharmacy Management & Ownership Location: Wisconsin	How can we improve interruption management in community pharmacies Resources: <a href="#">CPF Synopsis</a>	Grant Complete

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## Grantee Presentations



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- Share current CPF research activities
  - ◆ Process / Implementation Tools
  - ◆ Evidence
- Each grantee has content in the *NEW* CPF Toolkit

**Funding Available**  
Discover An Opportunity Today!

**CPF Grants**

Vision, Mission & Goals

**Grant Applications**

Next Grant Submissions Due:  
Midnight Tuesday, June 06, 2017  
(Pacific Time)

**The Grant Process:** Discover | Apply  
Faculty | Practitioner | Residents  
Students | Others

**Awarded**

All CPF Grants (170)

- In Study (31)
- Completed (139)

**GRANTS**

- 📁 Toolkit
- 📄 Journal Publications
- 🔗 Best Practices

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## Research Forum Grantees



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**Grantee**

- 1 WSPA
- 2 IPA
- 3 Dragatsi & Co.

**Geography**

- West
- Midwest
- East

**Funding Category**

- > \$100,000
- \$50 - 100,000
- \$25 - 50,000


**Duration**

- Multi-year
- 18 months
- 12 months

**Scope**

- National
- State
- Local

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## CPF Grantees

### APhA Poster Presenters and Poster Numbers

- Jenny Arnold / Jeff Rochon<sup>1</sup>
  - Presentation – Pharmacists as Credentialed Providers
- Kate Gainer<sup>2</sup> / Anthony Pudlo
  - Presentation – New Community Pharmacy Practice Model
- Elizabeth Dragatsi<sup>2</sup> (#48)
  - Presentation – Pharmacist & Thriving in Place Patients
- John Galdo / Uni Chung<sup>4</sup> (#227) – Depression Screenings – DSIP
- John Galdo / Cheyenne Godwin<sup>4</sup> (#233) – Student-led Depression Screenings
- Julie Urmie (#409) – Pharmacies and Medicaid Managed Care Transition
- Ashley Abode / Ryan Wheeler<sup>3</sup> (#448) – Clinic-based Care Transitions
- Christina Nunemacher / Sarah Jones<sup>3</sup> (#464) – Discharge-based Care Transitions

### All CPF Grantees – Stand for Recognition

Presentations  
<sup>1</sup>Credentialing and Privileging: The New Pharmacy Musts Sunday - Mar 26<sup>th</sup> | 7:30-8:30am | Moscone - Esplanade 301  
<sup>2</sup>PharmTalk: Innovative Practices in Pharmacy Services Sunday - Mar 26<sup>th</sup> | 3:30-5:30pm | Moscone - Esplanade 304  
<sup>3</sup>PGY1 Community Pharmacy Resident | <sup>4</sup>PharmD Candidate

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## Pharmacists Billing as Medical Providers

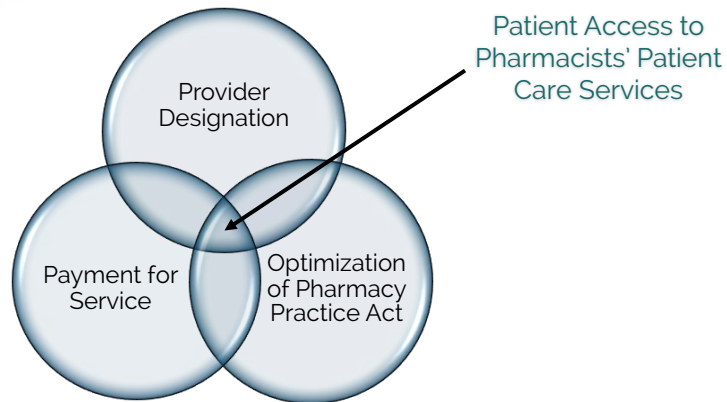
Jenny Arnold, PharmD, BCPS  
Director of Practice Development

# Medical Billing



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# Challenge



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## Potential Solution: "Every Category of Provider" Law



- RCW 48.43.045(1) requires health plans to **include access to every type or "every category" of licensed medical provider** to provide health care services to care for conditions included in the basic health plan.
- WAC 284-43-205, "health carriers shall **not exclude any category of provider** who provide health care services or care within the scope of their practice for conditions covered by basic health plan (BPH) services.

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## The Final Solution: SB 5557




Health plans recognize pharmacists as patient care providers for covered benefits:

- Health plans required to include **adequate** number of pharmacists in their participating provider networks.
- Includes services covered as essential health benefits requirements.



## Tiered Implementation



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2016

Health carriers who delegate credentialing to health facilities must accept pharmacists employed or contracted by those facilities in their participating provider networks.


Health facilities reimbursed for covered services based on negotiated contracts.

2017

Health carriers must accept pharmacists in their participating provider networks.

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## Now What? How? Who?



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- Advisory Committee
- WSPA Work Groups
  - WSPA Contracting, Credentialing and Privileging
  - WSPA Billing, Coding, Documentation
  - WSPA Technology and Communication
  - WSPA Outcomes and Research
  - **CPF Resource: Work Group Report on CPF website**

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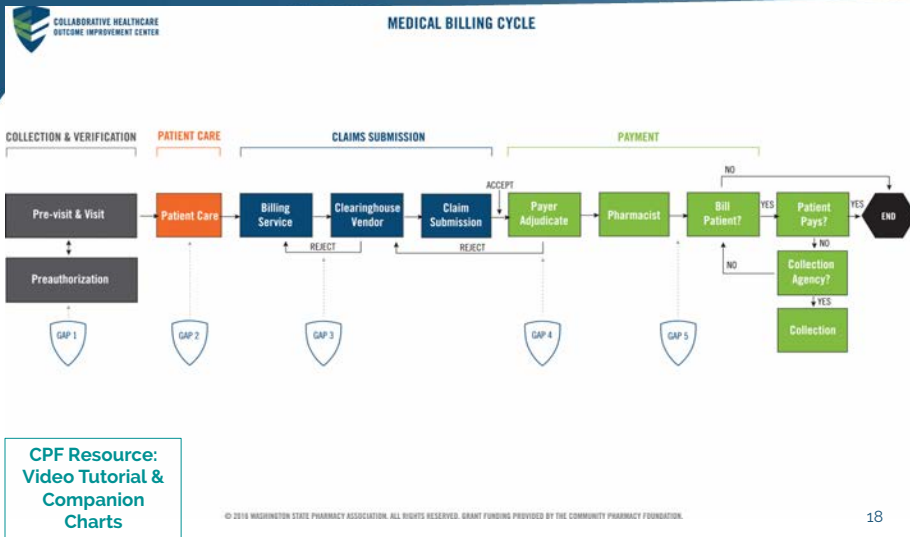
## What Does It Mean To Be A "Medical Provider"?



- Pharmacists must meet all the same requirements as other providers
  - Contracting
  - Credentialing
  - Meeting Prior authorization requirements
  - Checking eligibility and benefits
  - Billing payers and patients for services
  - Collecting copays and co-insurance
  - Documenting patient encounters
  - Sharing clinical information with other providers and health plans

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## Lessons Learned



# Success!



Pharmacists are billing for services and being paid  
- All levels of complexity

## Coding E&M: Established Patient Office Visit

	99211	99212	99213	99214	99215
<b>Decision Making</b>		Straight forward	Low	Moderate	High
<b>History</b>	Presenting Problem is minimal	Problem focused	Expanded problem focused	Detailed	Comprehensive
<b>Exam*</b>		Problem focused (1-5 elements)	Expanded problem focused (> 6 elements)	Detailed (> 2 elements from 8 systems OR > 12 elements)	Comprehensive (All elements from > 9 systems)

Code	Intensity	Time mins
99211	Minimal problems	5
99212	Requires problem focused history and exam; straightforward medical decision making	10
99213	Expanded problem focused history and exam; low complexity medical decision making	15
99214	Detailed history and exam; moderate complexity medical decision making	25
99215	Comprehensive history and exam; high complexity medical decision making	40

- 85610 (650) – INR/PT
- 36415 (190) – Collection of venous blood by venipuncture
- 36416 (137) – Collection of capillary blood (finger, heel, ear)

# Continuation / Next Steps



- Identifying solutions and partners to work with pharmacists
- Education of vendors
- Potential new software systems needing to be developed
- Preparing the profession for credentialing and changes in practice

Thank you!



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## **The Need for Consensus When Building The Iowa New Practice Model**

Anthony Pudlo, PharmD, MBA, BCACP  
Vice President, Professional Affairs  
Iowa Pharmacy Association

## A New Pharmacy Practice Model



An initiative to reengineer the community pharmacy business and workflow model to improve efficiencies and patient care delivery

- *Pharmacists*
- *Technicians*
- *Pharmacies*



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## New Practice Model Task Force



- Mission and goals
  - Enhanced patient safety
  - Recognized by patients, providers, and payers of healthcare as a valuable service model
  - Improved patient health outcomes
  - Reproducible
  - Professionally rewarding
  - Financially sustainable

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## Process



- Task Force formation
- Legislative & Regulatory changes for Pilot projects
- Site identification
- Funding requests
- Project manager hired
- Pilot applications to BOP
- BOP approval – 18 month pilot projects

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## Pilot Projects Approved



- Phase I – tech verification for refills only (7 sites)
- Phase II – tech verification for refills (10 sites)
- Phase III – tech verification for refills & new Rx's (13 sites, 12 currently active)

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## Tools & Resources



- NPM Site Evaluation Criteria
- Workflow Process Map
- Policy & Procedures – Table of Contents
- Advanced Technician Training Description
- Sample Site-Specific BOP Application



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## Impact / Significance



- Implementing TCT/tech product verification worked well in majority of sites
- Great results – very low error rates and effectively freed up pharmacists' time for patient care
- Strong commitment from sites and researcher led to good quality project/results
- Sites acted collaboratively, openly sharing ideas and resources
- Opened doors with other healthcare groups, ACOs, and payers

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## Continuation / Next Steps



- IPA legislative priority
  - Amend definition of 'tech-check-tech'
- Preparing pharmacies
  - Pharmacists; Technicians; Owners/Management; Patients
- Pharmacist payment
  - Value based payments
    - ◆ Private payer Value-Based Pharmacy Program
  - Enhanced MTM (Part D, Region 25)
  - CPESN Iowa
- Other States: WI, TN, SD, ID, AZ, MD, etc...

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## It Takes a Village...



- Pharmacies:
 

<ul style="list-style-type: none"> <li>– Hartig Drug</li> <li>– Hy-Vee</li> <li>– Main at Locust</li> <li>– Medicap GRX</li> <li>– Mercy Family Pharmacy</li> <li>– NuCara Pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>- Target</li> <li>- Thrifty White</li> <li>- Towncrest</li> <li>- Walgreens</li> <li>- Wester Drug</li> </ul>
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- Drake University College of Pharmacy & Health Sciences
  - Innovative Research in Pharmacy Practice - Michael Andreski (Fri - 3/24/17)
- The Collaborative Education Institute
- Funding Support:
  - McKesson Corp., Community Pharmacy Foundation, National Association of Chain Drug Stores, Telligen, Iowa Healthcare Collaborative

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## Questions

Anthony Pudlo, PharmD, MBA, BCACP

Iowa Pharmacy Association

[apudlo@iarx.org](mailto:apudlo@iarx.org)



## Integrating Pharmacist Support into Thriving in Place Home Health in Maine

Elizabeth Dragatsi, RPh, BCPS, Pharmacist -  
Pharmacotherapy,

Dragatsi & Co.

APhA San Francisco 2017






Community Pharmacy Foundation




OH NO!

info@communitypharmacyfoundation.org


## Issues / Challenges



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**Challenges:**  
Quality – untracked medication errors, opiate crisis  
Access – underserved population with low health scores, provider shortage/turnover  
Cost – long medication lists difficult to afford and sustain adherence, use of samples obviate guidelines, then discontinuation entails inordinate cost



**Baseline finding:** in project immediately preceding this one, 31.3% drug lines reviewed by pharmacist required pharmacist recommended change in complex, chronically ill patients (ROI for pharmacist 1:24)

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## Enter Collaboration Partners ...



- 1) Dexter Family Practice
- 2) Piscataquis Thriving in Place Collaborative
- 3) UNE College of Pharmacy (student support)
- 4) Dragatsi & Co.
- 5) 8 Community Pharmacists in Charge, Piscataquis County and town of Dexter
- 6) Community Pharmacy Foundation (grant funding)




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## Dates that defined the grant project



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**3/16** · New (rigorous) collaborative practice (CPA) agreement regulations in Maine

**4/16** · Community Pharmacy Foundation grant approval  
· New Maine legislation limiting dosing and dose limits of opioids

**7/16** · First CPA approved in Maine under new regulations by Maine Board of Pharmacy to Dragatsi & Co./Dexter Family Practice for opioid weaning


**9/16** · Fall Prevention Week, Dragatsi & Co. collaboration with Piscataquis Thriving in Place Collaborative and 8 pharmacies to screen complete medications lists for fall risk

**2/17** · Extension of Collaborative Practice Agreement into A1C and Polypharmacy Reduction

**3/17** · APhA Presentations, (includes poster #48)

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## Impact / Significance




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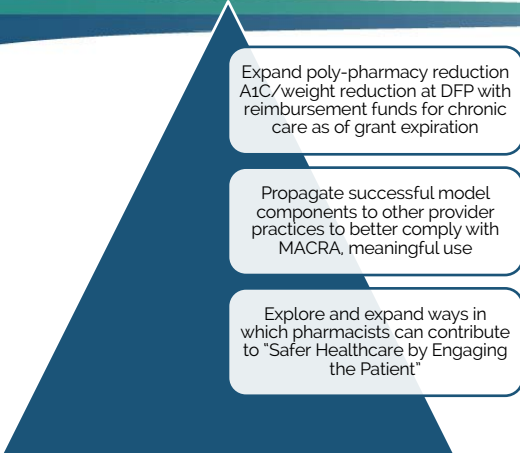
- Opiate Weaning - 43.3% Morphine Sulfate Equivalent (MSE) reduction in 6 months in 30 patients (4602 to 2605)
- Smoking Cessation - 72.7% new smoking cessation attempts among *smokers*, (8/11 in the group of 33 chronic pain patients)
- A1C/Weight Reduction: reached 2,000 lb milestone collectively lost at Dexter Family Practice since 5/1/15 to 3/9/17, n=175. For those patients flagged under CQM meaningful use measures for 2017, A1C normalized in first 2 of 15 patients whose A1C exceeds 7.0 in January and February with first-time pharmacist inclusion in clinical decision-making ... Keep posted!
- Polypharmacy Reduction: 3 patients avoided institutionalized care, 1 patient got out of her medication cost 'donut hole' with improved cardiac EF.
- Fall Prevention Week: ROI 1:28, \$279,103 worth of preventable ADR's identified in 25 patients
- Demonstrated pharmacist integration models attracted interest for presentations to quality, provider, and pharmacist meetings. See APhA Poster #48.


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## Continuation / Next Steps



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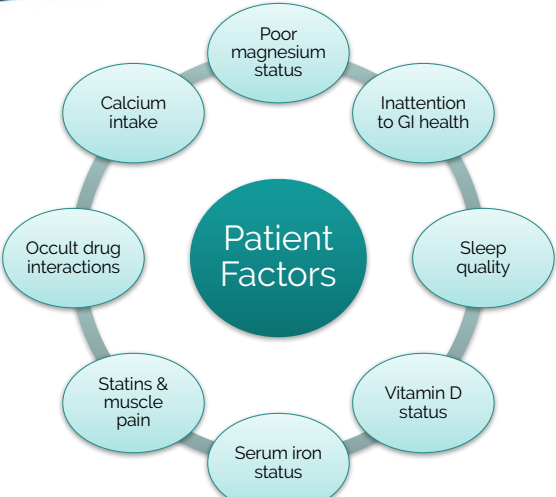
**PHARMACISTS  
PROVIDE CARE**

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## What Pressing Clinical Issues Did We Find?



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Tools developed on CPF website:

1. Chronic pain management assessment
2. OTC medication/supplement support list for chronic pain management
3. Home medication administration records for improved medication organizer set-up, adherence

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**Pharmacist integration can extend provider capabilities, improve quality and reduce cost.**

**Questions?**


[info@communitypharmacyfoundation.org](mailto:info@communitypharmacyfoundation.org)

## Let's Share



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# Questions



# Discussion

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## Thank You!



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- #APhA2017, @CPFgrants
  - Continue to Tweet, Like & Join via Social Media – YOU are our BEST resource
- Resources
  - CPF Toolkit on Website
  - Materials
    - ◆ CPF Analysis Manuscript
    - ◆ Get The Meds Right (GTMR) Report
    - ◆ Pharmacist Statewide Protocols: Key Elements for Legislative and Regulatory Authority (NASPA / NABP)
  - Feedback Cards
- [communitypharmacyfoundation.org](http://communitypharmacyfoundation.org)
- [amkondic@communitypharmacyfoundation.org](mailto:amkondic@communitypharmacyfoundation.org)

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