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CPF Executive Director

Background

Community Pharmacy Foundation (CPF) Mission:
To assist community pharmacy practitioners by providing resources for research and development to encourage new capabilities and continuous improvements in the delivery of patient care.

First Grants Awarded

Current Grants In Study: 38
Grants Completed: 113
Total Grants Funded: $7,172,583

Methods

Data Sources
CPF Website
Interviews
CPF Personnel

Data Analysis

Objective 1: Scope
1. Research Domain
2. Institution Type
3. Funding Level

Objective 2: Impact
1. AHRQ Impact Level
2. Three Part Aim
3. CPF Coordinated Med Use
4. Funding Opportunities
5. Awards
6. Reimbursement Reform

Methods

Quantitative
Chi-square
T-tests

Qualitative
N = 107
created we will financially support pharmacists for medication reviews collaborative associations (NASPA) Excellence in patients so that they could be affected by services, as well as the outcomes. This was a fairly new and thus showed that employers "has been expanding the roles of pharmacists..."

Figure 1

IMPACT: AHRQ & Three-Part-Aim

Figure 4

AHRQ Impact Levels for Completed CPF grants by year (N=107)

Table 2: Coordinated Use of Medications: Fulfillment for Completed CPF Projects

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Initial (N=1)</th>
<th>Recent (N=71)</th>
<th>Initial (N=1)</th>
<th>Recent (N=71)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Value</td>
<td>83%</td>
<td>74%</td>
<td>71%</td>
<td>63%</td>
</tr>
<tr>
<td>Data Integration</td>
<td>95%</td>
<td>87%</td>
<td>95%</td>
<td>87%</td>
</tr>
</tbody>
</table>

Figure 8: Coordinated Use of Medications: Fulfillment for completed CPF grants.

Conclusions

1. SCOPE: Research projects remained broad, but with increased emphasis on value-based medication management.
2. IMPACT: Research orientation shifted from descriptive to applied.
3. IMPACT: Grants have been important for primary investigator (a) practice development and (b) promotion and advancement.
The research conducted based on the funding received helped to improve the understanding of the impact of pharmacists on care delivery and the effectiveness of various payment models. The results of the study have been shared widely at national and international conferences. The investigator has been recognized for their contributions and has received several awards for their work.

**Practice Development**
This research helped to develop new models for the delivery of care that could be adopted by other pharmacists and organizations. The investigator used the findings to develop educational programs for pharmacists and other healthcare professionals.

**Promotion & Advancement**
The results of the study have been used to enhance the visibility of the investigator within the field of pharmacy and to promote their work in the community. The investigator has received several awards and recognitions for their contributions.

**Reimbursement Reform**
The research conducted helped to develop new payment models that align with the goals of improving patient outcomes and reducing costs. The investigator has been involved in the development of policies and guidelines for the implementation of these models.

**New & Expanded Collaborations**
The research conducted has led to new collaborations with other organizations and researchers. The investigator has also received funding for new projects based on the results of the study.

**Funding Opportunities**
The investigator has been successful in securing funding for new projects based on the results of the study. The funding has been used to support further research and to improve the health outcomes of patients.
An interdisciplinary approach to increase billable patient care opportunities in a rural community pharmacy resulting in positive patient outcomes

Geoffrey Twigg, PharmD, BCACP, CDE
John Motsko, RPh, CDE
Jeffrey Sherr, RPh, FACA

Who We Are

- A full service pharmacy offering
  - Traditional Pharmacy Services
  - Durable Medical Equipment
  - Oxygen therapy
  - Extensive compounding
  - Long term care services
  - Infusion – (sterile processing facilities)
  - MTM services
  - On site Diabetes Center

Goals for CPF Grant Funding

- Build a financially stable, interdisciplinary program around a Center of Excellence (COE) model in a community pharmacy.
- Goals for implementation:
  - Increase in the number of patients
  - Improved clinical outcomes
  - Increase in billable clinical services

Necessity

- Reason for a non-traditional solution:
  - One third party payers notified us that DSME is a covered benefit when it is provided by a licensed healthcare professional who is a CDE
  - However, a pharmacist in a pharmacy that is a CDE cannot be credentialed to provide these services.

Methods

- The Diabetes Center set up a separate 'Clinic' to house all clinical services
- The Clinic used credentialed providers working for the clinic to bill as rendering providers

Results from Increased Opportunities

- 309 patients were seen at least once
- 120 graduates of the 10-hour DSME class
  - Average A1C drop from 1.29
  - Average BMI drop from 3.28
- Outcomes data has led to clinical pharmacist being offered 'provider status' by some commercial payers
Limitations

- Many commercial third party payers have different requirements for credentialing and for the amount of oversight for the rendering provider must provide.

Conclusions

- Creating an interdisciplinary team business model inside of a community pharmacy can increase:
  - The number of billable opportunities
  - Expand the quality of services
  - Attract new patients
  - Increase referrals from other providers

Impact

- The pharmacy has been able to increase the number of pharmacist hours dedicated to clinical services
- The pharmacy has seen an increase in the number of patients that have transferred prescriptions due to the offering of clinical services
- The pharmacists have seen an increase in their acceptance with local physicians as a result of these programs

CPF Research Forum – Slide preparation guidance

- Insert 8 – 10 slides
- No more than 10 slides as total time 12 min in presentation: 1 min questions; 1 min transition
- Objectives / Methods
- Results
- Conclusions
- Impact
- How has or will CPF funding of this project advance community pharmacy practice?
- You can cover the blue graphic on this slide if needed for figures and tables.
- Return slides to Anne Marie Kondic by close of business on Thursday, March 3rd
- Arrive to Room 302 by 10:50am ET on Saturday, March 5th. Session is from 11am – 12pm
- Any questions contact Anne Marie at amkondic@communitypharmacyfoundation.org or 312.498.3101 (mobile)
Community Pharmacist Provision of Preconception Care via Medication Therapy Management

Natalie A. Dipietro, PharmD, MPH
David R. Bright, PharmD, BCGP
Dani Korsus, PharmD, MBA
Lindsay Batz, PharmD, MPH
David M. Hertzell, PharmD, BCADM
James Garthner, RPh, MBA

1. Ohio Northern University; 2. Ferris State University; 3. OutcomesMTM; 4. CareSource

Objectives

1. To raise awareness and educate community pharmacists about preconception care and how to provide preconception care via medication therapy management (MTM)
2. To demonstrate the ability of a statewide network of community pharmacists to provide preconception care services through the MTM framework

Methods

• A free, written 1-hour ACPE-approved continuing education program was developed
  – Focus: pharmacists, pharmacy technicians
  – The program was distributed electronically and posted online
  – The program is available at the following link: http://www.raabe.org/mtm/

• Targeted medication review (TMRs) were developed to provide patient education focused on 3 aspects of preconception care:
  1) teratogenic medications
  2) folic acid
  3) MMR and/or hepatitis B vaccine(s)

• A sample of women aged 15-45 years enrolled in CareSource were eligible for the intervention

• Ohio pharmacists participating in the OutcomesMTM network completed the TMRs through the Connect platform

• The initial project launched November 21, 2015
  – An expansion began on February 18, 2016
  – The project is IRB-approved

Results

• As of February 3, 2016
  – 25 pharmacists have completed the CE program
  – Over 300 pharmacists have completed a TMR, as follows:

<table>
<thead>
<tr>
<th>Pharmacy Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Chain</td>
<td>48</td>
</tr>
<tr>
<td>Medium Chain</td>
<td>50</td>
</tr>
<tr>
<td>Large Chain</td>
<td>163</td>
</tr>
<tr>
<td>Independent</td>
<td>7</td>
</tr>
<tr>
<td>PSAO</td>
<td>20</td>
</tr>
<tr>
<td>Overall</td>
<td>288</td>
</tr>
</tbody>
</table>

• Over 280 pharmacies have completed a TMR, as follows:

<table>
<thead>
<tr>
<th>Pharmacy Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Chain</td>
<td>355</td>
</tr>
<tr>
<td>Medium Chain</td>
<td>471</td>
</tr>
<tr>
<td>Large Chain</td>
<td>191</td>
</tr>
<tr>
<td>Independent</td>
<td>130</td>
</tr>
<tr>
<td>PSAO</td>
<td>156</td>
</tr>
<tr>
<td>Overall</td>
<td>788</td>
</tr>
</tbody>
</table>
Qualitative feedback has been received by some pharmacists when completing TMRs:
- Patient received first dose of hepatitis B vaccine in pharmacy that day after receiving patient education from the pharmacist.
- Patient requested the pharmacist to contact physician for prescription for folic acid after receiving patient education from the pharmacist.
- Patient initiated folic acid after receiving patient education from the pharmacist.

Final determination of results will occur after a quantitative analysis of outcomes of pharmacists' interventions.

Hundreds of pharmacists in hundreds of different pharmacies across Ohio were rapidly engaged in the provision of a preventive service not previously documented at this scale.

Provision of preconception care via MTM can be implemented in any community pharmacy with minimal training and support.

To our knowledge, this is the first project to determine the feasibility of pharmacists providing preconception care using MTM and billing a third party for services.

Results of this project may provide justification for additional payers to reimburse for similar MTM services.

Through demonstrating the impact on preconception care, the role of the community pharmacist may continue to expand to include provision of additional preventive care services.

Funding and Acknowledgments:
- This project was funded in part through a grant from the Community Pharmacy Foundation (grant #152).
- The following are acknowledged for their contributions to this project:
  - Anne Marie Kondic, PharmD, & the Community Pharmacy Foundation
  - Erin Brigham, MPH, Research Lead, Healthcare Research, CareSource
  - Bob Gladstone, Vice President, Analytics, CareSource
  - Kristina Rossi, PhD, Director, Healthcare Research, CareSource
  - Colleen Reagan, MA, Senior Associate, Client Services, OutcomesMTM

Questions?
Evaluation of Community Pharmacist-Managed Transitions of Care on Hospital Readmission Rates

Rachel I. Smith, Pharm.D., Craig Ottign, Pharm.D., Joshua Feldman, Pharm.D., Beth Engel, Pharm.D., Matthew Witry, Pharm.D., Ph.D.

1Mercy Family Pharmacy. 2The University of Iowa College of Pharmacy

Objective

- To evaluate the effect of community-pharmacist managed transitions of care on 30-day readmission rates for patients identified to be at high risk for hospital readmission.

Methods

- Patients evaluated upon hospital admission by nursing staff using MDS7 risk assessment tool on medical, surgical, and critical floors.
- Patients identified to be at high risk for hospital readmission were seen by community pharmacist.
- Medication-related interventions documented.
- Hospital stay information sent to patient's retailer pharmacy upon discharge for follow-up by telephone at 8 and 25 days post hospital discharge.
- Retrospective 30-day readmission rates were collected from the Mercy electronic health record and compared using chi-square tests.

Results

- Thirty day readmission rates were collected for high risk patients that were seen by the community pharmacist and high risk patients identified but not seen.

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Number readmitted</th>
<th>30-day readmission rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk Patients Seen</td>
<td>497</td>
<td>58 hospital readmissions (within 30 days)</td>
<td>11.7% p&lt;0.01</td>
</tr>
<tr>
<td>High Risk Patients Not Seen</td>
<td>430</td>
<td>92 hospital readmissions (within 30 days)</td>
<td>21.4%</td>
</tr>
</tbody>
</table>

- This care model led to medication-related interventions. High risk patients receiving this care were half as likely to be readmitted within 30 days (p<0.01)
- Limitations: Patients were not randomized to the intervention.
This care model led to community pharmacists connecting with their patients post discharge.

This connection serves two purposes:
- Improved patient health (decreased readmissions)
- Improved pharmacist-patient engagement in the community

Subsequent analyses will describe pharmacist-provided interventions and will estimate the financial impact of the model.

These analyses will contribute to the impact of this care model on community pharmacy practice.