

**Forging a Novel Provider and Private/Public Payor  
Partnership to Compensate Pharmacists for Medication  
Therapy Management Services**

**Final Report**

**Presented to the Community Pharmacy Foundation  
By the Pharmacy Society of Wisconsin**

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## **Background**

The Community Pharmacy Foundation (CPF) awarded a grant in the fall of 2007 to the Pharmacy Society of Wisconsin (PSW) to fund a proposal entitled "Forging a Novel Provider and Private/Public Payor Partnership to Compensate Pharmacists for Medication Therapy Management Services." PSW filed a progress report on October 1, 2008. This is the final report on the CPF-funded components of the project.

PSW has used the grant from CPF to support PSW's efforts to further the development and implementation of a new and comprehensive community pharmacy-based service model that is resulting in improved patient drug use, reduced drug-related costs and enhanced value of community pharmacy practice. This model is called the Wisconsin Pharmacy Quality Collaborative (WPQC). A description of WPQC was provided in the grant proposal submitted to CPF on October 1, 2007, and will be briefly summarized here.

The WPQC is a state-wide consortium of pharmacists and health plan/purchaser representatives dedicated to creating a quality-based pay-for-performance business model that aligns incentives for both pharmacists and payors in the private and public sector and documents the value of these services within the community pharmacy setting.

Through the coordinating efforts of the Pharmacy Society of Wisconsin (PSW), the WPQC has established a truly unique collaborative venture between private health plans, the State of Wisconsin Medicaid program and an initial network of approximately 50 community pharmacies throughout Wisconsin. Three additional key partners in the WPQC are the University of Wisconsin (UW) School of Pharmacy (SOP), the UW Sonderegger Research Center (SRC), and the McKesson Corporation. The SOP provides expertise in education and training, clinical knowledge and evaluation science. The SRC provides the infrastructure (data storage and analysis, survey methodology, etc.) to conduct the evaluation of the project. The SOP and SRC have a long history of successful educational and research programs to combine with PSW's remarkable record of practice advancement. The McKesson Corporation has developed the standardized medication therapy management (MTM) software platform utilized across the WPQC network for documenting pharmacist interventions and for billing.

The goals of WPQC are: (1) To offer high-level quality MTM services; (2) To standardize MTM services throughout the pharmacy/payor network; (3) To develop a quality credentialing process for pharmacy providers; (4) To create a unique partnership of pharmacy providers and private and public payors; (5) To increase the number of payor and pharmacy provider participants over time; (6) To achieve financial self-sustainability.

Initial planning of WPQC began in 2006. Those comprehensive planning efforts eventually led to the formal launch of WPQC in 2008, with two regional managed care organizations signing contracts to participate. Unanticipated delays with contracting and other issues have stalled participation by a large national commercial payor and the

Wisconsin Medicaid program; however both organizations should become full participants in 2010. The reasons for these contracting delays have proven to be valuable lessons learned. Both organizations continue to express a commitment to join WPQC, but in the case of the national commercial payor, issues related to privacy and data security have taken extensive time to resolve. In the case of the Wisconsin Medicaid program, unrelated statewide budgetary issues and priorities have detracted staff from working on the project. Others considering a model such as WPQC should anticipate the complexities of working with large organizations such as these.

The combined coverage of all four payor organizations will be approximately 1,750,000 persons throughout Wisconsin.

We described our initial experiences with WPQC in a recent publication in the *Journal of the American Pharmacists Association* 2009; 49:642-651. (Copy attached to this report.) This article describes the unique features of WPQC and those pharmacist interventions and services for which payment is made. Additional dissemination of our experiences will be described later in this report.

Although not directly linked to this CPF grant, we note in this report that PSW was selected in 2008 to receive demonstration project funding from the Pharmacy Quality Alliance to study the feasibility of creating quality indicator reports for community pharmacy practice. Our demonstration model utilized the framework of WPQC. Pharmacy claims data from WPQC participating payors and the Wisconsin Medicaid program were utilized for calculating and reporting the quality indicator reports. Community pharmacists received their pharmacy-specific reports via a secure web site hosted at the University of Wisconsin. This project is nearing completion.

The remainder of this final report will be devoted to describing our activities related to our CPF grant.

### **Achievement of Project Goals and Objectives**

The following narrative describes the activities and accomplishments surrounding each of the goals for this project as described in our original grant application. We are attaching to this report various work products that have been developed in support of the project's goals and objectives.

#### *Goal A: Complete policies and procedures for participating pharmacies*

The pharmacy network requirements were developed through consensus by the WPQC over approximately one year. They are considered prerequisites for participation in the WPQC and represent "community pharmacy best practices." To date, two of the requirements have been successfully audited (continuous quality improvement and Class I Recalls/FDA Safety Alerts). WPQC pharmacies agree to maintain updated policies and procedures for each of the twelve requirements, and were provided template policies and procedures to customize when joining the program. The WPQC Steering Committee has

endorsed a quality assurance policy that relates directly to the quality requirements and continues to reassess and update quality assurance methods as necessary.

Related sample policies and procedures are included in the "Goal A" section of this binder.

*Goal B: Develop and present pharmacy, pharmacist and pharmacy technician training materials.*

Development of training materials and the presentation of training programs is an ongoing activity of WPQC. Starting with the initial training program in early 2008, PSW has continued to offer targeted live, web-based and self-study training. Training efforts have also been expanded to include fourth-year pharmacy students doing clerkships at WPQC pharmacies as well as the introduction of WPQC concepts and activities into the pharmacotherapy clerkship courses offered at the University of Wisconsin School of Pharmacy.

Additionally, PSW has created a password-protected website containing clinical resources and tools, procedural resources, and marketing resources specific to the WPQC program. Presentations given at training conferences have been converted into audio slide presentations and posted online for home study and training purposes. An MTM toolkit was developed and presented during a well-attended MTM conference at the 2008 PSW Annual Meeting. The toolkit has been made available to WPQC pharmacies as well as PSW and National Alliance of State Pharmacy Association (NASPA) members. The toolkit was developed by PSW and its members and contains practical materials currently being used in practice. Materials contained in the toolkit include: tools used for MTM interventions and comprehensive medication reviews and medication reconciliation; patient medication lists; pediatric and geriatric tools and supporting materials. Examples of training materials developed for WPQC are included with this report. Specific training sessions conducted by PSW since fall 2007 are detailed in an attached document.

*Goal C: Secure payor participation*

Two regional managed care organizations in South Central Wisconsin joined WPQC during the first half of 2008 and continue as participants. Initially, PSW individually presented the WPQC concept to a group of 9 diverse payors, who all agreed to be part of the WPQC. We met for a year with both payors and pharmacists, during which time the network requirements and WPQC program description were solidified. Following the decision to use the McKesson RelayHealth MTM application as our billing, documentation and patient management platform, each payor was presented the opportunity to contract with McKesson as the third party administrator (TPA) for participation in the program. PSW has actively and regularly communicated with the two initial payors (and two forthcoming payors) and McKesson to ensure that the following steps were accomplished prior to official launch of the program: completion of contracts and business associate agreements, eligibility and claims data formatting and transfer,

and coordination of desired data for intervention opportunities “pushed” to pharmacies. Communication with both the payors and McKesson remains important and includes regular check-in calls with both groups to ensure that system development and program questions are addressed in a timely and coordinated fashion,

The PowerPoint briefing given to one of the managed care organizations as part of the process to secure payor participation is included in the “Goal C” section of this binder.

PSW anticipated that at least two additional payor groups would join WPQC in 2009. However that has not happened for various reasons. The large commercial payor that will be the next payor to complete the contracting process in order to enroll in WPQC and to participate, has been engaged with McKesson in extremely protracted contract negotiations over the project; however, we anticipate contract signature in the very near future. The State of Wisconsin Medicaid program has announced its intent to join WPQC in 2010. Its participation will also depend on contract signature and CMS approval of a State Plan Amendment. Participation of the Medicaid program in WPQC has been slowed by agency staff reductions caused by state budget shortfalls and competing agency priorities. However, the State of Wisconsin did include participation in WPQC as one of the state’s health care policy priorities for 2010.

*Goal D: Recruit pharmacy sites for pilot*

PSW staff successfully recruited a small number of pharmacies to serve as the initial beta-test sites for the project. Staff subsequently engaged over 50 community pharmacies as the initial WPQC network for the pilot project. Pharmacies were selected on their ability to meet network quality requirements and to be full participants in the program. Because of the delay in participation of the two large payor organizations (see above), some of the initial pharmacies are in inactive status at present due to a lack of patients covered by the two current participating payors. We anticipate these pharmacies will reactivate their WPQC participation in 2010.

*Goal E: Deliver information technology platform*

WPQC launched beta-testing with Version 1 of the MTM software platform in December 2007. Because of ongoing development work, with considerable input from WPQC pharmacists and PSW staff, participating pharmacies now have Version 4. Future upgrades are planned.

The MTM application provides pharmacists the ability to be “pushed” potentially eligible WPQC patients who use their pharmacy (and recent pharmacy claims data) directly via the software application, pharmacy claims edits, and faxes to the pharmacy. Additionally, the application allows pharmacists to identify (“pull”) eligible patients based upon professional judgment and clinical assessment. The system transmits bundled service claims to the payor using CPT codes linked to each of the services. Whether performing an intervention-based service or comprehensive medication review and assessment service, the system provides the ability to fax the physician directly from the

application. For the more comprehensive services, the system provides a place to document a SOAP note, generate a Patient Medication Record and Medication Action Plan. Clinical algorithms for the management of diabetes and asthma are also embedded within the application.

A strength of WPQC is the common MTM software platform used across all pharmacies. The development of this software has been a collaborative effort between PSW and McKesson, the vendor selected for the project. Our experience has shown the vital importance of community pharmacist and PSW input into the design of MTM technology and has emphasized the value of well-designed MTM technology for communication among pharmacists, prescribers, and third party administrators.

*Goal F: Conduct 1-year pilot project*

The first payor launched its participation in WPQC in March 2008. The second payor joined in June 2008. As described above, the other payor organizations have not yet joined. As a result of this staggered start (payors 1 and 2) and delayed start (payors 3 and 4), we have continued to view WPQC as being in "pilot" mode, even though it has been approximately 18 months since the initial launch. In retrospect, this staggered and delayed start has provided an opportunity to better understand the complexities of this initiative, develop needed materials and staff support, provide a more mature software platform, and prepare for the influx of a very large number of patients with the addition of the next two payors.

*Goal G: Conduct a thorough evaluation of the results of the pilot project and disseminate the results*

The evaluation of certain aspects of WPQC began very early in the project. However, much of the evaluation component of this project needed to be delayed until there was sufficient experience with WPQC to gather the necessary data to make an evaluation meaningful. Our evaluation activities and dissemination of results are highlighted in separate sections of this report.

*Goal H: Expand WPQC membership*

The expansion of WPQC has been delayed until the participation of the State of Wisconsin Medicaid program and the large national commercial payor is finalized. Both organizations should be WPQC participants in 2010, at which point PSW will open the pharmacy network to other pharmacies who wish to join and can meet the network requirements. We anticipate that the participation of the Medicaid program and the other large commercial payor will stimulate further interest in WPQC by other payor groups.

**Project Evaluation**

The formal evaluation of the pilot stage of WPQC is proceeding. Evaluation efforts have been impacted by the staggered initiation of the project by the first two payors, the delay

in participation by payors 3 and 4, and issues obtaining claims data describing the number and types of Level I and Level II services provided by pharmacists during the pilot stage. The components of the evaluation described below are evidence of the work that is ongoing.

1. Researchers from the University of Wisconsin School of Pharmacy have collected data from participating pharmacists regarding perceived barriers to providing MTM services. These results will be published in JPSW in January 2010 and will provide insights into future program development to assist pharmacists in overcoming these barriers.
2. Researchers from the University of Wisconsin School of Pharmacy, in collaboration with PSW staff and payor representatives, have begun to study the implementation of the pharmacy network requirements for WPQC participation. Two formal audits have been conducted. This work has led to one poster presentation (APhA, 2009) and another pending review (APhA, 2010). The results of these audits are now being considered by a working group within WPQC to determine whether network requirements and/or audit procedures should be altered.
3. Researchers from the University of Wisconsin School of Pharmacy have conducted a qualitative assessment to uncover and describe pharmacy work system characteristics that pharmacists identified and changed in order to participate in WPQC. The data from this evaluation provides insight into expanding pharmacist roles within given organizations and work sites.
4. Researchers from the University of Wisconsin have developed a scale to measure pharmacists' self-efficacy in performing WPQC medication therapy management interventions. Using beta-test data provided by WPQC pharmacists, the study team has been able to develop a reliable scale that can be used for future measurement of four domains of self-efficacy among pharmacists participating in MTM programs.
5. A community pharmacy resident at one of the WPQC pharmacies is about to begin an evaluation of the pediatric dose check protocol that is a WPQC network requirement. This evaluation will be conducted within three community pharmacies to determine whether this requirement complies with guidelines for preventing medication errors in pediatric patients.
6. A community pharmacy resident at another of the WPQC pharmacies is working with a University of Wisconsin School of Pharmacy researcher to conduct a detailed examination of how the pharmacy's intranet communication tool can foster collaborative care in the primary care setting. Their study will observe how a novel intranet tool utilized by a family practice medical clinic and a community pharmacy can streamline the communication between the practice settings.
7. PSW staff members have conducted an evaluation of WPQC-related training programs for pharmacy technicians and pharmacy students. The results from these evaluations have been used to shape ongoing training for these groups of individuals.
8. Researchers from the University of Wisconsin School of Pharmacy and staff members from PSW have conducted an initial analysis of pharmacy claims submitted during the first 16 months of the program. This analysis has provided data on the uptake of WPQC Level I and Level II services. The methodology will be utilized for the ongoing claims analysis that will continue as the program expands.

9. Researchers from the University of Wisconsin School of Pharmacy and PSW staff members have performed a return-on-investment analysis on the initial 609 pharmacist interventions that met the criteria for billing. This analysis has been provided to the two payor organizations to inform their decisions regarding the future of their participation in WPQC. While the details of this analysis will not be included in this report, the results are very encouraging and provide evidence that the WPQC model can be financially self-sustaining.

The complete results of the aforementioned analyses are not a part of this report. In some cases, the results appear in abstracts that are appended to the report. We intend to develop these analyses and other WPQC-related experiences into manuscripts or other documents that will be disseminated to a larger audience, a process that has already begun. This deliberate approach to evaluation and publication is evidence of our commitment to fulfilling one of the objectives of our CPF project. Our experiences will be of value to others considering the implementation of MTM services.

### **Dissemination of Results, Experiences, and Other WPQC-related Information**

PSW places a high priority on disseminating results, experiences and other information related to WPQC to the broader pharmacy community within Wisconsin and nationally. We have done so through publications and poster presentations. The following summarizes what we have published or otherwise presented to date. Copies of publications and abstracts are appended to this report.

#### **Publications**

1. Martin BA, Kreling DK. Perceived barriers to providing MTM services as reported by WPQC pilot pharmacists. JPSW 2010. (in press)
2. Trapskin K, Johnson C, Cory P, et al. Forging a novel provider and payer partnership in Wisconsin to compensate pharmacists for quality-driven pharmacy and medication therapy management services. J Am Pharm Assoc 2009; 49:642-651.
3. Trapskin K, Johnson C, Cory P, et al. Forging a novel provider and payer partnership in Wisconsin to compensate pharmacists for quality-driven pharmacy and medication therapy management services. JPSW 2009; Nov-Dec:39-47. (Reprint of JAPhA article)
4. Trapskin K. WPQC: How can I get involved? JPSW 2009; Nov-Dec:35-37.
5. Wong K. Closing the communication loop: strategies to engage WPQC patients and providers. JPSW 2009; Sept-Oct:47-48.
6. Trapskin K. Privacy and the patient experience. JPSW 2009; Jul-Aug:25-26.
7. Gallimore C, Kopacek K. SOAP note documentation. JPSW 2009; Jul-Aug:39-42.
8. Trapskin K. Medication therapy management tips. JPSW 2009; May-June:40-41.
9. WPQC presented at APhA annual meeting. JPSW 2009; May-June:42-44.
10. Trapskin K. "Patients" is a virtue. JPSW 2009; Mar-Apr: 43-44.
11. Trapskin K. Reflections on the pharmacy quality movement. JPSW 2009; Jan-Feb:35-36.
12. Trapskin K. Here we go... JPSW 2008; Nov-Dec:36.

13. Schaefer H, Garvey E, Farrell M. WPQC perspectives. JPSW; Nov-Dec:37-38.
14. Karls A. Improving the quality of care. JPSW; Nov-Dec:39-40.
15. Trapskin K. WPQC in high gear. JPSW 2008; Sept-Oct:37-38.
16. Jester L. Applying MTM core elements to medication reconciliation. JPSW 2008; Sept-Oct:39-42.
17. Shumaker K, Belger A. Pharmacist reflections on Level II services. JPSW 2008; Jul-Aug:25-26.
18. Trapskin K. Ready to launch. JPSW 2008; Jul-Aug:23-24.
19. Trapskin K. WPQC live! JPSW 2008; May-June:18-20.
20. Trapskin K. WPQC pharmacy trainings in full swing. JPSW 2008; Mar-Apr:3-4.
21. Jensen B. The evolution of a caring profession. JPSW 2008; Mar-Apr:5-6.
22. Boyce S. WPQC beta test launches. JPSW 2008; Jan-Feb:38.
23. Trapskin K. Pharmacists and payors in collaboration. JPSW 2007; May-June:52.
24. Trapskin K. Collaborative pharmacy quality group is formed. JPSW 2006; Nov-Dec:20.

#### Poster presentations

1. Trapskin K, Boyce S, Cory P, et al. Forging a novel provider and private/payor partnership to compensate pharmacists for quality-driven medication therapy management services (MTMS). APhA Annual Meeting, 2009.
2. Chui MA, Cory P, Trapskin K, et al. Implementation and assessment of continuous quality improvement for community pharmacies participating in the Wisconsin Pharmacy Quality Collaborative. APhA Annual Meeting, 2009.
3. Martin B, Kreling D. Pharmacists' perceived barriers to providing MTM services in a pilot pay-for-performance program. APhA Annual Meeting, 2009.
4. Boyce S, Trapskin K. Implementation and evaluation of a medication therapy management training program for pharmacy technicians. APhA Annual Meeting, 2009.
5. Boyce S, Trapskin K. Implementation and evaluation of a fourth-year student pharmacist medication therapy management training program. APhA Annual Meeting, 2009.
6. Fang B, Martin B, Kreling D. Benefits of providing medication therapy management services: summary of beta-site pharmacies in the Wisconsin Pharmacy Quality Collaborative MTMS program. APhA Annual Meeting, 2009.

#### Abstract submissions pending acceptance for presentation

1. Trapskin K, Sorum S, Johnson C, et al. The innovative role of a state pharmacy association in building and sustaining the Wisconsin Pharmacy Quality Collaborative medication therapy management services program. Submitted for presentation, APhA Annual Meeting, 2010.
2. Evans M, Mott D, Cory P, et al. Return on investment evaluation of cost-effectiveness interventions within a quality-based medication therapy management pilot program. Submitted for presentation, APhA Annual Meeting, 2010.

3. Wolf J, Cory P, Sveda S, et al. Partnering for progress: a participating payor within the Wisconsin Pharmacy Quality Collaborative provides capacity-building grant support to four community pharmacy practice project. Submitted for presentation, APhA Annual Meeting, 2010.
4. Chui MA, Cory P, Trapskin K, et al. Implementing quality-based, best practice network requirements in WPQC community pharmacies: successes, challenges, and lessons learned. Submitted for presentation, APhA Annual Meeting, 2010.
5. Mott D, Trapskin K, Mahbouba M, et al. Analysis of claims submitted during the initial experience with a quality-based medication therapy management demonstration project. Submitted for presentation, APhA Annual Meeting, 2010.
6. Kuhr L, Gallimore C, Kopacek K, et al. Implementation and evaluation of a comprehensive medication review and assessment training program for pharmacists. Submitted for presentation, APhA Annual Meeting, 2010.
7. Chui MA, Mott DA, Maxwell L, et al. A qualitative assessment of important pharmacy work system facilitators to pharmacist role expansion. Submitted for presentation, APhA Annual Meeting, 2010.
8. Martin BA, Chui MA, Thorpe JM, et al. Development of a scale to measure pharmacists' self-efficacy in performing WPQC medication therapy management interventions. Submitted for presentation, APhA Annual Meeting, 2010.
9. Wolf JN, Kieser M, Johnson C, et al. Review of a pediatric dose check protocol at three community pharmacies. Submitted for presentation, APhA Annual Meeting, 2010.
10. Boe L, Chui M, Jensen B, et al. Enhanced communication in primary care – use of a novel intranet communication tool to foster collaborative care. Submitted for presentation, APhA Annual Meeting, 2010.
11. Robinson J, Trapskin K, Mott D, et al. The Wisconsin Pharmacy Quality Collaborative experience with testing the feasibility of community pharmacy performance measurement and reporting. Submitted for presentation, APhA Annual Meeting, 2010.
12. Mott D, Robinson J, Johnson C, et al. An evaluation of web-based reporting of community pharmacy quality indicators. Submitted for presentation, APhA Annual Meeting, 2010.
13. Cory P; Maves T. The Wisconsin Pharmacy Quality Collaborative: a novel partnership between payors and pharmacies to incentivize high quality patient-focused care in the community pharmacy. Submitted for presentation, AMCP Annual Meeting, 2010.

#### Platform presentation

1. Cory P. Measuring and Improving the Quality of Care – Community Pharmacy Perspective, the Wisconsin Pharmacy Quality Collaborative (WPQC). Platform presentation at the 2008 annual meeting of the American College of Clinical Pharmacy.

## **Conclusions and Next Steps**

WPQC has the potential to change the landscape of community pharmacy practice in Wisconsin. Our model has the unique combination of a state pharmacy organization, a network of community pharmacists, a national software developer, and a mix of private and public payors willing to create a new business model that will improve the quality and safety of medication use, compensate pharmacists for their services, and achieve financial sustainability. We are also pleased with the collaborative efforts of the University of Wisconsin School of Pharmacy in the evaluation of WPQC.

The lessons we learn from WPQC will be valuable to other states and other organizations that are contemplating implementation of comprehensive medication therapy management programs. We anticipate that the outcomes of this program will spark interest within other payor organizations that may be searching for a model of financially sustainable MTM programs that will simultaneously improve medication use for patients.

Our experience confirms the difficult nature of creating, implementing and sustaining such a model. The demands on resources are formidable during the conceptualization and implementation phase. The financial assistance of CPF through this grant has been invaluable. The money has been well-spent. The work of WPQC will continue and expand. During 2010 we will seek additional funding to secure the ongoing development of WPQC. We hope that public and private funding agencies will see the exciting possibilities that lie within and are being realized by the WPQC model of MTM. Further development of the WPQC infrastructure, materials development and the expansion of the network will require substantial ongoing resource commitments, but this model of community pharmacy practice is so important that it must succeed.