



COMPLETED GRANT SYNOPSIS

Apple's Center of Excellence Interdisciplinary Approach to Increase Billable Patient Care Opportunities in a Rural Community Pharmacy Resulting in Positive Patient Outcomes

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Objectives

The main objective of this study was to build a financially stable, replicable, and interdisciplinary program around a Center for of Excellence (COE) model exclusively in a community pharmacy setting. In essence, this involved creating a separate pharmacy-based medical clinic as a subsidiary of the parent company, Apple Discount Drug, that was staffed with healthcare providers that are recognized by payers to bill for services. The pharmacists, in collaboration with rendering providers for billable services could increase the number of patients seen, the quality of the patient clinical outcomes, and the number of billable clinical services that the pharmacy offers.

Methods

Design	<ul style="list-style-type: none"> • Clinical <ul style="list-style-type: none"> ○ Diabetes self-management education and training (DSME/T) program between September 2014 – December 2015 for patients who had at least one visit with the clinic model. • Financial – Pharmacy Business Model <ul style="list-style-type: none"> ○ Develop a medical clinic under the business umbrella of a community pharmacy ○ Services led by a clinical pharmacist ○ Clinic staffed with an interdisciplinary team of practitioners recognized by providers to bill for healthcare services <ul style="list-style-type: none"> ▪ Under a rendering provider, pharmacists could bill additional services as incident-to
Study endpoints	<ul style="list-style-type: none"> • Patient A1C and Body Mass Index (BMI) participating in a 10-hour diabetes training course • Ability to implement billable clinical interventions (incident-to and direct payer billing) • Revenue generation to permit program sustainability

Results

Clinical

- 309 patients were seen between September 2014 – December 2015
- 120 patients completed the DSME/T 10-hour training course
- A1C (n=99) drop of -1.29, from 8.72 average pre-enrollment down to 7.43 average after 6 months
- BMI (n=82) drop in BMI of -3.28 from 35.68 average pre-intervention down to 32.4 after 6 months

Financial

- The medical clinic model was implemented with a physician and nurse practitioner permitting incident -to billing of the diabetes DSME/T program to provide care and bill services for additional patients.
- Utilizing the improved patient outcomes, the pharmacists consulted the largest payer in the area and demonstrated value for services. This led to establishment of a limited provider status for the clinic pharmacy allowing direct pharmacist billing (increased pharmacy revenue vs. incident-to billing) and access to the patient portal for patient clinical information for a large patient centered medical home (PCMH).

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Conclusion

Creating an interdisciplinary medical clinic business model inside of a community pharmacy can increase billing opportunities for the pharmacy both directly from incident-to billing as well as potential to achieve provider status directly from payers. These increases in the number of patient visits and improved clinical outcomes led to more patient care opportunities and expansion of billable services offered to community pharmacy patients.