

Medication Education for Dementia Support (MEDS) Toolkit

Building Collaborations Between
Community Pharmacy and
Home Health



Authors

Natalie Hohmann, PharmD, PhD
Amber Hutchison, PharmD
Heqin Yang, PhD Student
Mason Reed, PharmD Student
Cade Pritchett, PharmD Student
Tanner Warhurst, PharmD Student

Auburn University
Harrison College of Pharmacy

Sponsor



Updated
April 2024

Table of Contents

| | |
|--------------------------------------|----|
| Purpose of the Toolkit..... | 3 |
| MEDS Quick Guide..... | 5 |
| Provider Resources..... | 6 |
| Home and Community Services..... | 11 |
| Patient and Caregiver Education..... | 12 |
| Practice Tips..... | 14 |
| MEDS Service Flier..... | 18 |
| Decision Support Tool..... | 19 |
| Medication Risk Assessment..... | 20 |
| Forms and Templates..... | 21 |
| MEDS Action Plan..... | 27 |
| Reimbursement Model..... | 29 |
| References and Resources..... | 34 |



Purpose of the MEDS Toolkit

The purpose of this Medication Education for Dementia Support (MEDS) toolkit is to facilitate consultation requests between home health dementia care teams and local community pharmacists. The MEDS Toolkit is broken into 10 sections: provider resources, home and community services, patient and caregiver education, practice tips, MEDS service flier, decision support tool, medication risk assessment, forms and templates, MEDS action plan, and reimbursement model. A MEDS Quick Guide is provided on page 5 for quick access to key services, resources, and education.

This toolkit was developed through a grant from the Community Pharmacy Foundation from 2022-2024. Health services researchers and senior care pharmacists at Auburn University led the development of the toolkit, which was informed by a series of interviews with community pharmacists, home health professionals, and aging services representatives in the Southeastern region of the United States to gather clinical insight, experiences, and expert opinions on best practices for provision of a community pharmacist-led medication management service for older adults living with dementia who are receiving care at home. The toolkit's content and format were refined through a series of surveys to gather feedback from pharmacy, home health, and aging services experts in the Southeast.

The focus of this toolkit is the provider resources, which include a series of links and descriptions of resources that community pharmacists may use to start a collaboration with home health agencies or aging services agencies to provide medication management services for their homebound clients living with dementia. Home health agencies and aging services may also find this toolkit useful when initiating a collaboration with community pharmacists. The provider resources include links to comprehensive dementia training programs, as well as resources for communication and behavioral support. Medication management information includes links to resources describing the role of the pharmacist in managing dementia, medications to use or avoid, antipsychotic use in dementia, medication-related problems in homebound older adults, medication information from the DailyMed website, as well as several pocket cards. Medication adherence resources include information on tools to help older adults take medications as prescribed, including automatic pill dispensers and reminder apps, with pricing information. Options for health providers to monitor medication adherence using apps or electronic health record (EHR) integrations are also mentioned. Lastly, the provider resources include locator tools to find home- and community-based services, independent and chain community pharmacies, and senior care pharmacists in local communities.

The patient and caregiver education section includes resources that health professionals can print and hand to patients or family members, or refer them to for needed support and information. The practice tips section includes a description of the steps that pharmacies, home health agencies, and/or aging services agencies may consider taking when performing or requesting a MEDS consultation. The MEDS service flier describes potential elements of a

MEDS consultation and can be customized by pharmacies for use in discussions with home health and aging services partners. The decision support tool is designed to help home health agencies and aging services determine when a community pharmacist MEDS consultation may be helpful, and provides examples of how a pharmacist might help. The forms and templates section includes a fax template to facilitate bi-directional communication between home health or aging services agencies and local community pharmacists, as well as a template for pharmacists to document the services performed as part of the MEDS consultation or visit. A MEDS action plan is included for pharmacists to create an action plan for patients or family members after a MEDS consultation. The reimbursement model describes strategies that pharmacists, home health agencies, and aging services agencies may consider for developing a business model and potential payment mechanisms for this MEDS service.

Resources included in this toolkit are intended for informational purposes and are not a substitute for medical advice from a health professional. Always consult your health provider before making any changes to your medications or health behaviors. Information and resources in this toolkit are intended to help support pharmacies, home health agencies, and aging services agencies when initiating, performing, or requesting a MEDS consultation or visit. Before engaging in a MEDS consultation or visit, all involved parties should consider and review relevant legal requirements. Inclusion of resources and products in this toolkit is for informational and example purposes, and does not imply endorsement or recommendation of their content, accuracy, or use by the Community Pharmacy Foundation, Auburn University, or the authors of this toolkit. Pictures in this toolkit are licensed under Creative Commons and/or available for public use, and are referenced at the end of the toolkit.

We hope that this toolkit will be useful for pharmacists, home health professionals, and aging services representatives seeking to enhance medication safety and health outcomes for homebound older adults living with dementia, as well as their family members.



MEDS Quick Guide

Services

Find AAAs and ADRCs:

[ElderCare Locator](#)

Phone (national US): 1-800-677-1116

Find pharmacies:

[RxLocal Pharmacy Finder](#)

[OptumRx Pharmacy Locator](#)

Find respite programs:

[Respite For All Foundation](#)

Find senior housing:

[Caring.com Senior Living Locator](#)

Find adult day services:

[SeniorCare Directory](#)

Find home health services:

[Medicare Home Health Compare](#)

Find support groups for family caregivers:

[AlzConnected](#)

Contact state senior services:

Alabama: 334-242-5743

Alaska: 907-269-8950

American Samoa: 684-633-1187

Arizona: 602-264-4357

Arkansas: 866-245-5498

California: 916-419-7500

Colorado: 303-866-3090

Connecticut: 860-424-5055

DC: 202-724-5626

Delaware: 800-223-9074

Florida: 850-414-2000

Georgia: 404-657-5258

Guam: 671-735-7011

Hawaii: 808-586-0100

Idaho: 208-334-3833

Illinois: 217-524-6911

Indiana: 888-673-0002

Iowa: 1-800-362-2178

Kansas: 785-296-4986

Kentucky: 502-564-6930

Louisiana: 225-342-7100

Maine: 207-287-9200

Mariana Islands: 670-233-1321

Maryland: 410-767-1100

Massachusetts: 800-243-4636

Michigan: 517-241-7882

Minnesota: 800-333-2433

Mississippi: 844-822-4622

Missouri: 573-751-6400

Montana: 406-444-4077

Nebraska: 402-471-2307

Nevada: 775-687-4210

New Hampshire: 603-271-9203

New Jersey: 1-877-222-3737

New Mexico: 1-800-432-2080

New York: 212-244-6469

North Carolina: 919-855-3400

North Dakota: 855-462-5465

Ohio: 1-800-266-4346

Oklahoma: 405-521-2281

Oregon: 855-673-2372

Pennsylvania: 717-783-1550

Puerto Rico: 787-721-6121

Rhode Island: 401-462-3000

South Carolina: 803-734-9900

South Dakota: 833-663-9673

Tennessee: 1-866-836-6678

Texas: 855-937-2372

Utah: 801-538-3910

Vermont: 802-241-2401

Virginia: 804-662-9333

Virgin Islands: 340-772-9811

Washington: 360-725-2466

West Virginia: 304-558-3317

Wisconsin: 608-266-2536

Wyoming: 307-777-7995

Resources

Pocket cards for healthcare providers:

[Communication Pocket Card](#)

[Clinical Pocket Cards](#)

Medication reminder apps:

[Medisafe Medication Reminder App](#)

[Dosecast Medication Reminder App](#)

Pill dispensers and organizers:

[MedaCube™ Automatic Pill Dispenser](#)

[Hero Automatic Pill Dispenser](#)

[MedCenter Pill Organizer](#)

Medication lists:

[Personal Medication List](#)



Education

For health and aging services providers:

[Communication at Different Stages](#)

[Understanding Caregiver Needs](#)

[Dementia Care Practice Recommendations](#)

[Medications to Use or Avoid](#)

[Pharmacist Roles in Managing Dementia](#)

For caregivers:

[Comprehensive Dementia Training](#)

[Medications Used in Dementia](#)

[Next Steps After an Alzheimer's Diagnosis](#)

[Care Navigation](#)

[Care Planning](#)

1 Healthcare and Aging Services Provider Resources

A. Comprehensive Dementia Training Programs

Improving Quality of Dementia Care:

The Iowa Geriatric Education Center has created the Partnerships to Improve Care and Quality of Life for Persons with Dementia training program. This online, 12-part training program is designed for healthcare providers and includes strategies for enhancing the family and health provider relationship and person-centered care. Cost: free.

Understanding Caregiver Needs:

The Health Resources & Services Administration (HRSA) developed a 25-module training for health professionals to understand caregiver needs, help caregivers to assist their loved ones with dementia, understand dementia diagnosis and stages of dementia, dementia treatment, and healthcare providers' roles. Cost: free.

Building Relationships in Dementia Care:

The Alzheimer's Foundation of America (AFA) developed the "Partners in Care: Supporting Individuals Living with Dementia®" asynchronous, online training program to train healthcare professionals in building relationships and essential skills and knowledge for dementia care. Professionals may receive the AFA Dementia Care Partner certification. Modules include: building relationships in dementia care; understanding dementia; partnering to support meaningful living; effective communication; facilitating personal care; promoting safety and security; facilitating care transitions; supporting individuals and families during end-of-life; professional self-care. CE: 5.5 hours for NY-state social workers. Cost: \$75.

Dementia Care Practice Recommendations:

This guide from the Alzheimer's Association provides "Dementia Care Practice Recommendations for Professionals Working in a Home Setting." Topics include the basics of good home care, personal care guide, safety and personal autonomy, home safety, end-of-life care, home care provider training, and special topics including clinical medication management.



Healthcare and Aging Services Provider Resources

B. Behavioral Support

Understanding Behavior Changes:

The Brain and Behavior Fact Sheet created by Dementia Support Australia describes how changes in the brain lead to behaviors seen in people living with dementia.

Overview of the Behavior Support

Process:

The Behavior Support Process Flowchart created by Dementia Support Australia provides an overview of how providers can identify and assess changes in behavior for individuals living with dementia, and plan, implement, and evaluate a behavior support plan.

C. Communication

Communication at Different Stages:

The Alzheimer's Association has compiled tips for communicating with people living with dementia at different stages of the disease – early, middle, and late stages.

Person-Centered Communication:

The Alzheimer Society of Canada created a handout describing the causes of communication challenges in dementia, and person-centered communication tips.

Communication Pocket Card:

This pocket card from the Alzheimer Society of Canada provides communication tips.



Healthcare and Aging Services Provider Resources

D. Medication Management for Dementia

[Role of the Pharmacist in Managing Dementia:](#)

This presentation was developed by the Health Resources & Services Administration (HRSA). It covers the role of pharmacists in managing dementia, common medications used to treat dementia, and medications that may induce dementia-like symptoms.

[Medications to Use or Avoid:](#)

This presentation was developed by the Health Resources & Services Administration (HRSA). It covers common medications for dementia; medications to manage behavioral and psychological symptoms of dementia; and tips for medications to avoid or use with caution in people living with dementia.

[Antipsychotic Use in Dementia:](#)

The Improving Antipsychotic Appropriateness in Dementia Patients (IA-ADAPT) toolkit was created by the Iowa Geriatric Education Center, including videos and written information to help manage behavioral and psychological symptoms of dementia. Risk and benefits of using antipsychotic medications are discussed.

[Medication-Related Problems in Homebound Older Adults:](#)

This systematic review by Placido et al discusses ways to improve medication use in homebound older adults.

[Medication Information – DailyMed Website:](#)

This free government website provides general information about medications, such as indications for use, typical starting doses, common adverse effects, medication ingredients, and pill identifiers.

Pocket Cards

[Assessing and Managing Delirium:](#)

Created by the Iowa Geriatric Education Center.

[Drugs that Cause Problems in Dementia:](#)

Created by the Iowa Geriatric Education Center.

[Efficacy of Antipsychotics in Dementia:](#)

Created by the Iowa Geriatric Education Center.

[Antipsychotic Dosing in Dementia:](#)

Created by the Iowa Geriatric Education Center.

[Antipsychotic Monitoring in Dementia:](#)

Created by the Iowa Geriatric Education Center.

Healthcare and Aging Services Provider Resources

E. Medication Adherence Devices

Overview of Medication Adherence Technology:

The Best Medication Reminders of 2023 from Senior Safety Reviews describes technology and strategies for medication adherence. It lists links to download medication reminder apps, an at-home medication dispensing machine, medication reminder alarm that can save personalized voice messages, and more.

MedaCube™ Automatic Pill Dispenser:

This pill organizer, dispenser, and reminder device was developed by PharmAdva. The device holds up to a 90-day supply of 12-16 different medications that are poured into the machine. Pills are automatically dispensed at the scheduled time, with an audio and visual alert. Reminders are sent by text or email to the patient or caregiver if a dose is late or missed. Notifications are sent when the device needs to be refilled. Additional reminders can be set for non-pill medications. Dosing can be adjusted remotely. It is HSA and FSA eligible, and payment plans may be available. Cost starts at \$1,599.

Hero Automatic Pill Dispenser:

This pill organizer, dispenser, and reminder device is capable of Remote Therapeutic Monitoring (RTM) and integration into the electronic health record (EHR). Providers can enroll patients into the RTM. Patients and caregivers can subscribe directly and manage HERO using a mobile app. The device holds up to a 90-day supply of 10 different medications. Pills are automatically dispensed at the scheduled time, with an audio or text alert. Reminders are sent to the patient or caregiver if a dose is late or missed. Notifications are sent when the device needs to be refilled. Additional reminders can be set for non-pill medications. Dosing can be adjusted remotely. Subscription costs between \$29.99/month and \$49.99/month – the device will not operate once the subscription is cancelled. It is HSA and FSA eligible.

Reminder Rosie:

This clock allows caregivers and family members to record audio messages to play at specified times. Cost is approximately \$200.

MedCenter Pill Organizer:

This pill organizer and reminder stores pills by day and time (breakfast, lunch, dinner, bedtime) for up to 31 days. Audio reminders go off 4 times daily. Cost is approximately \$60.

Blister Packing:

Pharmacies package pills by date and time using special adherence packaging.

Medication Lists:

[My Medicine Record](#) was developed by the FDA and can be used to create a medication list. The Center for Medicines and Healthy Aging also has a downloadable [medication list](#) form.



Healthcare and Aging Services Provider Resources

F. Medication Adherence Apps

Overview of Medication Reminder Apps:

This article from GoodRx.com describes the pros and cons of several medication reminder apps for Android and Apple devices.

Medisafe Medication Reminder App:

Set up reminders to take medications, refill medications, and attend appointments; track health measurements, send reports to providers, receive warnings on drug interactions, and get information on health conditions. Caregivers can receive notifications if a loved one misses a medication dose. Free and available for download on Android and Apple devices.

Dosecast Medication Reminder App:

Set up reminders to take medications and refill medications. Medication adherence information can be shared with providers. This app has a free version, with optional paid features available for download on Android, Apple, and Amazon devices. Options are also available for providers, health plans, and home care agencies to integrate Dosecast.

EveryDose Medication Reminder App:

Set up reminders to take medications, create a virtual medication list, share information with providers and family, receive warnings on drug interactions, and get information on medications. This app has a free version, with optional paid features on Android and Apple devices, including smartwatches. Options are available for health systems, health plans, and employers to integrate EveryDose. Can be used for Remote Therapeutic Monitoring (RTM). A provider app is available.

MyTherapy Medication Reminder App:

Set up reminders to take medications, track health measurements, and share information with providers. Free for Android and Apple devices. A free web-based platform is available for providers to monitor patient medication profiles, adherence, and health measurements. Options are available for health systems, health plans, and employers to integrate MyTherapy. Can be used for Remote Therapeutic Monitoring (RTM). A provider app is available.



Home- and Community-Based Services

Find services in your local community by using these locators. Your local Area Agency on Aging (AAA) or Aging and Disability Resource Center (ADRC) can also arrange needed services for patients and caregivers and are familiar with services available in the community.

ElderCare Locator:

Enter a zip code to find nearby Area Agencies on Aging (AAAs) and Aging and Disability Resource Centers (ADRCs) that can refer clients to needed home- and community-based services. Call or text [1-800-677-1116](tel:1-800-677-1116).

Caring.com Senior Living and Senior Care Locator:

Enter a zip code or state to find independent living, assisted living, memory care, 55+ communities, nursing homes, adult day care, continuing care retirement communities, home care, home health care, geriatric care managers, and hospice. Provides typical costs. Call [1-800-558-0653](tel:1-800-558-0653).

SeniorCare Directory:

Enter a zip code to find assisted living, home care, adult day centers, and skilled nursing facilities. Provides typical costs. Call [1-855-634-2679](tel:1-855-634-2679).

Medicare Home Health Compare:

Find Medicare-certified home health agencies and compare by star ratings.

Respite For All Foundation:

Find respite programs by state.

Pharmacy Locators

RxLocal Pharmacy Finder:

Find independent pharmacies by zip code. Compare by star ratings and services.

NCPA Pharmacy Locator:

Find independent pharmacies by zip code.

Walgreens Pharmacy Locator:

Find Walgreens pharmacies by zip code.

CVS Pharmacy Locator:

Find CVS pharmacies by zip code.

OptumRx Pharmacy Locator:

Find all pharmacies in the OptumRx network.

Senior Care Pharmacist Locator:

Find pharmacists who specialize in senior care through this directory offered by the American Society of Consultant Pharmacists.

Medication Delivery:

[Uber Health](#) offers same-day home delivery for prescriptions.



[Comprehensive Dementia Training Program for Family Members:](#)

The Iowa Geriatric Education Center created the Family Involvement in Dementia Care training program. This online, 10-part training program provides strategies for family members to care for their loved one living with dementia.

[Next Steps After an Alzheimer's Diagnosis:](#)

This handout was developed by the National Institute on Aging and includes a checklist of what to do after a loved one is diagnosed with Alzheimer's.

[Making Decisions on Care Locations:](#)

The Colorado Program for Patient-Centered Decisions created a brochure to help family members make decisions on dementia care in the home, an adult day program, or an assisted living home.

[Alzheimer's Disease Fact Sheet:](#)

This handout was developed by the National Institute on Aging and outlines what dementia is, with an emphasis on Alzheimer's. It discusses causes of dementia, symptoms, disease progression, and uncertainty in etiology. Treatment options are addressed, highlighting that no cure is yet available, but slowing of progression is achievable.

[Tips for Managing Problem Behaviors in Dementia:](#)

This handout was developed by the National Institute on Aging. It highlights effective ways for family caregivers to communicate with their loved one, maximize health-related quality of life, enhance patient and caregiver safety, and minimize sundowning. Available in Spanish.

[Medications Used in Dementia:](#)

The Memory and Aging Center at the University of California San Francisco (UCSF) describes common dementia medication names, uses, and side effects. Common prescription and non-prescription medications to avoid are also described.

[Alzheimer's Disease Medication](#)

[Treatments:](#)

The National Institute on Aging describes medications used in Alzheimer's.



Patient and Caregiver Education

[Alzheimer's Disease Education and Referral](#)

[\(ADEAR\) Center:](#)

The ADEAR Center is part of the National Institute on Aging and offers free dementia information, including symptoms, diagnosis, risk factors, treatment, caregiving, and home safety; referrals to local or national services; information on clinical trials; training materials; guidelines; and news. Spanish language resources are available. **Call 800-438-4380 or email adear@nia.nih.gov for an information specialist.**

[Alzheimer's.gov:](#)

This website is maintained by the National Institutes of Health and offers information for family members and service providers, including caregiver tips and clinical trial information. A newsletter is available.

[Alzheimer's Association:](#)

The Alzheimer's Association provides information and resources on Alzheimer's and related dementias. Local chapters are available, a newsletter, resource locator, and 24/7 hotline. **Call the 24/7 hotline at [800-272-3900](tel:800-272-3900).**

[Alzheimer's Foundation:](#)

The Alzheimer's Foundation provides information and resources on Alzheimer's and related dementias. A newsletter is available, as well as a hotline staffed by licensed social workers 7 days/week from 9 AM to 9 PM Eastern. **Call [866-232-8484](tel:866-232-8484), text [646-586-5283](tel:646-586-5283), email info@alzfdn.org, or chat online to reach the hotline.**

[VA Caregiver Support Program:](#)

The VA provides resources and support to care for veterans with Alzheimer's Disease or dementia. **Call [1-855-260-3274](tel:1-855-260-3274) to speak with the Caregiver Support Line.**

[Webinar Series:](#)

The Alzheimer's Foundation provides free webinars for dementia caregivers and professionals through their Care Connection Series.

[Magazine:](#)

The Alzheimer's Foundation of America provides a free magazine for family caregivers, the Alzheimer's TODAY Magazine®, available in digital or print.

[Care Navigation:](#)

Family Caregiver Alliance offers the national CareNav™ care coordination service to help family members find local or national services.

[Care Planning:](#)

This form developed by the CDC guides people living with dementia and their family members through the creation of a Complete Care Plan.

[Support Groups:](#)

[AlzConnected](#)™, part of the Alzheimer's Association, offers online discussion forums for family members and people living with dementia to ask questions and support each other. The Alzheimer's Foundation offers [telephone support groups](#) facilitated by licensed social workers. The Family Caregiver Alliance offers an [email-based support group](#).

4 Practice Tips for Community Pharmacists

What steps should community pharmacists consider taking to approach home health and aging services agencies about initiating a medication management service for homebound older adults with dementia? Consider 10 steps.

1) Create a value proposition.

What is the value of adding pharmacist-led medication management services to dementia home care teams? What is the impact on patient and caregiver outcomes? How does this free up time for the care team?

[Home-Based Comprehensive Medication Reviews: Pharmacist's Impact on Drug Therapy Problems in Geriatric Patients:](#)

This article describes the effects of pharmacist-led comprehensive medication reviews (CMRs) on drug therapy problems (DTPs) among older adults in a home setting.

[Medication Adherence in Older Patients With Dementia: A Systematic Literature Review:](#)

This systematic literature review published in 2018 examines medication adherence in older adults with dementia and identifies common factors that influence adherence.

[Adherence to Medication in Patients with Dementia:](#)

This article provides insight into common medication adherence concerns for people living with dementia, and adherence interventions.

2) Introduce yourself: ask how you can help.

Reach out to discuss the needs of local home health or aging services agencies. Is there a need for medication management services? If so, how could pharmacy help provide a solution to this need? Be ready to share the pharmacy's value proposition.



3) Meet regularly to build a relationship.

If a pharmacist-led medication management service is of interest to all parties, meet on a weekly basis to discuss partnership details, including specific medication needs that homebound older adults with dementia have, areas that home health/aging services would like pharmacists to help with, and areas pharmacists/technicians are able to help with.

[Guidelines for Pharmacists Integrating into Primary Care Teams:](#)

This 2013 article by Jorgenson et al. in Canada serves as an example of interpersonal considerations to keep in mind when integrating pharmacists into primary care teams. These considerations may be relevant to integrating pharmacists into home care teams.

Practice Tips for Community Pharmacists

4) Create a Scope of Work (SOW) document.

When the decision is made to move forward with the partnership, create a SOW that all parties are comfortable with. The SOW describes the specific tasks and procedures that the pharmacy will perform. It describes the roles of each individual providing the MEDS service, including pharmacists and pharmacy technicians. Specific activities performed by the pharmacist and pharmacy team members should be described, including the anticipated time spent with each patient and the anticipated number of patients served within a specified time period. The SOW may include information on workflows, coordination between pharmacy and home health/aging services team members, data sharing, and documentation procedures.

[A Health Plan's Guide to Developing CBO Contract Scopes of Work:](#)

This toolkit developed by the Partnership to Align Social Care describes considerations when developing a SOW between health plans and community-based organizations (CBOs). Examples may be helpful for developing a SOW between pharmacies and home health agencies/aging services.

5) Determine the reimbursement model.

How will pharmacists and home health/aging services agencies receive payment for this service? The reimbursement and billing process should be outlined in writing, including processes for submitting billing codes or invoices to payers, submission of invoices between the pharmacy and home health/aging services agencies, and any cost-sharing agreements and processes between the pharmacy and home health/aging services agencies.

[A Health Plan's Guide to Paying CBOs for Social Care:](#)

This toolkit developed by the Partnership to Align Social Care describes contracting and reimbursement considerations between health plans and community-based organizations (CBOs). Examples may be helpful for selecting a reimbursement model for the MEDS service.

6) Create a written contract.

The contract formalizes the partnership and may include the SOW and reimbursement model/details. Quality metrics that will be examined as part of quality assurance evaluations or reimbursement levels should be specified.

This series of 3 articles by Mühlbacher et al., published in 2018, describes organization of healthcare contracts, consideration of information imbalances between parties, financial options, and risk management and evaluation.

[Contract Design: The Problem of Information Asymmetry](#)

[Contract Design: Financial Options and Risk](#)

[Contract Design: Risk Management and Evaluation](#)

Practice Tips for Community Pharmacists

7) Operationalize the service.

Create written policy and procedure documents that describe the workflow for the MEDS consultation, including responsible personnel, resources needed, and software needed. What are the logistics and steps involved for the referral process to the pharmacy, the pharmacy accessing patient medication and medical history information, the pharmacy conducting the consultation, documenting the consultation outcomes, billing, follow-up with the patient/caregiver or other healthcare providers, and quality assurance? Consider the costs and logistics of using a referral software such as Welld to help with electronic referrals and documentation. Encrypted fax or encrypted email may be alternatives for communication between agencies and pharmacies, if HIPAA compliant.

Operationalizing Contracts: How Payers Can Improve Collaboration with Community-Based Organizations:

This toolkit developed by the Partnership to Align Social Care describes considerations for operationalizing contracts between health plans and community-based organizations (CBOs). Examples may help operationalize the MEDS service.



Practice Tips for Community Pharmacists

8) Document service activities.

Decide how the service activities will be documented. What software will be used for documenting what happened during the MEDS consultation? Will this be in the same software used for referral to the pharmacy? Will the pharmacy have access to electronic documentation platforms already used by the home health/aging agency, or will a separate system be used? Who will document the consultation activities, the pharmacist or pharmacy technician? What types of things will be documented, and where will they be documented in the software?

9) Conduct quality assurance.

Evaluate the service and its implementation on a regular basis. Seek feedback from patients, caregivers, home health/aging services partners, pharmacists, and pharmacy technicians. Feedback may be in the form of surveys, interviews or discussions, review of service paperwork and documentation, and observation of the service itself. Examine quality metrics that were pre-specified in the contract. Consider what information is needed to examine quality metrics. How, when, and by whom will this information be accessed and documented? How and when will it be used to inform quality improvement? Adjust processes and procedures over time.

10) Establish an Advisory Board.

Representatives from the pharmacy, home health agency, and aging services should be continue to meet regularly during the contract period for the service. Communicate any concerns and implementation pain points, and make adjustments to policies and procedures if needed. The MEDS Advisory Board may meet weekly or bi-weekly during the first year of service implementation. Over time, meetings may be scheduled on a monthly and then quarterly basis as service policies and procedures stabilize. Consider including a Quality Assurance Committee as part of the Advisory Board, responsible for planning, carrying out, and evaluating quality assurance checks. Review quarterly and/or annual quality assurance reports, discuss trends seen in quality assurance reports over time, and actions needed for improvement.





Medication Education For Dementia Support (MEDS) Service Flier

Customization Box.
Insert local pharmacy
logo here.

Benefits of Working with a Pharmacist

Pharmacists significantly reduce 30-day readmission rates by 38%.

JAMA Intern Med. 2018;178(3):375-382. [doi:10.1001/jamainternmed.2017.8274](https://doi.org/10.1001/jamainternmed.2017.8274).

Pharmacists improve quality measures, meeting glycemetic control metrics in 88% of patients.

J Fam Med Dis Prev. 2023;10:157. doi.org/10.23937/2469-5793/1510157.

Pharmacists free up 5 hours per week of extra time for other providers.

Br J Gen Pract. 2018 Oct;68(675):e735-e742. [doi: 10.3399/bjgp18X699137](https://doi.org/10.3399/bjgp18X699137).

What is the MEDS Service?

MEDS is a medication management concierge service for homebound older adults with dementia. MEDS services are offered by pharmacists in your local community. MEDS includes:

Comprehensive medication review (CMR).

Pharmacist talks with patients and caregivers about all of the patients' medications, annually. Pharmacist identifies potential duplicate or missing medications, interactions, dosing concerns, side effects, and adherence challenges. Pharmacist discusses with the prescriber to optimize medications. Initial consultations in the home may last 1 hour, or 2-3 hours for extensive medication coordination.

Targeted medication review (TMR).

The pharmacist talks with patients and caregivers about a specific, targeted medication concern or follow-up. Consultations may last 15 minutes to one hour.

Medication education.

Answer questions and provide medication information to patients, caregivers, or providers.

Medication adherence evaluation and monitoring.

Assess and monitor adherence. Manage pill boxes, automatic pill dispensers, reminder systems.

Medication reconciliation.

Coordination of medications after a transition of care location.

Medication synchronization.

Alignment of medications to refill on the same date.

Special adherence packaging.

Blister packing or other packaging to promote adherence.

Medication delivery.

Pharmacy technicians deliver medications to the home.

Medication coordination.

Coordination of medications between multiple prescribers.

Customization Box.

Insert local pharmacy name,
address, phone, fax, and email
contact here.

How to Start? Call your local pharmacist.

Decision Tool for Home Health and Aging Services – When to Call a Pharmacist for a MEDS Consultation



Development of the MEDS Consultation Decision Support Tool

The MEDS Consultation Decision Support Tool describes activities that pharmacists can perform and scenarios that might prompt a caregiver or provider to talk with a pharmacist. The decision support tool is informed by scenarios described in the [Pharmacists' Impact on Patient Safety](#) by the American Pharmacists Association Academy of Pharmacy Practice and Management, and Academy of Pharmaceutical Research and Science.

These resources may be helpful for nurses, nursing assistants, home health aides, care coordinators, and others to identify patients at risk for potential medication-related problems. Patients who may be at risk for medication-related problems may be referred to the pharmacist for a MEDS consultation. The MEDS Consultation Decision Support Tool can also help in making this referral decision.

[Comparison of Drug-Related Problem Risk Assessment Tools for Older Adults: A Systematic Review:](#)

A 2019 review by Puumalainen et al. provides a list of medication risk assessment tools in older adults.

[HomeMeds Program:](#)

This program includes an online tool for community health workers, care coordinators, or others to identify potential medication-related problems during **home visits** with patients, which are flagged for review by a pharmacist.

[Feasibility of a Practical Nurse Administered Risk Assessment Tool for Drug-Related Problems in Home Care:](#)

This 2015 article in Scandinavia by Dimitrow et al. describes use of a tool to identify older adults at risk for drug-related problems, when used by **nurses in home care**.

[Development of a Tool to Identify Problems Related to Medication Adherence in Home Healthcare Patients:](#)

This 2017 article by Mahan et al. describes the development of a tool to assess medication-related problems that affect medication adherence, in **home care**.

[Medication Risk Assessment Questionnaire \(MRAQ\):](#)

This online tool can be used to assess patients for medication risk. Those who answered Yes to at least 3 questions are encouraged to make an appointment with a pharmacist to discuss their medications. Development of this tool in Canada is described in the 2014 article by [Makowsky et al.](#)

[Ghent Older People's Prescriptions Community Pharmacy Screening \(GheOP³S\)-Tool Version 2: Update of a Tool to Detect Drug-Related Problems in Older People in Primary Care:](#)

This 2021 article in Belgium describes a tool to screen older adults for drug-related problems, when used by **community pharmacists**.

[Evaluation of a Community Pharmacy-Based Screening Questionnaire to Identify Patients at Risk for Drug Therapy Problems:](#)

This 2015 article by Pammett et al. in Canada describes evaluation of a questionnaire to identify patients who may be at risk for drug therapy problems, in a **community pharmacy setting**.

8 Forms and Templates

These fax templates and other communication templates may be used to facilitate communication, documentation, and referral between the pharmacy, home health agency, aging services, and physician offices. Forms transmitted by fax or email should be encrypted and HIPPA-compliant.

Documentation of MEDS Consultation

A form used to document MEDS activities and the time to perform these activities. This form can be kept in the pharmacy and a copy sent to the home health agency. It may be used to assist with invoicing and reimbursement documentation.

MEDS Home Checklist

A checklist the pharmacist can leave in the home to indicate what medication-related activities were performed and the date they were performed. This helps communication and coordination of care between the MEDS pharmacy staff and home health staff.

MEDS Home Medication List

The pharmacist and home care team can keep a copy of the medication list in the client's home and updated when changes are made to the medication regimen.

MEDS Consultation Recommendations

Pharmacies can send this form to the client's doctor or home health agency to recommend changes to the medication regimen.

MEDS Referral Form

Home health agencies and aging services can use this form to refer clients to the pharmacist for a MEDS consultation.

Documentation of MEDS Consultation



Client Name: _____

Main Caregiver Name: _____

Referral Received From: _____

Service Date: _____

Visit Start-Time: _____

Visit End-Time: _____

Length of Visit: _____ minutes

Pharmacist Name: _____

Phone: _____

Fax: _____

Address: _____

Location of Service (circle): In-home visit Telephone Virtual

Initial or Follow-up Visit (circle): Initial Follow-up

Activities Performed (check all that apply):

Comprehensive medication review (CMR) Time to perform: _____ minutes

Targeted medication review (TMR) Time to perform: _____ minutes

Medication education Time to perform: _____ minutes

Medication adherence counseling Time to perform: _____ minutes

Medication reconciliation Time to perform: _____ minutes

Blister packing Time to perform: _____ minutes

Medication delivery Time to perform: _____ minutes

Filled in-home pillbox or adherence device Time to perform: _____ minutes

Other: _____ Time to perform: _____ minutes

Follow-up items:

Notes:



MEDS Home Checklist

Pharmacist Name: _____ Phone: _____

Activities Performed:

Dates:

| | | | |
|--|-------|-------|-------|
| Medication delivery | _____ | _____ | _____ |
| Filled in-home pillbox or adherence device | _____ | _____ | _____ |
| Talked with client/family about new medications | _____ | _____ | _____ |
| Talked with client/family about changes to medications | _____ | _____ | _____ |
| Updated medication list | _____ | _____ | _____ |
| Other: _____ | _____ | _____ | _____ |

Notes:



MEDS Home Medication List

Client name: _____
Date: _____
Allergies: _____

List of medications, including prescriptions, over-the-counter medications, herbs, and vitamins.

| Medication name | Strength | Directions | What it's for | Start Date | Doctor | Notes |
|----------------------|-------------------|---|------------------------------------|---------------------|-----------------------|-------------------------------|
| Example: Atenolol | Example: 50 mg | Example: 1 tablet by mouth once daily | Example: High blood pressure | Example: 1/01/24 | Example: Dr. Smith | Example: Take with food |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Notes:



MEDS Consultation Recommendations

Client Name: _____

Service Date: _____

Pharmacist Name: _____ Phone: _____ Fax: _____

Address: _____

Potential Medication-Related Problems (check all that apply)

Drug-drug interaction

Drug-food interaction

Drug-condition interaction

Duplication of therapy

Missing therapy

Allergy

Side effects

Non-adherence

Other: _____

Actions Taken by Pharmacist (check all that apply)

Talk with client's physician/provider

Talk with home health nurse

Talk with home health nursing assistant, home health aid

Talk with aging services staff

Instructed client/family to take medication with food or milk, to reduce side effects

Instructed client/family to change the time of day medication is administered, to reduce side effects

Instructed client/family to mix the medication with food, to help with swallowing or adherence

Counseled client/family on medication adherence

Other: _____

Recommendations:

Discontinue _____ due to _____

Change _____ to _____ due to _____

Other recommendations:



MEDS Referral Form

Referring agency: _____
Name of agency contact: _____
Phone: _____
Fax: _____
Address: _____

Client Name: _____
Name of Main Caregiver: _____
Phone Number: _____
Address: _____

Client Sex: Male Female
Client Age: _____ years

Dementia Stage (circle):
Mild Moderate Advanced

Client Health Conditions (check all that apply):

Alzheimer's Disease Stroke-related dementia
Stroke Heart disease
Diabetes High cholesterol
Osteoporosis Cancer

Other dementia
High blood pressure
Asthma/COPD
Other: _____

Requested MEDS Services (check all that apply):

Comprehensive medication review (CMR)
Targeted medication review (TMR)
Medication education
Medication adherence counseling
Medication reconciliation
Blister packing
Medication delivery
Fill in-home pillbox or adherence device
Help organize the medications in the home
Update the medication list
Coordinate medications between different prescribers

Talk to client/family about this new medication: _____

Talk to client/family about changes to this existing medication(s): _____

Other: _____

Notes:

MEDS Action Plan

This MEDS action plan can be used by community pharmacists to discuss with clients and caregivers what steps they should take to improve their medication therapy. The form below was created based on medication action plans developed by the American Pharmacists Association (APhA) for MTM. The MEDS Action Plan is a checklist that caregivers can use to remind them what they talked about with the pharmacist at the MEDS visit, and to check off once items they have completed. The plan includes a follow-up appointment date with the MEDS pharmacist.

*The National Board of Medication Therapy Management describes examples of action items to include in MTM medication action plans, in Chapter 1 of *The Medication Therapy Management Pharmacist Reference Book*. For MEDS action plans, the action items should be adapted for clients with dementia and their family members or caregivers.*

Example MEDS Action Items

“Stop giving my mom the metoprolol. It’s a duplicate with her atenolol. The pharmacist checked with mom’s doctor.”

“Give the atorvastatin to my mom with food, to help her stomach.”

“Download an app on my phone to keep track of when my mom needs her medication.”

Resources

National Board of Medication Therapy Management, Thomas D. & Tran J. 2020. *The Medication Therapy Management Pharmacist Reference Book: Medication Therapy Management*. National Board of Medication Therapy Management.
<https://nbmtm.org/mtm-reference/medication-therapy-management/>

American Pharmacists Association; National Association of Chain Drug Stores Foundation. Medication therapy management in pharmacy practice: core elements of an MTM service model (version 2.0). *J Am Pharm Assoc* (2003). 2008;48(3):341-353.
 doi:10.1331/JAPhA.2008.08514. <https://pubmed.ncbi.nlm.nih.gov/18595820/>



MEDS Action Plan

Date: _____
Client Name: _____
Name of Main Caregiver: _____
Referring Agency: _____
Doctor: _____
Pharmacist: _____



What To Do

Notes

1

2

3

4

I will see my MEDS pharmacist again on this date: _____ at this time _____.

Reimbursement Model

Many potential reimbursement models exist for health services, including the fee-for-service model, value-based pay-for-performance (P4P) model, capitation, and diagnosis-based payment utilizing diagnosis-related-groups (DRG). A 2015 [article](#) by Britton comments on these models. A fee-for-service (FFS) model may be feasible in the community pharmacy setting. Elements to consider in a FFS reimbursement model for MEDS services are outlined below.

Potential MEDS Service Partners

- **Home Health Agency**
Pharmacist or pharmacy contracts with a home health agency – patients are referred to the pharmacist by the home health agency, pharmacist bills independently or through a cost-sharing agreement via a payment mechanism described below.
- **Aging and Disability Resource Center (ADRC)**
Pharmacist contracts with a local ADRC – patients are referred to the pharmacist by the ADRC, pharmacist bills independently or through a cost-sharing agreement via a payment mechanism described below.
- **Primary Care Provider (PCP) or Patient-Centered Medical Home (PCMH)**
Pharmacist contracts with a PCP or PCMH – patients are referred to the pharmacist by the PCP or PCMH, pharmacist bills independently or through a cost-sharing mechanism described below.
- **Health System**
Pharmacist contracts with a health system, patients are referred to the pharmacist by the health system, pharmacist bills independently or through a cost-sharing agreement via a payment mechanism described below.
- **State**
Pharmacist contracts with a state government or state department of senior services, patients are referred to the pharmacist by the state department of senior services, pharmacist bills independently or through a cost-sharing agreement via a payment mechanism described below.

Reimbursement Model

Potential Payment Mechanisms

- **Medication Therapy Management (MTM)**

Pharmacist bills independently for Comprehensive Medication Review (CMR) and Targeted Medication Review (TMR) using MTM billing codes, and reimburses service partners through a cost-sharing contract. Pharmacists may submit reimbursement claims for Medicare Part D patients who are eligible for MTM reimbursement through Medicare Part D. Pharmacists may be able to bill MTM for patients with private insurance or with Medicaid in some states – talk with local, regional, and/or state insurance companies to determine MTM billing options or to set up an MTM contract. Consider using the [OutcomesMTM](#) or [DocStation](#) software platforms to facilitate MTM reimbursement. Some patients may not be eligible for MTM reimbursement through Medicare Part D or other insurance – pharmacies should discuss with service partners and software vendors how the service and reimbursement model can include all patients, regardless of insurance status.

CPT codes for MTM

99605

Initial 15-minute consultation, 1 per 365-days per Medicare beneficiary, \$50 with a \$35-\$75 regional range.

99606

15-minute follow-up consultation, up to 7 per 365-days per Medicare beneficiary, \$25.

99607

Add-on code to 99605 or 99606 for each additional 15-minute increment, up to 4 per service date per Medicare beneficiary, \$10.

Reimbursement rates may vary by insurance plan, state, and year.

Resources

Michigan Pharmacists Association. Pharmacist Medication Therapy Management Billing Guide. 2021. [https://www.msms.org/Portals/0/Documents/MSMS/Resources/For Practices/Pharmacist%20Medication%20Therapy%20Management%20%20Billing%20Guide.pdf?ver=2021-12-15-212218-230](https://www.msms.org/Portals/0/Documents/MSMS/Resources/For_Practices/Pharmacist%20Medication%20Therapy%20Management%20%20Billing%20Guide.pdf?ver=2021-12-15-212218-230)

Nuffer W, Trujillo T, Griend JV. Estimated Potential Financial Impact of Pharmacist-Delivered Disease Management Services Across a Network of Pharmacies in Rural Colorado. *J Manag Care Spec Pharm.* 2019;25(9):984-988. doi:10.18553/jmcp.2019.25.9.984. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6859940/#B14>

Reimbursement Model

Potential Payment Mechanisms

- **Chronic Care Management (CCM)**

CCM billing through CPT codes to Medicare Part B or other insurance. The pharmacist should be under ‘general supervision’ of a physician – for example, have a contract or Collaborative Practice Agreement (CPA) with a PCP to manage medications for their patients with dementia. A contract or CPA may be possible for home health agencies with an overseeing physician. For Medicare beneficiaries, reimbursement claims should be submitted under a Medicare Part B-eligible provider, such as eligible providers in a home health agency, PCP office, or health system, who would reimburse the pharmacy for CCM activities through a cost-sharing contract. Patients not eligible for CCM may be eligible for Principal Care Management (PCM) using CPT codes 99426 and 99427.

CPT codes for CCM

99490

First 20 minutes of CCM provided by clinical staff, per calendar month.

99439

Additional 20 minutes of CCM provided by clinical staff, per calendar month.

CPT codes for complex CCM

99487

First 60 minutes of complex CCM provided by clinical staff, per calendar month.

99489

Additional 30 minutes of complex CCM provided by clinical staff, per calendar month.

Cannot be billed within the same 30-day period as CCM:

Home Health Supervision HCPCS G0181, hospice care supervision HCPCS G9182, or ESRD CPT 90951-90970.

Resources

CPESN. CCM Playbook. 2018.

<https://convention.ncpa.org/wp-content/uploads/2018/10/4.3-Chronic-Care-Management-Playbook.pdf>

CMS. CCM Billing FAQs. 2022.

<https://www.cms.gov/files/document/chronic-care-management-faqs.pdf>

AAFP. Chronic Care Management.

Accessed February 2024 at

<https://www.aafp.org/family-physician/practice-and-career/getting-paid/coding/chronic-care-management.html>



Reimbursement Model

Potential Payment Mechanisms

- **Social Care Contracting (Emerging Model)**

Contracting between health and social care organizations integrates Home- and Community-Based Services (HCBS) with healthcare. The 2024 CMS final rule discusses social determinants of health (SDOH) risk assessment, billed by Medicare Part B-eligible providers using G0136. It adds Community Health Integration (CHI) billing codes G0019 and G0022, Principal Illness Navigation (PIN) codes G0023 and G0024 for high-risk conditions like dementia, and Principal Illness Navigation – Peer Support (PIN-PS) codes G0140 and G0146. CHI, PIN, and PIN-PS services may be performed by auxiliary personnel under general supervision of a physician, via a contract. CHI, PIN, and PIN-PS may be billed concurrently with Chronic Care Management (CCM). More research is needed to determine how MEDS services integrate with these HCBS as part of a Community Care Hub.

Resources

Suzanne R. Kunkel, Abbe E. Lackmeyer, Robert J. Graham, Jane K. Straker. Advancing Partnerships: Contracting Between Community-Based Organizations and Health Care Entities. 2022. <https://www.aginganddisabilitybusinessinstitute.org/wp-content/uploads/2022/03/2022-Advancing-Partnerships.pdf>

Aging and Disability Business Institute. Resource Library. Accessed February 2024. <https://www.aginganddisabilitybusinessinstitute.org/resources/resource-library/>

USAgging, Aging and Disability Business Institute, Partnership to Align Social Care, and Camden Coalition. Resource Guide: A Health Plan's Guide to Developing CBO Contract Scopes of Work. 2023. <https://www.partnership2asc.org/wp-content/uploads/2023/11/ADBI-RG-ScopeofWork-508.pdf>

USAgging, Aging and Disability Business Institute, Partnership to Align Social Care, and Camden Coalition. Resource Guide: A Health Plan's Guide to Paying CBOs for Social Care. 2023. <https://www.partnership2asc.org/wp-content/uploads/2023/10/10-10-ADBI-RG-Payment.pdf>

USAgging, Aging and Disability Business Institute, Partnership to Align Social Care, and Camden Coalition. Resource Guide: Operationalizing Contracts: How Payers Can Improve Collaboration with Community-Based Organizations. 2023. <https://www.partnership2asc.org/wp-content/uploads/2023/12/ADBI-RG-Operationalizing-Cont.pdf>

Partnership to Align Social Care. Understanding the Medicare Physician Fee Schedule Billing Codes for CHI, PIN, PIN-PS. 2024. <https://www.partnership2asc.org/wp-content/uploads/2024/03/Understanding-Medicare-PFS-Schedule-Primer.508.pdf>

Reimbursement Model

Potential Cost Elements

- Reimbursement for pharmacist time performing MEDS clinical services.
- Reimbursement for pharmacy technician time assisting in MEDS services.
- Reimbursement for service partner time facilitating MEDS referrals to the pharmacy, billing, and documentation.
- Cost of printed educational materials.
- Cost of adherence packaging supplies, such as blister packs.
- Cost of adherence devices, such as pill boxes, automated pill dispensers, adherence apps, and medication reminder systems.
- Mileage for face-to-face visits.
- Technology such as iPads for home visits.
- Software: MTM software, CCM software, drug information software, medication synchronization software, medication reconciliation software, documentation software, billing software.
- Cost to integrate with home health agency or PCP office electronic health record (EHR).
- Cost to advertise and promote MEDS services.





References and Resources

Pharmacy's Role in Patient Safety

Steele KM, Ruisinger JF, Bates J, Prohaska ES, Melton BL, Hipp S. Home-Based Comprehensive Medication Reviews: Pharmacist's Impact on Drug Therapy Problems in Geriatric Patients. *Consult Pharm*. 2016;31(10):598-605. [doi:10.4140/TCP.n.2016.598](https://doi.org/10.4140/TCP.n.2016.598)

American Pharmacists Association (APhA). Pharmacists' Impact on Patient Safety. 2016. https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjYjIn747uEAXvQTABHfttB4gQFnoECB4QAQ&url=https%3A%2F%2Fwww.pharmacist.com%2FPortals%2F0%2FPDFs%2FPractice%2FPharmacistsImpactonPatientSafety_Web.pdf%3Fver%3DdYeAzwlN3-PG9eSkMMsV-A%253D%253D&usg=AOvVaw2hDa4407HJAwwKfweMvdwE&opi=89978449

Ravn-Nielsen LV, Duckert M, Lund ML, et al. Effect of an In-Hospital Multifaceted Clinical Pharmacist Intervention on the Risk of Readmission: A Randomized Clinical Trial. *JAMA Intern Med*. 2018;178(3):375-382. [doi:10.1001/jamainternmed.2017.8274](https://doi.org/10.1001/jamainternmed.2017.8274).

McDonald A, Moore R, Finley K, Scism B, Handshaw J. The Impact of Pharmacists Satisfying Quality Measures to Increase CMS Star Ratings. *J Fam Med Dis Prev*. 2023;10:157. doi.org/10.23937/2469-5793/1510157.

Maskrey M, Johnson CF, Cormack J, Ryan M, Macdonald H. Releasing GP Capacity with Pharmacy Prescribing Support and New Ways of Working: A Prospective Observational Cohort Study. *Br J Gen Pract*. 2018 Oct;68(675):e735-e742. [doi: 10.3399/bjgp18X699137](https://doi.org/10.3399/bjgp18X699137).

Reimbursement Models and Contract Design

Britton JR. Healthcare Reimbursement and Quality Improvement: Integration Using the Electronic Medical Record Comment on "Fee-for-Service Payment--an Evil Practice That Must Be Stamped Out?". *Int J Health Policy Manag*. 2015;4(8):549-551. Published 2015 May 8. [doi:10.15171/ijhpm.2015.93](https://doi.org/10.15171/ijhpm.2015.93).

Nora Super, Gary Epstein-Lubow, David B. Reuben, Rani E. Snyder, Jane Carmody, Abby Maglich. Payment For Comprehensive Dementia Care: Five Key Recommendations. *Health Affairs Forefront*. February 7, 2023. [DOI: 10.1377/forefront.20230206.835921](https://doi.org/10.1377/forefront.20230206.835921).

Mühlbacher AC, Amelung VE, Juhnke C. Contract Design: The problem of information asymmetry. *Int J Integr Care*. 2018;18(1):1. Published 2018 Jan 12. [doi:10.5334/ijic.3614](https://doi.org/10.5334/ijic.3614)

Mühlbacher AC, Amelung VE, Juhnke C. Contract Design: Financial Options and Risk. *Int J Integr Care*. 2018;18(1):2. Published 2018 Jan 12. [doi:10.5334/ijic.3615](https://doi.org/10.5334/ijic.3615)

Mühlbacher AC, Amelung VE, Juhnke C. Contract Design: Risk Management and Evaluation. *Int J Integr Care*. 2018;18(1):3. Published 2018 Jan 12. [doi:10.5334/ijic.3616](https://doi.org/10.5334/ijic.3616)

Medication Therapy Management (MTM)

National Board of Medication Therapy Management, Thomas D. & Tran J. 2020. *The Medication Therapy Management Pharmacist Reference Book: Medication Therapy Management*. National Board of Medication Therapy Management. <https://nbmtm.org/mtm-reference/medication-therapy-management/>

American Pharmacists Association; National Association of Chain Drug Stores Foundation. Medication therapy management in pharmacy practice: core elements of an MTM service model (version 2.0). *J Am Pharm Assoc* (2003). 2008;48(3):341-353. doi:10.1331/JAPhA.2008.08514. <https://pubmed.ncbi.nlm.nih.gov/18595820/>

Michigan Pharmacists Association. Pharmacist Medication Therapy Management Billing Guide. 2021. [https://www.msms.org/Portals/0/Documents/MSMS/Resources/For Practices/Pharmacist%20Medication%20Therapy%20Management%20%20Billing%20Guide.pdf?ver=2021-12-15-212218-230](https://www.msms.org/Portals/0/Documents/MSMS/Resources/For_Practices/Pharmacist%20Medication%20Therapy%20Management%20%20Billing%20Guide.pdf?ver=2021-12-15-212218-230)

Nuffer W, Trujillo T, Griend JV. Estimated Potential Financial Impact of Pharmacist-Delivered Disease Management Services Across a Network of Pharmacies in Rural Colorado. *J Manag Care Spec Pharm*. 2019;25(9):984-988. doi:10.18553/jmcp.2019.25.9.984. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6859940/#B14>

Chronic Care Management (CCM)

CPESN. CCM Playbook. 2018. <https://convention.ncpa.org/wp-content/uploads/2018/10/4.3-Chronic-Care-Management-Playbook.pdf>

CMS. CCM Billing FAQs. 2022. <https://www.cms.gov/files/document/chronic-care-management-faqs.pdf>

AAFP. Chronic Care Management. Accessed February 2024 at <https://www.aafp.org/family-physician/practice-and-career/getting-paid/coding/chronic-care-management.html>

Charika Wilcox-Lee, Health Recovery Solutions. 2024 Chronic Care Management CPT Codes: Cheat Sheet. Accessed February 2024 at <https://www.healthrecoveryolutions.com/blog/2024-chronic-care-management-cpt-codes-cheat-sheet>

CMS Medicare Learning Network. Chronic Care Management Services. 2022. https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwii9vrRILuEAXUtG9AFHfgnA9UQFnoECB4QAQ&url=https%3A%2F%2Fwww.cms.gov%2Foutreach-and-education%2Fmedicare-learning-network-mln%2Fmlnproducts%2Fdownloads%2Fchroniccaremanagement.pdf&usg=AOvVaw3v0qXZ_LmkaCy7fQklw6iu&opi=89978449

Social Care Billing

Suzanne R. Kunkel, Abbe E. Lackmeyer, Robert J. Graham, Jane K. Straker. Advancing Partnerships: Contracting Between Community-Based Organizations and Health Care Entities. 2022. <https://www.aginganddisabilitybusinessinstitute.org/wp-content/uploads/2022/03/2022-Advancing-Partnerships.pdf>

Aging and Disability Business Institute. Resource Library. Accessed February 2024. <https://www.aginganddisabilitybusinessinstitute.org/resources/resource-library/>

USAging, Aging and Disability Business Institute, Partnership to Align Social Care, and Camden Coalition. Resource Guide: A Health Plan's Guide to Developing CBO Contract Scopes of Work. 2023. <https://www.partnership2asc.org/wp-content/uploads/2023/11/ADBI-RG-ScopeofWork-508.pdf>

USAging, Aging and Disability Business Institute, Partnership to Align Social Care, and Camden Coalition. Resource Guide: A Health Plan's Guide to Paying CBOs for Social Care. 2023. <https://www.partnership2asc.org/wp-content/uploads/2023/10/10-10-ADBI-RG-Payment.pdf>

USAging, Aging and Disability Business Institute, Partnership to Align Social Care, and Camden Coalition. Resource Guide: Operationalizing Contracts: How Payers Can Improve Collaboration with Community-Based Organizations. 2023. <https://www.partnership2asc.org/wp-content/uploads/2023/12/ADBI-RG-Operationalizing-Cont.pdf>

Partnership to Align Social Care. Understanding the Medicare Physician Fee Schedule Billing Codes for CHI, PIN, PIN-PS. 2024. <https://www.partnership2asc.org/wp-content/uploads/2024/03/Understanding-Medicare-PFS-Schedule-Primer.508.pdf>

CMS Medicare Learning Network. Health Equity Services in the 2024 Physician Fee Schedule Final Rule. 2024. <https://www.cms.gov/files/document/mln9201074-health-equity-services-2024-physician-fee-schedule-final-rule.pdf-0>

Image Attribution

Bottle, medicine, capsule, product, drug, prescription, pills, addiction, medical, medication, cure, pharmaceutical, pharmaceutical drug. Pxhere. CCO Public Domain license. No changes were made. Image link: <https://pxhere.com/en/photo/1166837>

Anna Shvets. Medication Pills on Yellow Surface. Pexels. Image was cropped; no other changes were made. License link: <https://www.pexels.com/license/>. Image link: <https://www.pexels.com/photo/medication-pills-on-yellow-surface-3683095/>

Kampus Production. Two people sitting with pills. Pexels. No changes were made. License link: <https://www.pexels.com/license/>. Image link: <https://www.pexels.com/photo/two-people-sitting-with-pills-7551652/>

Towfiq barbhuiya. Person Holding a Senior Adult. Pexels. No changes were made. License link: <https://www.pexels.com/license/>. Image link: <https://www.pexels.com/photo/person-holding-a-senior-adult-11030158/>

Image Attribution

Andrea Piacquadio. Joyful adult daughter greeting happy surprised senior mother in garden. Pexels. Image was cropped; no other changes were made. License link:

<https://www.pexels.com/license/>. Image link: <https://www.pexels.com/photo/joyful-adult-daughter-greeting-happy-surprised-senior-mother-in-garden-3768131/>

Myfuture.com. Checking in with a Patient. Flickr. CC BY-ND 2.0 DEED. No changes were made.

License link: <https://creativecommons.org/licenses/by-nd/2.0/>. Image link:

<https://www.flickr.com/photos/myfuturesdotcom/6052491503/>

Medicine, pills, blood pressure, hypertension, capsule, chronic medication, vitamin, disease, medicament, medical, pharmacy. Pikist. Public Domain license. No changes were made.

<https://www.pikist.com/free-photo-sxvrg>

George Hodan. Medication colored pills and tablets. CC0 Public Domain. No changes were made. [https://www.publicdomainpictures.net/en/view-](https://www.publicdomainpictures.net/en/view-image.php?image=168804&picture=medication)

[image.php?image=168804&picture=medication](https://www.publicdomainpictures.net/en/view-image.php?image=168804&picture=medication)

Kampus Production. A person holding medicines. Pexels. Image was cropped; no other changes were made. License link: <https://www.pexels.com/license/>. Image link:

<https://www.pexels.com/photo/a-person-holding-medicines-7551663/>

Fauxels. Colleagues shaking each other's hands. Pexels. No changes were made. License link:

<https://www.pexels.com/license/>. Image link: <https://www.pexels.com/photo/colleagues-shaking-each-other-s-hands-3184291/>

St. Ambrose University. A female pharmacist sits with a male customer. Flickr. CC BY-NC-ND 2.0 DEED. No changes were made. License link: [https://creativecommons.org/licenses/by-nc-](https://creativecommons.org/licenses/by-nc-nd/2.0/)

[nd/2.0/](https://creativecommons.org/licenses/by-nc-nd/2.0/). Image link: <https://www.flickr.com/photos/stambrose/38654295782>

Fauxels. People Discuss About Graphs and Rates. Pexels. No changes were made. License link:

<https://www.pexels.com/license/>. Image link: <https://www.pexels.com/photo/people-discuss-about-graphs-and-rates-3184292/>

Nick Youngson. Medical Billing. Alpha Stock Images. CC BY-SA 3.0. No changes were made.

<https://www.picpedia.org/chalkboard/m/medical-billing.html>

Marco Verch. Different Pills and Capsules. CC BY 2.0. No changes were made.

<https://foto.wuestenigel.com/different-pills-and-capsules/>

Quick Links

Provider Resources

A. Dementia Training Programs

[Improving Quality of Dementia Care](#)

[Understanding Caregiver Needs](#)

[Building Relationships in Dementia Care](#)

[Dementia Care Practice Recommendations](#)

B. Behavioral Support

[Understanding Behavior Changes](#)

[Overview of the Behavior Support Process](#)

C. Communication

[Communication at Different Stages](#)

[Person-Centered Communication](#)

[Communication Pocket Card](#)

D. Medication Management for Dementia

[Role of the Pharmacist in Managing Dementia](#)

[Medications to Use or Avoid](#)

[Antipsychotic Use in Dementia](#)

[Medication-Related Problems in Homebound Older Adults](#)

[Medication Information – DailyMed Website](#)

[Assessing and Managing Delirium](#)

[Drugs that Cause Problems in Dementia](#)

D. Medication Management for Dementia

[Efficacy of Antipsychotics in Dementia](#)

[Antipsychotic Dosing in Dementia](#)

[Antipsychotic Monitoring in Dementia](#)

E. Medication Adherence Devices

[Overview of Medication Adherence Technology](#)

[MedaCube™ Automatic Pill Dispenser](#)

[Hero Automatic Pill Dispenser](#)

[Reminder Rosie](#)

[MedCenter Pill Organizer](#)

[Blister Packing](#)

[My Medicine Record](#)

[Medication List](#)

F. Medication Adherence Apps

[Overview of Medication Reminder Apps](#)

[Medisafe Medication Reminder App](#)

[Dosecast Medication Reminder App](#)

[EveryDose Medication Reminder App](#)

[MyTherapy Medication Reminder App](#)

Quick Links

Home and Community-based Resources

[ElderCare Locator](#)

[Caring.com Senior Living and Senior Care Locator](#)

[SeniorCare Directory](#)

[Medicare Home Health Compare](#)

[Respite For All Foundation](#)

[RxLocal Pharmacy Finder](#)

[NCPA Pharmacy Locator](#)

[Walgreens Pharmacy Locator](#)

[CVS Pharmacy Locator](#)

[OptumRx Pharmacy Locator](#)

[Senior Care Pharmacist Locator](#)

[Uber Health](#)

Patient and Caregiver Education

[Comprehensive Dementia Training Program for Family Members](#)

[Next Steps After an Alzheimer's Diagnosis](#)

[Making Decisions on Care Locations](#)

[Alzheimer's Disease Fact Sheet](#)

[Tips for Managing Problem Behaviors in Dementia](#)

[Medications Used in Dementia](#)

[Alzheimer's Disease Medication Treatments](#)

Patient and Caregiver Education

[Alzheimer's Disease Education and Referral \(ADEAR\) Center](#)

[Alzheimer's.gov](#)

[Alzheimer's Association](#)

[Alzheimer's Foundation](#)

[VA Caregiver Support Program](#)

[Webinar Series](#)

[Magazine](#)

[Care Navigation](#)

[Care Planning](#)

[AlzConnected](#)

[Telephone Support Groups](#)

[Email-based Support Group](#)

Practice Tips for Pharmacists

[Home-Based Comprehensive Medication Reviews: Pharmacist's Impact on Drug Therapy Problems in Geriatric Patients](#)

[Medication Adherence in Older Patients With Dementia: A Systematic Literature Review](#)

[Adherence to Medication in Patients with Dementia](#)

[Guidelines for Pharmacists Integrating into Primary Care Teams](#)

[A Health Plan's Guide to Developing CBO Contract Scopes of Work](#)

Quick Links

Practice Tips for Pharmacists

[A Health Plan's Guide to Paying CBOs for Social Care](#)

[Contract Design: The Problem of Information Asymmetry](#)

[Contract Design: Financial Options and Risk](#)
[Contract Design: Risk Management and Evaluation](#)

[Operationalizing Contracts: How Payers Can Improve Collaboration with Community-Based Organizations](#)

Pharmacists' Role in Patient Safety

[Effect of an In-Hospital Multifaceted Clinical Pharmacist Intervention on the Risk of Readmission: A Randomized Clinical Trial](#)

[The Impact of Pharmacists Satisfying Quality Measures to Increase CMS Star Ratings](#)

[Releasing GP Capacity with Pharmacy Prescribing Support and New Ways of Working: A Prospective Observational Cohort Study](#)

[Pharmacists' Impact on Patient Safety](#)

Medication Risk Assessment

[Comparison of Drug-Related Problem Risk Assessment Tools for Older Adults: A Systematic Review](#)

[HomeMeds Program](#)

[Feasibility of a Practical Nurse Administered Risk Assessment Tool for Drug-Related Problems in Home Care](#)

Medication Risk Assessment

[Development of a Tool to Identify Problems Related to Medication Adherence in Home Healthcare Patients](#)

[Medication Risk Assessment Questionnaire \(MRAQ\)](#)

[Feasibility of a Self-Administered Survey to Identify Primary Care Patients at Risk of Medication-Related Problems](#)

[Ghent Older People's Prescriptions Community Pharmacy Screening \(GheOP³S\)-Tool Version 2: Update of a Tool to Detect Drug-Related Problems in Older People in Primary Care](#)

[Evaluation of a Community Pharmacy-Based Screening Questionnaire to Identify Patients at Risk for Drug Therapy Problems](#)

Medication Therapy Management Services

[The Medication Therapy Management Pharmacist Reference Book: Medication Therapy Management](#)

[Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model \(version 2.0\)](#)

Reimbursement Models

[Healthcare Reimbursement and Quality Improvement: Integration Using the Electronic Medical Record Comment on "Fee-for-Service Payment--an Evil Practice That Must Be Stamped Out?"](#)



Quick Links

Reimbursement Models – MTM

[OutcomesMTM](#)

[DocStation](#)

[Michigan Pharmacists Association:
Pharmacist Medication Therapy Management
Billing Guide](#)

[Estimated Potential Financial Impact of
Pharmacist-Delivered Disease Management
Services Across a Network of Pharmacies in
Rural Colorado](#)

Reimbursement Models – CCM

[CPESN: CCM Playbook, 2018](#)

[CMS: CCM Billing FAQs, 2022](#)

[AAFP: Chronic Care Management, February
2024](#)

Reimbursement Models – Social Care Billing

[Advancing Partnerships: Contracting Between
Community-Based Organizations and Health
Care Entities](#)

[Aging and Disability Business Institute:
Resource Library, February 2024](#)

[Resource Guide: A Health Plan's Guide to
Developing CBO Contract Scopes of Work](#)

[Resource Guide: A Health Plan's Guide to
Paying CBOs for Social Care](#)

[Resource Guide: Operationalizing Contracts:
How Payers Can Improve Collaboration with
Community-Based Organizations](#)

[Understanding the Medicare Physician Fee
Schedule Billing Codes for CHI, PIN, PIN-PS](#)

Notes



Contact:
Natalie Hohmann, PharmD, PhD
Auburn University
Harrison College of Pharmacy
NSH0010@auburn.edu

