Newsletter Update

Get to know your MN ASCP Chapter. It is time for YOU to get involved.

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<th>Joe Litsey</th>
<th><a href="mailto:jlitsey@thriftywhite.com">jlitsey@thriftywhite.com</a></th>
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<td>Jordan Wolf</td>
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<td>Secretary/Treasurer</td>
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National Updates

Provider Status:
The push for pharmacists’ provider status continues in 2015. There is a bill in the House of Representatives as well as a bill in the Senate. The bills would make services provided by a pharmacist covered under Medicare Part B under the following conditions:

- The pharmacist is authorized to provide the services under the individual state pharmacy practice act.
- The services would be covered if provided by a physician or as an incident to a physician’s services.
- The services are provided in/to:
  - A health professional shortage area
  - A medically underserved area
  - A medically underserved population
  - (The above three are defined in Federal law. It’s our understanding that about 70% of Minnesota fits the above definitions, including some areas/populations of the Twin Cities Metro)

Identical bills have been introduced this year in the House and the Senate. Last year, the bill in the House had 123 members who had signed on as co-sponsors, indicating their support for the bill. There was not a Senate version last year. Text of this year’s bills, HR 592/S 314, are not
available yet, but to our knowledge, they are identical to last year’s House bill. Here is a link to that bill. [https://www.govtrack.us/congress/bills/113/hr4190/text](https://www.govtrack.us/congress/bills/113/hr4190/text)

This is why it is so important to continue to expand our state practice act. We can only get paid for services that State Board of Pharmacy regulations allow us to perform. Minnesota is actually in pretty good shape in that respect.

We encourage all to go to [www.CommunityRxAction.com](http://www.CommunityRxAction.com) and register to receive communications about writing to Congress asking them to support these bills. To date, pharmacists are not recognized under Section 1861 of the Social Security Act as health care providers eligible for Medicare Part B reimbursement. Medicare Part D is the only means through which pharmacists can bill Medicare for select cognitive services, such as medication therapy management. ASCP members are uniquely positioned to demonstrate the value of pharmacist-delivered direct patient care. Beginning in the 1960’s, the government recognized pharmacists’ ability to provide expert medication oversight and management of patients in the long-term care setting. This recognition established the profession of consultant pharmacy, which now has a decades-long track record of improving outcomes and reducing health care costs.

**Hospital Readmissions:**
**HR 4302; Section 215:** – Protecting Access to Medicare Act of 2014; Skilled nursing facility value-based purchasing.

Congress set in motion the development of an incentive initiative for reducing hospital readmission from skilled nursing facilities. Under the provision, 2% of SNF Medicare payments will be withheld beginning FY 2019 in order to create an incentive pool and savings to Medicare. More than half and up to 70% of the withheld funds will then be distributed among the “high-performers”. Benchmarks will be determined in the years leading up to FY 2019. Below is a link to the bill as well as a nice synopsis of the bill. Additionally, this bill will delay the implementation of ICD-10 until April 1, 2015

- [HR4302-protecting access to medicare act 2014](https://www.govtrack.us/congress/bills/113/hr4302)

**Partnership to Improve Dementia Care in Nursing Homes**

Antipsychotic Drug use in Nursing Homes Trend Update

The National Partnership to Improve Dementia Care in Nursing Homes is committed to improving the quality of care for individuals with dementia living in nursing homes. The Partnership has a mission to deliver health care that is person-centered, comprehensive and interdisciplinary with a specific focus on protecting residents from being prescribed antipsychotic medications unless there is a valid, clinical indication and a systematic process to evaluate each individual’s need. Last fall, The Partnership announced new goals of reducing the use of antipsychotic drugs in skilled nursing facility (SNF) residents by 25% by the end of 2015 and by 30% by the end of 2016; both percentages are in relation to a baseline rate from the fourth quarter of 2011. The new goals build on an initial reduction of 15.1 percent (with total use decreasing nationwide from 23.8 percent to 20.2 percent), which occurred over time from 2011 to 2013.

The official measure of the Partnership is the percentage of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those diagnosed with schizophrenia, Huntington's Disease or Tourette’s Syndrome. In 2011Q4 23.9% of long-stay nursing home residents were receiving an antipsychotic medication; since then there has been a decrease of 19.4% to a national prevalence of 19.2% in 2014Q3.
CMS Region- and State-specific data are displayed below. These data show the change in the single-quarter prevalence of antipsychotic medication use amongst long-stay residents since 2011Q2 and shows the change since the start of the Partnership.

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**CMS Strengthens Five Star Quality Rating System for Nursing Homes**

The Centers for Medicare & Medicaid Services (CMS) has strengthened the *Five Star Quality Rating System* for Nursing Homes on the Nursing Home Compare website to give families more precise and meaningful information on quality when they consider facilities for themselves or a loved one. The announcement marks an important milestone to achieving the goal of implementing further improvements to the *Five Star* system in 2015, as the Administration announced last October.

Star ratings allow users to see important differences in quality among nursing homes to help them make better care decisions. CMS rates nursing homes on three categories:

- Results from onsite inspections by trained surveyors
- Performance on certain quality measures, and
- Levels of staffing.

CMS uses these three categories to offer an overall star rating, but consumers can see and focus on any of the three individual categories. Now, nursing home star ratings will include the use of antipsychotics in calculation of the star ratings.

Since CMS standards for performance on quality measures are increasing, many nursing homes will see a decline in their quality measures star rating. About two thirds of nursing homes will see a decline in their quality measures rating and about one third of nursing homes will experience a decline in their Overall Five Star Rating. For example, before the recalibration, about 80 percent of nursing homes received either a 4 or 5-star rating on their quality measures. Now, about 49 percent of nursing homes will receive a 4 or 5 stars on their quality measure rating. Also, the number of nursing homes receiving one star for their quality measures has increased from 8.5 percent to 13 percent after the recalibration.

**GAO: Expand Cuts in Antipsychotic Drug Use**

In an acknowledgement of the progress that has been made reducing the use of antipsychotic medications in nursing facilities - Assisted living communities and home health agencies will likely be the next target for the federal government’s efforts to reduce the use of antipsychotic medications in those with dementia. In a [report](http://www.ncbi.nlm.nih.gov/books/NBK278035/) recently made public, the Government Accountability Office (GAO) recommends that the U.S. Department of Health and Human Services (HHS) expand related outreach and educational efforts beyond nursing homes to include assisted living communities, homes and other settings where those with dementia receive care.

The report notes that HHS agencies “Extending educational efforts to caregivers and providers outside of the nursing home could help lower the use of antipsychotics among older adults with dementia living both inside and outside of nursing homes.” It also indicated that about 14% of community-dwelling seniors, including those in assisted living facilities, are prescribed these medications for behaviors related to dementia despite a black box warning for this indication. The expanded focus to community-dwelling seniors presents an excellent opportunity for consultant pharmacists to bring their senior care pharmacy expertise to this space, much like what they have already done in skilled nursing facilities.

**Drug Disposal Information**

Last fall, the Drug Enforcement Administration (DEA) make available for public view a final rule regarding the disposal of pharmaceutical controlled substances in accordance with the Controlled Substance Act, as amended by the Secure and Responsible Drug Disposal Act of 2010 (“Disposal
Act”). The final rule is available for public view at:

**Board Certification and the CGP**
(Written by Travis Lacore, Pharm.D. – Consultant Pharmacist)

What’s in a Name?:
A recent forum discussion regarding the Certified Geriatric Pharmacist (CGP) certification brought to light many issues on the recognition and value of this certification program held by many pharmacists within the American Society of Consultant Pharmacists (ASCP). The overriding concern is the under recognition of the CGP as a board certification by other health care professionals and the community, and whether there may be a benefit to changing the certification name to correlate with the more widely known board certifications.

The CGP certification is a voluntary certification program for pharmacists with a focus on geriatric pharmacy practice, offered by the Commission for Certification in Geriatric Pharmacy (CCGP). This is a certification option for pharmacists which often stands in the shadow of the more widely known and recognized Board of Pharmacy Specialties certifications, administered by the Board of Pharmacy Specialties (BPS). BPS is an automatous division of the American Pharmacists Association (APhA). BPS offers a variety of certifications in eight separate areas of pharmacy, not including geriatrics. The lack of specific reference to board certification within the CGP title may lead to a misconception that it is undervalued or of lower quality certification than BPS certifications. It should be noted that the CGP and BPS certifications are both recognized by the National Commission for Certifying Agencies, and all are board certifications.

Whether obtained through CCGP, BPS, or both, certification can be of particular usefulness to the pharmacy professional for career development and practice. Revising the title of CGP to include specific reference to board certification may provide clarity to the title.

Reference:
http://www.ccgp.org/boardcertification
https://www.ascp.com/professional-development
http://www.bpsweb.org/

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**Chapter/State Updates**

**Senior Care Pharmacy in the Assisted Living Facility**
(Written by Melanie Kluck, Pharm.D. CGP – consultant pharmacist)

Assisted Living Facilities are enduring changes in regulations for medications management. These regulations will require implementing policies with regard to all facets of medications. This encompasses policies for storage, disposal and administration documentation. In addition to those areas, the updated regulations are focusing on a review of each resident’s medications who are requesting Medication Management Services. One area of focus in recent MN State Survey had been on the Medication Management Services.
The Medication Management Service must include a one on one interview with the resident. Based upon findings from the interview the facility is required to have a resident specific medication management plan. It should be updated with any change of condition and at least yearly.

**Changes to Minnesota Home Care Licensing Resulting from the 2013 Legislative Session for Current Class A&F Home Care: Provision of Medication Management Services - Clarifying language and new requirements:**

For each client who requests medication management services, the comprehensive home care provider shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the client. The assessment must include an indication and review of all medications the client is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic and adverse reactions, and actions to address these issues.

The assessment must identify interventions need to manage of medications to prevent diversion of medications by the client or others who may have access to the medications. “Diversion of medications” means the misuse, theft, or illegal or improper disposition of medications.

Among the importance of aiding on policy implementation for medications storage, disposal and administration documentation, the consultant pharmacist role will be important in aiding the facility in implementing the medication management requirements.

The consultant review will establish:

a. Reduction of unnecessary medications
b. A policy for reduction/management/documentation of psychoactive medications
c. Enhancements in proper administration documentation
d. A review of all PRN medication for proper parameters for use
e. Discontinuation of unused medications
f. Education for staff

There are several barriers for the facility in implementing these new regulations. As these procedures are implemented it also creates new challenges for the consultant pharmacist. How do we assisted these facilities in efficient, effective implementation of these updated regulations?

**Antibiotic Stewardship**

Antibiotic resistance continues to be a critical public health and patient care safety issue in Minnesota, the United States and the rest of the world. Check out: "Abx resistance in MN 2013" and other great information made available by the MDH-Infectious Disease Epidemiology, Prevention and Control Division @ www.health.state.mn.us/

If you or a facility you work with is interested in Antibiotic Stewardship resources, or for further information, please contact:

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Acute Disease Investigation and Control
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Jane.Harper@state.mn.us
651-201-5686
ASCP-MN Chapter Survey
We will be sending a survey to all ASCP-MN Chapter members in order to better understand educational needs. Part of getting/keeping members is providing a useful service. We want to provide timely, relevant information to our members in order to keep existing members and obtain new members. Please keep an eye out for a short survey in the coming weeks... we value your input.

Quarterly Chapter Calls
Please keep an eye out for information regarding quarterly chapter conference calls in which a chapter officer will facilitate a group discussion on a relevant issue in our industry. If these calls are successful, we would like to host them quarterly. If you have ideas or have a particular area of interest we can cover in these calls please let me know. You can email or call me at anytime.

Thank you!

Joe Litsey, Pharm.D. CGP
Chapter President
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