Strategies for Development and Expansion of Pharmacy Extenders: Designing Outside the Box

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THE SCHEDULE

**Saturday Morning**

**LEADERSHIP TRACK**

- **Breakfast**
  - 06:00 AM

- **Law Update**
  - 07:00 AM

- **Critical Care Track/ Ambulatory Care Track/ Leadership Track/ Experiential Education Workshop/ Pharmacy Technician Track**
  - 08:15 - 11:30 AM
  - 3 hrs of C.E.

- **Lunch**
  - 11:45 AM

- **Infectious Disease Track/ Pain Management Track/ Contemporary Topics in Pharmacy Track/ New Practitioner Track**
  - 02:00 - 05:15 PM
  - 3 hrs of C.E.

- **FSHP Fun Night Event**
  - 06:00 PM
  - relax & enjoy
Conflict of Interest Disclosure

- **Clinical Practice Experience:**
  Manage a specialty practice in Tampa, FL that provides diverse medication therapy management services, including Transitional Care Management (TCM) support services.

- **Consultation:**
  Provide consultative support for medical, pharmacy, and health care coordination practices and health IT vendors that support Transitional Care Management practices and services.

- **National Code Development:**

- **Government Technical Expert:**
  Serve as a Medication Safety Expert for United States DHHS, CMS, and CMMI.

- **Research:**
  Conduct clinical and practice-based research in the areas of Medication Therapy Management and Transitional Care Management (TCM) services.

- **Content:**
  The author is solely responsible for the content and resources utilized within the presentation.
Objectives – Pharmacists

• Identify existing barriers to pharmacy practice model innovation.
• Discuss challenges and limitations in current pharmacist practice models and how to identify opportunities for improved work flow and efficiencies.
• Strategize and prioritize opportunities for the expansion of clinical services based upon types of communities, practice settings, and patient populations.
• Design an infrastructure and framework that optimizes the skills and capabilities of diverse pharmacy staff to support new and advanced pharmacist practice models.
Objectives – Technicians

• Identify existing barriers to pharmacy practice model innovation that expand the utilization of pharmacy technicians.

• Discuss the differences for technicians between current practice models and proposed new practice models.

• Develop an implementation plan that promotes the integration and utilization of pharmacists’ clinical services in diverse healthcare practice and emerging reimbursement models.
Pharmacy Practice Settings

Community  Hospital  Health Plans & Mail Order

Innovative Practice Models
What Is A Pharmacy?

Controlling the Future of Pharmacy Practice?
“We champion the health and well-being of every community in America. Walgreens. Trusted since 1901.”

“CVS Pharmacy is a subsidiary of the American retail and health care company.”
Embrace Change & New Concepts
Evolution of Pharmacy Practice

**Products**
- Dispensing
- OTC
- Compounding
- IV & Sterile Product
- Specialty Medications
- Biologics
- Medical Devices
- Durable Medical Equipment

**Services**
- Counseling & Education
- Health & Wellness
- Medication Therapy Management (MTM)
- Transition of Care
- Chronic Care Coordination
- Adherence
- Vaccination
- Travel Meds
- Clinical Research Trials
Barriers to Pharmacy Practice Innovation

• Inclusion of MTM into Medicare Law (i.e., Part B “Eligible Provider Status” paragraph)
• Limited commercial payer adoption
• Limited understanding within pharmacists employer models (i.e., tangible product revenue mentality)
• Limited fee-for-service implementation
• Limited understanding of billing options by pharmacists and physicians
• Confusion among expanding bundled payment models (i.e., ACO, APM, BCPI, etc.)
• Lack of AMA valuation (currently considered “market value”)
• Transitions from “fee-for-service” to "value-based" payment models
Medication Therapy Management

The Spectrum of Pharmacists’ Clinical Interventions Provided to Improve Health Outcomes and Patient Safety
Diversity of Pharmacists’ Services

- Nursing Home
- Intensive Care Unit
- Managed Care / Call Center
- Medical Team
- Community Pharmacy
Progression of MTM Service(s) Intensity

- Patient Education
  - Minimal focus
  - Triage-minded
  - Short term nature
  - Instantaneous
  - Episodic

- Drug Regimen Review

- Problem Intervention

- Physical Assessment

- Adherence Persistence

- Disease Management
  - Multi-focused
  - Multi-relationship
  - Repetitive
  - Accountability
  - Full Scope (Drug/Patient/Disease)

- Comprehensive Medication Management
Progression of MTM Service(s) Intensity

- Patient Education
- Drug Regimen Review
- Problem Intervention
- Physical Assessment
- Adherence Persistence
- Disease Management
- Comprehensive Medication Management

Low — Moderate — High
Medication Therapy Management Service(s) CPT Codes

- Pharmacists included in AMA CPT Editorial Panel since 2001
- Current coding manual, CPT 2018 (updated annually)
- Medicine Chapter
- Medication Therapy Management (MTM) Service(s)
- Pharmacist-specific codes
- Market-valued
- Pharmacists are currently not included in the Medicare Part B “Eligible Providers Status” paragraph (Medicare Law)
Medication Therapy Management (MTM) Service(s)

Medication Therapy Management Service(s) (MTMS) describe face-to-face patient assessment and intervention as appropriate, by a pharmacist. MTMS is provided to optimize the response to medications or to manage treatment-related medication interactions or complications.

MTMS includes the following documented elements: review of the pertinent patient history, medication profile (prescription and non-prescription), and recommendations for improving health outcomes and treatment compliance. These codes are not to be used to describe the provision of product-specific information at the point of dispensing or any other routine dispensing-related activities.

99605  Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, initial 15 minutes, with assessment, and intervention if provided; initial 15 minutes, new patient

99606  Initial 15 minutes, established patient

99607  each additional 15 minutes (List separately in addition to code for the primary service)

(Use 99607 in conjunction with 99605, 99606)

Pharmacy Technicians

Understanding the Statutes & Rules that Govern the Utilization of Pharmacy Technician
Pharmacy Practice Settings
Community / Hospital / Mail Order

Medical Practice Settings
Office / Clinic / Urgent Care

How many pharmacy technicians?

How many nurses?

Elevator Pitch
A person other than a licensed pharmacist or pharmacy intern may not engage in the practice of the profession of pharmacy, except that a licensed pharmacist may delegate to pharmacy technicians who are registered pursuant to this section those duties, tasks, and functions that do not fall within the purview of s. 465.003(13).

All such delegated acts must be performed under the direct supervision of a licensed pharmacist who is responsible for all such acts performed by persons under his or her supervision.
F.S. 465.003(13) - Definitions

• Compounding
• Dispensing
• Consulting
  • Contents, therapeutic values, uses of any medicinal drug, therapeutic values and interactions of patent or proprietary preparations
• Other Pharmaceutical Services
  • Monitoring drug therapy, assisting the patient in the management of their drug therapy, review of the drug therapy and communication to their provider
  • Any other act, service, operation, research, or transaction incidental to, or forming a part of, any of the foregoing acts, requiring, involving, or employing the science or art of any branch of the pharmaceutical profession, study, or training, and transmitting information from persons authorized to prescribe medicinal drugs to their patients.
  • Administration of vaccines to adults pursuant to F.S. 465.189

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0465/Sections/0465.003.html
Corporate Entity

Pharmacy (Pharmacy Permit)

Pharmacists

Pharmacy Technicians

- Cashiers
- Auditing
- Insurance
- Accounting
- Billing
- MTM Part D
- Sundries
- Cosmetics
- Toiletries
- Photography
- Food & Grocery
- Gifts Cards
- Housewares
- Shipping & Receiving
- Delivery
- Inventory
Innovative Pharmacy Practice Models
Opportunities for Expansion: Essential Interventions

- Medication management
- Transition planning
- Patient and family engagement/education
- Information transfer
- Follow-up care
- Healthcare provider engagement
- Shared accountability across providers and organizations
High Risk Populations

Certain populations are at higher risk:
- Geriatric patients
- End-of-life care
- Patients with limited health literacy
- Adults and children with special needs
- Homeless patients
- Specialty Pharmacy products
- Polypharmacy (>5 drugs)
Opportunities for Changing Workflow

**Centralized Technology**
Collaborate to streamline existing workflow (i.e., processes, procedures, equipment, automation, reporting)

**Increase Services**
Provide patient coordination, communications, and data collection to support pharmacists’ clinical services.

**Integration with Care**
Serve as specialty providers and support team integrated into advanced care teams
Practice Planning & Design

Practice Design

Practice Structure
- Private Practice
- Group Practice
- Multispecialty
- Interdisciplinary

Practice Settings
- Inpatient
- Outpatient
- Pharmacy-based
- Clinical-based
- Telephonic

Revenue Models
- Private Pay
- Fee-for-Service
- Medicare Part-D
- Insurance
- Contracted Services
- Government (CMS)

Contracts & Agreements
- Collaborative Practice Agreements
- Practice Contracts
- Payer Contracts
- Employment Contract
Redesigning Pharmacist Practice Models to Optimize the Utilization of Pharmacy Technicians

- Expanded Training & Roles
- Modify Work Flow
- Expansion of Clinical Services
- Evolution of Practice Systems
- Business Case Model (Value Statement: Quality, Safety, Savings)
Evolving Roles of Pharmacy Technicians

Clinical Support
The Essence Of Your Brand

Workflow & Automation
Your Brand, Personified

Communications
Why Your Product Is Better

Patient Documentation
How Your Customer Feels

Product Management
The Physical Characteristics
Transitions of Care
(Team-Based Models)

Healthcare Reform

CPT Coding

Transition of Care

Pharmacists
Clinical Practice Model Development

Innovative Practice Models

• Development & integration into patient care service models
• Pharmacist implementation of health IT applications
• Illustrate value statement (i.e., knowledge, skills, Return on Investment (ROI)) of pharmacists impact on patient care
• Emphasis primary rationale for pharmacist-managed Transitional Care Management (TCM)
  • Reduced hospitalizations & readmissions
  • Improved medication access
  • Reduced adverse drug events
  • Reduced duplications in therapy and drug interactions
  • Patient and family education
  • Patient advocacy – coordination of treatment resources
  • Patient satisfaction
Transitional Care Management: Implementation Plan
Transitional Care Community
Poor Transitions of Care Lead to...

- Medication errors
- Increased health care utilization
- Inefficient/duplicative care
- Inadequate patient/caregiver preparation
- Inadequate follow-up care
- Member dissatisfaction
20% experience an Adverse Event within three weeks

20% are readmitted within 30 days

National Transitions of Care Coalition (2010)
Benefits of Improved Patient Transitions

- Reduced hospitalizations
- Reduced readmissions
- Reduced Averse Drug Events
- Prioritization of high-risk patients
Transitional Care Management (TCM) Definition

Movement of patients from one health care practitioner or setting to another as their condition and care needs change

• Occurs at multiple levels
  • Between settings: Hospital ↔ Sub-acute facility, Hospital ↔ Home
  • Within settings: ICU ↔ Ward

• Across Health States
  • Curative care ↔ Palliative care/Hospice
Transitional Care Management (TCM)

- Transitional Care Management Services (TCM)
  - Healthcare professional accepts the responsibility to care for beneficiary post-discharge from the facility without a gap
  - 30-day begins on day of discharge from
    - Inpatient acute care hospital
    - Inpatient psychiatric hospital
    - Long term care
    - Post acute care
    - Observation or partial hospitalization
Service Criteria

• The first face-to-face visit is part of the TCM and not reported separately.
• Additional evaluation and management services after the first face-to-face visit may be reported separately.
• Only one individual may report TCM services and only once per patient within 30 days of discharge.
• Medicare requires that the physician wait to bill until the 30th day.
• Centers for Medicare & Medicaid Services’ fact sheet for guidance.
• Date of Claim: The 30-day period for the TCM service begins on the day of discharge and continues for the next 29 days. The reported date of service should be the 30th day.
TCM Service Settings

TCM services are furnished following the beneficiary’s discharge from one of these inpatient hospital settings:

- Inpatient Acute Care Hospital
- Inpatient Psychiatric Hospital
- Long Term Care Hospital
- Skilled Nursing Facility
- Inpatient Rehabilitation Facility
- Hospital outpatient observation or partial hospitalization
- Partial hospitalization at a Community Mental Health Center
Transitional Care Management (TCM)

• The services are required during the beneficiary’s transition to the community setting following particular kinds of discharges.

• The health care professional accepts care of the beneficiary post-discharge from the facility setting without a gap.

• The health care professional takes responsibility for the beneficiary’s care.

• The beneficiary has medical and/or psychosocial problems that require moderate or high complexity medical decision making.

• The 30-day TCM period begins on the date the beneficiary is discharged from the inpatient hospital setting and continues for the next 29 days.

Evolution of CPT Coding

**Historical Infrastructure:**
- Physician-centric
- Point-in-Time
- Service & Procedure focused

**Innovative Changes:**
- Team-based care
- Time span of service
- Outcome driven
Transitional Care Management (TCM)

DISCHARGE

2 Days (Contact)

Rehabilitation

Home

99496
7 Days (Visit)

ALF/LTC

99495
14 Days (Visit)

Medical Practice

Pharmacists
Why Are Pharmacists Essential to TCM

• 20% of readmissions occur due to a medication error.

• Study found 36% of patients had medication errors at admission.
  • 85% originated from the patient’s medication history
  • Unintended medication discrepancies at the time of hospital admission range from 30% to 70%
  • 60% of all medication errors occur during care transitions
  • 1.5 million preventable adverse drug events/year resulting in > $3 BILLION/year in health care dollars
NTOCC: Improving Transitions of Care
http://www.ntocc.org/Portals/0/PDF/Resources/NTOCCIssueBriefs.pdf
Contents:

- TCM services
- Health care professionals who may furnish TCM services
- Supervision
- TCM services settings
- TCM components
- Billing TCM services
- Frequently Asked Questions (FAQs) on billing TCM services
- Resources

The problem: Ineffective Transitions of Care

What are transitions of care?

Root causes of ineffective transitions of care

Current transitions of care models

Interventions and new resources

References

https://www.jointcommission.org/hot_topics_toc/
Integration into Medical Practice
Patient Care Process

Physician Practice

Pharmacist Practitioners & Technicians

Collaborative Practice Agreements

Practitioners – Roles – Responsibilities – Reporting – Record Keeping
Contents:

- Overview
- About Collaborative Practices
- Collaborative Care as a Basis for CPAs
- Adapting a Template CPA for Hypertension and Cardiovascular Disease Service
- Facilitating the Use of CPAs: Other Considerations
- Conclusion
- References
- Appendix A, B, and C

https://www.cdc.gov/dhdsp/pubs/docs/CPA-Team-Based-Care.pdf
Contents:

- Introduction
- Winner Profiles
  - Einstein Health Network
  - Froedtert Hospital
  - Hennepin County Medical Center
  - John’s Hopkins Medical Center
  - Mission Hospitals
  - Sharp HealthCare
  - University of Pittsburgh School of Pharmacy
  - University of Utah Hospitals and Clinics
- Conclusion
- References
- Appendix

Maximizing the role of a pharmacist in your practice
Collaborate with pharmacists to improve patient outcomes
Pharmacists
Pharmacy Technicians
Clinical Support Staff
Opportunities for Integration Into CMS & CMMI Initiatives

Hospital Engagement Networks (HEN)

Transforming Clinical Practice Initiative (TCPI)

Alternate Payment Models (APM)

National Opioid Crisis: CMS Medication Management Opioid Initiative
The Future of Pharmacists’ Reimbursement

- **Evolution of Pharmacists’ Practice Models**
  - Practice Management Strategies & Tools
  - Collaborative Practice Agreements

- **Health Information Technology Resources**
  - Dynamic Patient Profiles
  - Pharmacist-specific Therapeutic Analytics
  - Practice Metrics (blending both pharmacy and medical data)
  - Practice-based Outcomes Reporting Tools (patient and organization)
  - Align Pharmacists Services "ROI" with “Value-based” Payment & Reporting Systems

- **Public & Payer Relations**
  - Enhance Market Awareness and Understanding of pharmacists impact
  - Evolve current Comprehensive Medication Management
  - Incorporation into “standard medical benefit”
Strategies for Development and Expansion of Pharmacy Extenders: Designing Outside the Box

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Assessment Questions

1. Which of the following is **NOT** a barrier to pharmacy practice innovation?
   a. Lack of inclusion of MTM into Medicare Law
   b. Lack of opportunities within transitions of care
   c. Limited understanding of billing options
   d. Limited fee-for-service implementation

2. Opportunities for expansion of clinical services depends upon communities, practice settings, and patient populations.
   a. True
   b. False

3. An implementation plan for transitions of care management should include which of the following settings?
   a. Hospital discharge
   b. Rehabilitation
   c. Home
   d. Medical visits
   e. All of the above