Improving Access in Infusion Therapy

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Objectives

- Describe how to create a strategic plan to optimize time from order to patient scheduling in infusion therapy treatment
- Demonstrate how to improve efficiency of financial authorization for high-cost injectable medications
- Review how to decrease out-of-pocket financial burdens to patients receiving infusion treatments
- Illustrate how to optimize payment for authorized therapies for payors
- Outline how to create advanced technician roles in infusion treatments and engage technicians in these new roles
UC Health Organizational Structure

• Academic Medical Center (University of Cincinnati Medical Center)
• Community-Based Hospital (West Chester Hospital)
• LTAC Facility (Daniel Drake Center for Post-Acute Care)
• Behavioral Health Centers (Lindner Center of HOPE and Deaconess)
UC Health Ambulatory Settings

Located throughout Ohio, Kentucky, and Indiana

- ~40 Ambulatory Care Centers
- ~375 Ambulatory Physicians Offices
- 8 Ambulatory Pharmacies
- 4 Infusion Suites
  - Barrett Cancer Center
  - Medical Arts Building
  - Hoxworth Infusion Center
  - West Chester Hospital
Previous State of Infusion Services
Interdisciplinary Team

University of Cincinnati Cancer Institute

- Leadership Structure
- Assessment of Services
- Clinical Care Evaluation
- Assessment of Medication Safety
- Policy and Procedure Development
- Financial Analysis
Six Sigma DMAIC

Interdisciplinary Team
• Physicians
• Clinic Nurse
• Infusion Nurse
• Pharmacists
• Pharmacy Analysts
• Registration Representative
• Patient Financial Services
Deliverables

Policy and Procedures
• Financial Clearance Policy
• Precertification of Outpatient Medication Infusions and Injections
• Outpatient Chemotherapy and Biologics Off-label Approval

Scheduling Process
• Establishing expectations with patients and providers

Treatment Plan Referral Process
• Incorporate request for authorization during physician ordering

Dedicated Precertification Team

Metrics
New Infusion Workflow

Dedicated Precertification Team
• Lead-Infusion Authorization Specialist
• Access Coordinator
• Denials and Appeals Coordinator
New Infusion Workflow

Beginning of Process

Figure 1. Infusion Pre-Certification Process

- Physician sees patient
- Physician and patient agree on treatment plan, Physician assigns treatment plan which generates referral to referral WQ UMC 3134/WCH 6633
- Referral goes to referral WQ 3134/6633 (UC/WCH Infusion Med Authorization)
- Prior Auth team reviews chart notes/treatment plan for DX and drugs being given during treatment **COMPLETED CHART NOTES REQUIRED BEFORE WE CAN SEND FOR PA**
- Review patient insurance eligibility and benefits with patient insurance company
- Inquire about Prior Authorization/Pre-Determination requirements for drugs in treatment plan with patient insurance company

*Proceed to Pre-Determination Process*

Is Pre-Determination recommended?

Is Prior Authorization required?
Infusion Referral

• Once the treatment plan is completed and signed, a referral is generated in a work queue for the pre-certification team to review and process.

• The work queues are listed as followed:
  • UC Infusion Medication Authorization Work Queue #3134
  • West Chester Hospital Medication Authorization Work Queue #6633

• The referral is released as “New Status”

• Referrals are then processed according to Pre-Certification procedure in order to generate a decision from the patient’s third-party insurance.
Infusion Pre-Certification Work Queue

UC INFUSION MEDICATION AUTHORIZATION

| Name | Coverage | Created | Expires | Status | Ref By Depar. | Ref By Provider | Ref to Depart. | Specialty | Priority | Patient MRN | Sched Status | Next ONC Tr. | Consent to S... |
|------|----------|---------|---------|--------|--------------|----------------|----------------|------------|----------|-----------|-------------|--------------|-------------|----------------|
| MEDICARE/MEDICA | 03/02/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| AETNA NON-BENN | 03/02/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| HUMANA MANAGED | 03/02/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| UC HEALTHCARE HEA | 03/02/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| ANTHEM BLUE ACC | 03/02/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| MEDICARE/MEDICA | 03/02/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| ANTHEM BLUE ACC | 03/02/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| HUMANA MANAGED | 03/02/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| VETERANS HOSPITAL | 03/03/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| HUMANA MANAGED | 03/03/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| BUCKEYE COMM | 03/03/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| ANTHEM BLUE ACC | 03/03/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| UC HEALTHCARE HEA | 03/03/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| HUMANA HUMANA/ | 03/03/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| MEDICAL MUTUAL | 03/03/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| UNIFICO HEALTHC | 03/03/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| UNITED HEALTHCARE | 03/03/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| ANTHEM BLUE ACC | 03/03/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| HUMANA MANAGED | 03/03/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| MEDICARE/MEDICA | 03/03/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| ANTHEM BLUE ACC | 03/03/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| HUMANA MANAGED | 03/03/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| MEDICARE/MEDICA | 03/03/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |
| ANTHEM BLUE ACC | 03/03/2018 | 08/26/2018 | Pending Req. | UCH MEUR | BOWMAN | UCH MEUR | Infusion Ther | Routine | 03/02/2018 | 09/09/2018 | 03/02/2018 | 09/09/2018 |

Auth #: 1574718377
Auth Status: Pending Review
Reason: Other
Currently Assigned To: Chryl N. Neville

Workqueue Information
- Deferred by Ryan H. Neville until 12:00 AM EDT on 3/16/2018 with reason: None
- 3/17/18 sent prior authorization request to Humana for amslep

General Information
- Authorized from: 3/4/2018
- Expires: 9/2/2018
- Type: Episode Based Authorization

Procedures
- None

Appointments
- None

Diagnoses
- 285.21, 585.5 (ICD-9-CM) - N18.5, D63.1 (ICD-10-CM)
  - N/A (Stage 5 chronic kidney disease)
- Not on chronic dialysis (GMS Do)
Referral Status Changes

- The pre-certification team can change the status of the referral to the following:
  - APPROVED – If referral is approved, the patient is then sent to the Scheduling Work Queue.
    - UC Scheduling Work Queue #6485
    - WCH Scheduling Work Queue #6635
  - DENIED – If the referral is denied, the patient is then sent to the Medication Assistance Authorization Work Queue
    - UC Infusion Medication Access #16627
Infusion Referral Approval

*Proceed to Pre-Determination Process*

**YES**

Is Pre-Determination recommended?

**NO**

Is Prior Authorization required?

**YES**

Initiate request over phone or fax in specific insurance prior authorization form to fax number given by insurance.

**NO**

Review insurance company medical policy/FDA/NCCN to verify standard-of-care.

Approve referral for 3 month interval (Insurance verification purposes).

Approved Referral is generated to Patient Scheduling WQ (WQ 6485 / 6635)

*Pending referral and enter note in referral as to why pending*

IF APPROVED, Approve referral for 3 month interval (Insurance verification purposes)

Approved Referral is generated to Patient Scheduling WQ (WQ UCMC 6485 / WCH 6635)
Infusion Referral Denials

*Proceed to Pre-Determination Process*

**YES**

Is Pre-Determination recommended?

**NO**

Is Prior Authorization required?

**YES**

Initiate request over phone or fax in specific insurance prior authorization form to fax number given by insurance.

**Pend referral and enter note in referral as to why pending**

If **DENIED**, deny referral with note in referral as to why it has been denied.

Send In-Basket message to patient care team / FA team / MAP team about denial with instruction for Appeal or Peer-to-Peer process***

Scan **DENIAL** into patients chart under **RECEIVE**

***PEER-TO-PEER must be done by the provider***
Off-Label Process

• All comparable or satisfactory alternative treatment options should be utilized prior to a physician requesting to use a medication for off-label use.

• The pharmacy department and clinical requester shall work together to gather and evaluate the evidence supporting the medication indication requested.
  • If supportive literature is present, the submission for off-label use does not need to be reviewed by our off-label committee.
    • Literature includes: 2- phase 2 clinical trials or 1- phase 3 clinical trial
    • Additional literature that can be evaluated includes:
      • Randomized and nonrandomized controlled trials
      • Case series and reports
      • Abstracts
  • If supportive literature is not present, the submission for off-label is sent to the Off-Label Committee for review
Off-Label Committee Referral

- Information Provided to Off-Label Committee
  - Patient Name
  - Date of Birth
  - Medical Record Number
  - Ordering Physician Name
  - Patient’s Insurance Company and Identification Number
  - Previous Communication with Insurance Company
  - Patient Diagnosis
  - Medications for Treatment
  - Cycle
  - Frequency
  - Tentative Start Date
  - Supportive Literature
Off-Label Committee

• Based on the collected information, the Off-Label committee reviews for appropriateness
  • If the off-label committee determines the course of treatment to be appropriate, the pre-certification team will change the referral status to approved and the patient will be placed on the infusion
  • If the clinical pharmacy team cannot provide criteria for treatment, the patient’s case will be reviewed by the Medical Director of the associated specialty
    • The Medical Director will determine if the patient will be treated or if the ordering provider will need to consider a new treatment plan

• Medication Access Services opportunities through Patient Assistance Programs are also evaluated at this time.

• Vice-President of Pharmacy Services or designee, shall contact the prescriber if there is continued unclear, inappropriate, or unsubstantiated justification(s) in his/her selection of non-formulary or restricted agents.
Off-Label Process

If does not require Prior Authorization and does not meet Standard of Care, PROCEED WITH OFF-LABEL PROCESS.

Send email to provider and supporting pharmacist for at least 2 peer reviewed articles indicating usage of requested drug for specific diagnosis.

For West Chester Hospital, send email to Off-Label Committee with following information **

For Barrett Oncology and MAB Infusion, send email to Off-Label Committee with following information **

If Approved, Approve referral per Off-Label Process for 3-month interval (insurance verification purposes)

*Pharmacy will enter Pharmacy note into patients chart indicating approved off-label*

If clinically approved per Off-Label Process, proceed to MAS

Approved Referral is generated to Patient Scheduling WQ (WQ, UCMC 6485/ WCH6635)

** Information needed in Off-Label Process email:

- Patient name
- Date of Birth
- MRN
- Ordering Physicians name
- Patient Insurance Company and ID
- Previous communication with insurance company (prior authorization/pre-determination/ medical policy requirements)
- Patient diagnosis
- Medications for treatment (specifically the “off-label” drugs)
- Cycle
- Frequency
- Tentative start date
- Attach 2 peer reviewed articles indicating usage of requested drugs for specific diagnosis
Specialty Pharmacy

• Many third-party payors are moving towards the use of Specialty Pharmacy for infusions and injectable medications
  • Third-party payors find it more cost effective to cover these high-dollar medications on pharmacy benefits rather than medical benefits

• UC Health leverages our internal Specialty Pharmacy to ensure access to medications for our patients

• Utilized when:
  • Pre-certification team receives a denial for an infusion service on medical benefits, and a subsequent peer-to-peer is denied
  • Patient’s insurance specifically dictates the use of a Specialty Pharmacy
  • Medication is considered off-label on medical benefits
Specialty Pharmacy

- UC Health Specialty Pharmacy
  - Reviews insurance formulary for the patient's pharmacy benefits
  - Performs prior authorization
  - If a denial is received, the pharmacy team will submit a medical appeal
  - When approved, or appropriate therapy is determined, the pharmacy team will access for any financial barriers to the medication and direct the patient to Medication Access Services
  - Medication is delivered to the infusion center, where co-payment is collected, and counseling is provided as needed
  - Specialty Pharmacy will track refills and delivery for each upcoming injection or infusion
Specialty Pharmacy

*Proceed to Pre-Determination Process*

**YES**

Is Pre-Determination recommended?

**NO**

Is Prior Authorization required?

**YES**

Initiate request over phone or fax in specific insurance prior authorization form to fax number given by insurance.

*If patient’s insurance company does not allow Buy and Bill, send request to Specialty Pharmacy to attempt to get medication covered under patient’s pharmacy benefit*
Medication Access Services

• Medication Access Services (MAS) advocates for insured, underinsured, and uninsured patients to access their necessary prescription and infusion medications

• MAS aligned with pharmacy services are ideal to help patients in obtaining medication access
  • Clinical knowledge and extensive pharmaceutical backgrounds
  • Clinic-based Medication Access Programs have been shown to positively impact patient outcomes


MAS Advocates

- MAS coordinates with providers to aid patients, for the following:
  - Investigate and verify prescription insurance coverage
  - Apply for charitable diagnosis-specific foundation assistance for high co-payments or deductibles
  - Assist patients in applying for pharmaceutical-specific patient assistance programs
  - Provide manufacturer-specific co-pay assistance cards for various medications
Sources of Medication Assistance

• Manufacturer-Specific Patient Assistance Programs (PAP)
  • Free Drug Programs
• Diagnosis-Specific Foundation Assistance
• Pharmaceutical-Specific Co-Pay Assistance
Pharmaceutical-Specific Patient Assistance Programs

• Pharmaceutical-Specific Patient Assistance Programs
  • Created to help patients obtain their medication
  • Medications are no charge
  • Effective for low income patients to help control chronic health conditions and improve adherence

• Patient Challenges with PAPs
  • Often Difficult to Navigate
  • Physician Signature Required
  • Submission of Financial Documentation
    • Current taxes, Social Security Income, Medicare and Medicaid Denials, etc.
  • Access to resources in order to submit and re-order medications

Diagnosis-Specific Foundations

- Organizations that raise money through donations from various sources
  - Pharmaceutical companies
  - Philanthropists
  - Donations from the public
- Each foundation has set eligibility requirements
  - Diagnosis-specific
  - Household Income
  - Insurance Type
- Patients are awarded a set amount of funding annually
  - Often dispersed in the form of a pharmacy benefits card
Pharmaceutical-Specific Co-Pay Assistance

• Pharmaceutical manufacturers often provide co-pay assistance cards for brand name medications
  - Depending on the infusion, co-pay assistance cards are available for medication and infusion administration charges
  - These cards help lower the out-of-pocket expense
• Co-Pay Assistance Cards can ONLY be used by commercially insured patients
Infusion Workflow

Figure 1. Infusion Pre-Certification Process

**Pre-Determination Process**

- Physician sees patient
- Physician and patient agree on treatment plan
- Referral goes to PRIOR AUTH (designated team)
  - Referral is prioritized according to the type of infusion
  - If pre-determination is accepted, fill out pre-determination form for insurance
- Review patient insurance information
- Review patient eligibility and benefits with patient insurance company

**Proceed to Pre-Determination Process?**

- YES
  - Pre-Determination recommended
  - Review insurance company medical policy to verify standard of care
  - Approve referral for 3-month interval (insurance verification purposes)
  - Send email to provider and supporting pharmacist for at least 2 peer-reviewed articles indicating usage of requested drug for specific diagnosis

- NO
  - Is Prior Authorization required?
    - YES
      - If does not require Prior Authorization, send email to OPI-Label Committee with following information:
      - Approval referral to Patient Scheduling WO (WO 645/6650)
      - For West Chester Hospital, send email to OPI-Label Committee with following information:
      - For BMT and Hematologic Infusion, send email to OPI-Label Committee with following information:
      - For Neurology, send email to Specialty Pharmacies with following information:
      - For Non-Awar/Non-Recipient, send email to OPI-Label Committee with following information:

    - IF NO PEER-REVIEWED SOURCES, send to CMO, Medical Director, and OPI-Label chart for review

    - IF NO PEER-REVIEWED SOURCES, send to CMO, Medical Director, and OPI-Label chart for review

    - IF Approved, Approve referral per OPI-Label Process for 1-month interval (insurance verification purposes)

- NO
  - If pre-determination is denied, deny referral and notify provider
  - Send inbasket message to patient care team / FA team / MAC team about denial with instruction for Appeal or Peer-to-Peer process

- Approved Referral is generated to Patient Scheduling WO (WO 645/6650)

**Information needed for Off-Label Process**

- Patient name
- Date of Birth
- MRN
- Ordering Physicians name
- Patient Insurance Company ID
- Previous communication with insurance company (prior authorization/pa-reimbursement/medical policy requirements)
- Patient diagnosis
- Medications for treatment (specifically the "off-label" drugs)
- Cycle
- Frequency
- Tentative start date
- Attach 2 peer-reviewed articles indicating usage of requested drugs for specific diagnosis

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**Approval Decision**

- Approved
  - Send inbasket message to patient care team / FA team / MAC team about approval with instruction for Appeal or Peer-to-Peer process

- Denied
  - Send inbasket message to patient care team / FA team / MAC team about denial with instruction for Appeal or Peer-to-Peer process

- Scan DENIAL into patients chart under MEDNCH

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**Scan MEDNCH into patients chart under MEDNCH**

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**Pre-Determination Process**

- If Approved, Approve referral for 3-month interval (insurance verification purposes)

- If Denied, deny referral with note in referral as to why it has been denied

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**Approval Decision**

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Infusion Payment Optimization

• After the patient has received the infusion, the hospital charges are reviewed by the pharmacy analyst

• The pharmacy analyst reviews two different work queues:
  • The high dollar, high quantity medication work queue allows pharmacy services to review hospital bills for patients with a medication over a $10,000 threshold as well as a 100-billing unit quantity threshold.
  • The Medicare LCD coverage work queue allows the pharmacy analyst to confirm the proper, primary diagnosis is listed on the hospital bill associated with the infusion medication the patient received, to ensure maximum reimbursement.

• The pharmacy analyst also makes adjustments for the medication access services program provided medications
Denial Management Workflow

• Work Queue 602 – Medicare LCD Coverage:
  • Monitors billing errors where the diagnosis does not match the Medicare Local Coverage Determination (LCD)
  • Review the referral notations to find the diagnosis (DX) the services were authorized
  • Review medical documentation to ensure the dx is listed on the office and infusion notes
    • If so, send to medical records to update the coding before the initial bill is submitted
  • Check to see if a Patient Assistance Program is listed on the claim
    • If so, send to MAS Coordinator to adjust medication charge
  • If payor is Medicare or Medicaid HMO, a prior authorization should be on file; Do not follow the Medicare LCD

• Work Queue 1512 – High Dollar, High Quantity:
  • This process hold true for non-covered, experimental/investigational, exceeds billing units denials on J codes only that the prior authorization team would review and authorize.

• Work Queue 1176 – Billing Errors:
  • Reviews denials for billing errors:
    • NDC #’s invalid, units exceeding, missing prior authorization for all service types, missing administration codes, or modifiers missing.
# Infusion Denial Work Queue

## Account Workqueue - HB - INFUSION SERIES DENIALS [1512]

### 75 Accounts (All Accounts Loaded)

<table>
<thead>
<tr>
<th>Account</th>
<th>Acct Class</th>
<th>Acct Status</th>
<th>Account Name</th>
<th>Disch Date</th>
<th>Acct Bal</th>
<th>Message</th>
<th>Days On Workq</th>
<th>Payor Name</th>
<th>Patient MRN</th>
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<td>Infusion Series</td>
<td>Billed</td>
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<td>10/31/2016</td>
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</table>
# Transforming how pharmacists care for patients

PPMI is a **profession-led** initiative that is **empowering** the pharmacy team to take responsibility for **patient outcomes**.

<table>
<thead>
<tr>
<th>Care Team Integration</th>
<th>Leveraging Pharmacy Technicians</th>
<th>Pharmacist Credentialing &amp; Training</th>
<th>Technology</th>
<th>Leadership in Medication Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Promotes a team-based approach to health care</td>
<td>• Empowers the pharmacy team to ensure that pharmacy technicians perform all traditional preparation and distribution activities</td>
<td>• Elevates the reputation of the pharmacy team</td>
<td>• Evaluates the available technologies to support patient safety and quality of care</td>
<td>• Empowers pharmacists to take responsibility for patient outcomes</td>
</tr>
<tr>
<td>• Shifts the roles of the health care team to enable pharmacists to optimize their time with patients across the continuum of care</td>
<td>• Urges technicians to handle non-traditional and advanced responsibilities and activities to allow pharmacists to take greater responsibility for direct patient care</td>
<td>• Ensures pharmacists, residents, and students have training and credentials for activities performed within their scope of practice now and in the future</td>
<td>• Encourages use of available automation and technology to improve patient safety, quality and efficiency, while also reducing costs</td>
<td>• Positions pharmacists to promote health and wellness, optimize therapeutic outcomes, and prevent adverse medication events</td>
</tr>
<tr>
<td>• Enhances the relationship between pharmacists and patients by positioning pharmacists as providers</td>
<td>• Promotes technician training and certification requirements, such as the need for uniform standards for advanced technician roles</td>
<td>• Promotes the use of credentials to provide services at the top of the scope of practice</td>
<td>• Identifies emerging technologies to improve pharmacy practice</td>
<td>• Emphasizes that given their extensive education and training, pharmacists are integral in helping achieve the best outcomes</td>
</tr>
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</table>

[http://www.ashpmedia.org/ppmi/overview.html](http://www.ashpmedia.org/ppmi/overview.html)
# ASHP PAI: Framework for Discussion and Practice Change

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Goal 2</th>
<th>Goal 3</th>
<th>Goal 4</th>
<th>Goal 5</th>
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<tr>
<td>Pharmacist roles, practices, and activities will improve medication use and optimize medication related outcomes.</td>
<td>Pharmacy technicians will prepare and distribute medications and perform other functions that do not require a pharmacist's professional judgment.</td>
<td>Pharmacists and pharmacy technicians will have appropriate training and credentials for the activities performed within their scope of practice.</td>
<td>Pharmacy departments utilize available automation and technology to improve patient safety and improve efficiency.</td>
<td>Pharmacists will demonstrate leadership in exercising their responsibility for medication use systems and will be accountable for medication related patient outcomes.</td>
</tr>
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</table>

http://www.ashpmedia.org/pai/
<table>
<thead>
<tr>
<th>Year</th>
<th>Goal 1</th>
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<th>Goal 3</th>
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<td>80%</td>
<td>67%</td>
<td>62%</td>
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<td>2015 UCMC</td>
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<td>58%</td>
<td>60%</td>
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<td>2013 National</td>
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<td>2012 National</td>
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<td>16.6%</td>
<td>25.9%</td>
<td>52.7%</td>
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<td>2011 National</td>
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<td>17.4%</td>
<td>23.8%</td>
<td>43.9%</td>
<td>54.7%</td>
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http://www.ashpmedia.org/ppmi/national-dashboard.html
Outcomes

Leveraging Pharmacy Technicians

All distributive functions that do not require a pharmacist’s clinical judgment assigned to pharmacy technicians

Supervision of other pharmacy technicians assigned to technicians who have appropriate education and training

Components of quality improvement programs conducted by pharmacy technicians who have appropriate education and training

Medication preparation and distribution tasks assigned to pharmacy technicians

Percent

Expanded Roles for Pharmacy Technicians

- American Society of Health-System Pharmacists’ (ASHP) Section of In-Patient Care Practitioner’s Section Advisory Group, Advancing Pharmacy Practice with Technicians
- Advanced Roles for Pharmacy Technicians
- 14 unique opportunities described through Case Study format
Pharmacy Medication Access Service Advocate

UC Health - University of Cincinnati Medical Center
Cincinnati, Ohio

ASHP Practice Advancement Initiative (PAI)
This case study is a resource that supports the goals of PAI and the critical roles pharmacy technicians have in patient care. Important characteristics of current and evolving advanced technician practice models include training through an ASHP/ACPE-accredited training program, PTCB certification, and registration with a Board of Pharmacy.

Primary Intended Outcome(s)

1. Create an advanced role for a certified pharmacy technician to expand the scope of pharmacy services and leverage and extend available resources for patients

2. Enhance the accuracy of documented patient applications and efficiently manage medication procurement for medication assistance through the provision of a dedicated pharmacy technician to these processes

3. Increase the capability of the pharmacist to focus on direct patient care and patient counseling while optimizing patient care and satisfaction
UC Health - University of Cincinnati Medical Center
Cincinnati, Ohio

ASHP Practice Advancement Initiative (PAI)
This case study is a resource that supports the goals of PAI and the critical roles pharmacy technicians have in patient care. Important characteristics of current and evolving advanced technician practice models include training through an ASHP/ACPE-accredited training program, PTCB certification, and registration with a Board of Pharmacy.

Primary Intended Outcome(s)
1. Creation of an advanced role for a certified pharmacy technician to expand the scope of pharmacy services
2. Enhance the accuracy of pharmacy billing through the provision of a dedicated pharmacy technician

https://www.ashp.org/Pharmacy-Technician/About-Pharmacy-Technicians/Advanced-Pharmacy-Technician-Roles/Pharmacy-Analyst-Technician
Lessons Learned

• Substantial change in the previous culture within the health system which advocated for immediate treatment of infusion patients without extensive review of the financial aspects of the treatment plan

• IT build and implementation for the EMR required extensive time from the pharmacy IT team

• The IT implementation build demonstrated a need to coordinate activities between multiple departments

• Pharmacy services needed to provide transparency within the health-system and promote efficiency in navigating each patient’s unique case
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Questions?
Improving Access in Infusion Therapy

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April 30th, 2018