NETIPC PRACTICE TRANSFORMATION

Webinar 1: Introduction

May 31, 2019
Chat or Raise Hand for Comments and Questions
Today’s Speakers:

Rebecca Wagers, CPhT
Project Coordinator
NETIPC Network Facilitator and Technician at Marcum’s Pharmacy (Kingsport, TN)

Randy McDonough, PharmD, MS, BCGP, BCPS, FAPhA
Practice Transformation Coordinator
Owner/Clinical Pharmacist at Towncrest Pharmacy (Iowa City, Iowa)

Jessica Robinson, PharmD
Practice Transformation Coach
Community pharmacy research fellow at UNC Eshelman School of Pharmacy (Chapel Hill, NC)
Today’s Objectives

- Review project & expectations
- Introduce NETIPC Practice Transformation Team
- Review pharmacy clinical and technical activities to be performed for NETIPC- Local ACO CPA
NETIPC Practice Transformation Project

• Accelerated 9-week pilot project (June-July 2019)

• Objectives:
  1. Prepare 15 community pharmacies to provide collaborative drug therapy management under the NETIPC-Local ACO collaborative practice agreement*
  2. Provide training, coaching, and technical assistance to support implementation
  3. Utilize data to provide implementation feedback (QA/QI)

• Funded by the Community Pharmacy Foundation

*NETIPC-Local ACO Collaborative Practice Agreement:
  • Level 3 chronic care patients referred to participating community pharmacists
  • Pharmacists authorized to provide collaborative drug therapy management
  • Full clinical and technical integration with One Partner (EHR) access
Practice Transformation Approach

Onboard Assessment & Training
- Introductory Webinar
- Self-assessment
- Site Visit
- On-site Readiness Assessment
- Action Plan
- Implementation Guide
- Weekly Webinars

Longitudinal Assessment & Coaching
- In-house assessment
- Weekly “report” cards
- PDSA Cycle
- Weekly follow-up with project coach
- Site Visits

Sustainable Implementation
- Collaborative drug therapy management
- Pharmacists’ Patient Care Process
- Documentation
- Technical support
Onboard Assessment & Training

Assessment

- **Self-assessment (Due Today)**
  - Critical self-review of your current practice
    - Use of technicians, technology, medication synchronization
    - Staffing, physical layout,
    - Clinical tasks being performed

- **Site visit**
  - 1- to 2-hour visit
    - Tour of practice
    - Discussion with practice change lead

- **On-site Readiness Assessment**
  - In-depth review of practice
    - Physical layout/resources, workflow, pharmacists’ availability, current processes in place to identify/resolve medication-related problems (MRPs)

- **Action Plan**:
  - High-level practice change plan
  - Agreed-to activities, goals, metrics, timeline
Training

• Implementation Guide (week 4)

Weekly Webinars:

• Reactive to Proactive Practice (week 2)
• Pharmacists’ Workup of Drug Therapy (week 3)
• Documentation and eCare Planning (week 4)
• Patient Engagement and Communication (week 6)
• Physician Engagement and Communication (week 7)
• Putting it All Together – Sustaining Your Practice Transformation (week 8)
• Review Best Practices & Success Stories (week 9)
Assessment

- In-house assessment (week 5)
- Weekly “report” cards
- PDSA Cycle continuous improvement

Coaching

- Weekly follow-up with project coach (phone)
- Site visits
Sustainable Implementation

- Collaborative Drug Therapy Management Services
- Pharmacists’ Patient Care Process
- Documentation
  - One Partner integration
  - eCare Plan


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Team

Randy McDonough, PharmD
Practice Transformation Coordinator

Jessica Robinson, PharmD
Practice Transformation Coach

Rebecca Wagers, CPhT
Network Facilitator* and Project Coordinator

Colton Marcum, PharmD
Coaching Manager

Kim Roberts, PharmD
Technology Vendor Liaison

Heidi Longwell
Webinar Moderator

Cody Clifton, PharmD
Coordinator of Quality Assurance and Best Practices

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Pharmacy Expectations

- Full pharmacy participation for:
  - Onboard and longitudinal assessments
  - 3 site visits
  - 7 training webinars
  - Coaching follow-up calls
  - PDSA for continuous quality improvement
  - Clinical training to facilitate interventions
  - Compliance with NETIPC-Local ACO CPA and documentation requirements
  - Agreeing to the use of report cards that compare sites
# Timeline

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Activity</th>
</tr>
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<tbody>
<tr>
<td>Week 0</td>
<td>5/31</td>
<td>Introductory Webinar</td>
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<tr>
<td></td>
<td></td>
<td>Self-Assessment due</td>
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<tr>
<td>Week 1</td>
<td>6/3-6/5</td>
<td>Site visit &amp; Readiness assessment</td>
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<td>Week 2</td>
<td>6/11</td>
<td>Delivery of site action plan &amp; Coaching follow-up</td>
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<td>6/14</td>
<td>Webinar 2</td>
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<td>Week 3</td>
<td>6/18</td>
<td>Coaching follow-up</td>
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<td>6/21</td>
<td>Webinar 3</td>
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<td>Week 4</td>
<td>6/26</td>
<td>Coaching follow-up</td>
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<td>6/28</td>
<td>Webinar 4</td>
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<td>Week 5</td>
<td>7/1, 7/3, 7/5</td>
<td>Site visit &amp; In-house assessment</td>
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<td>Week 6</td>
<td>7/9</td>
<td>Coaching follow-up</td>
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<td>Week 7</td>
<td>7/15-7/17</td>
<td>Site visit</td>
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<td>7/19</td>
<td>Webinar 6</td>
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<td>Week 8</td>
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<td>Webinar 7</td>
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<td>Week 9</td>
<td>7/30</td>
<td>Coaching follow-up</td>
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<td></td>
<td>8/2</td>
<td>Webinar 8</td>
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Review of Clinical and Technical Activities for NETIPC-Local ACO CPA
<table>
<thead>
<tr>
<th>CPA provides authority for:</th>
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<tbody>
<tr>
<td>• Pharmacists</td>
</tr>
<tr>
<td>• licensed in <strong>TN</strong>; <strong>and</strong></td>
</tr>
<tr>
<td>• Practicing in a <strong>CPESN–NETIPC</strong> pharmacy</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Providing care for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Patient referred by supervising physician</td>
</tr>
<tr>
<td>• <strong>Level 3 chronic care</strong> patients with chronic conditions:</td>
</tr>
<tr>
<td>• Diabetes</td>
</tr>
<tr>
<td>• Dyslipidemia</td>
</tr>
<tr>
<td>• Hypertension</td>
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<tr>
<td>• Congestive Heart failure</td>
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<tr>
<td>• Depression/Anxiety</td>
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<tr>
<td>• Asthma/COPD</td>
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<tr>
<td>• Other</td>
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<table>
<thead>
<tr>
<th>Pursuant to:</th>
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<tbody>
<tr>
<td>• Written orders from Local ACO supervising physician and physician’s designees, <strong>or</strong></td>
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<tr>
<td>• Pharmacy identification of level 3 chronic care patients</td>
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</tbody>
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NETIPC-Local ACO CPA, continued

Goal
- Improved patient quality of life and health outcomes

Key Pharmacist Activities
- Patient engagement
- Monitoring
- Intervention

Scope of Practice
- Provide drug therapy and disease state management
  - **Recommend** drug therapy modification to supervising physician
    - Increase/decrease dose
    - Initiation of new therapy
    - Discontinuation of suboptimal therapy
  - **Order** lab tests to monitor therapy
  - **Discontinue** drug therapy and **exchange** for a therapeutically equivalent drug*
  - **Prescribe** antiviral/antibiotic therapy
  - **Provide** medication synchronization and other measures related to monitoring or improving outcomes
    - Monthly follow-up
    - Patient education
    - Offer adherence packaging

*if such a change may lead to increased compliance and adherence to drug regimen; protocols will be available

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**NETIPC-Local ACO CPA, continued**

**Process Overview**

1. Clinic notifies patient (annually) that additional care may be provided by a community pharmacist

2. Supervising physician or designee refers patient to community pharmacy* OR pharmacist-driven identification of level 3 chronic care patient**

3. Appointment scheduled with community pharmacist
   - Face-to-face, phone, or ad hoc

4. Community pharmacist provides collaborative drug therapy management services
   - In accordance with NETIPC-Local ACO CPA protocols
   - Guided by the Pharmacists’ Patient Care Process

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*Direct referral includes detailed description of physician request

**Pharmacy may contact patients by phone or face-to-face (in-store or home visit) to determine interest in program.
**NETIPC-Local ACO CPA, continued**

**Initial Visit**
Complete Comprehensive Initial Pharmacy Assessment (CIPA) and develop Patient-Centered Care Plan

**Step 1: Collect Information**
• Gather relevant health and medication information

**Step 2: Assess Information**
• Assess therapeutic goals and identify medication therapy problems (MTP)

**Step 3: Develop Patient-Centered Care Plan**
• Determine therapeutic goals, interventions to address MTP, monitoring parameters, person(s) responsible for implementing care plan, gaps in education, type and frequency of follow-up needed

**Step 4: Implement Plan**
• Discuss plan with patient and provide education, copy of care plan, active medication list
• Share plan with physician, as well as recommendations for therapeutic changes outside pharmacists’ scope of practice
• Implement intervention(s)
• Document visit, care plan, interventions
• Arrange follow-up (patient and/or physician)

**Step 5: Follow-up**
• Provide initial follow-up on interventions and education provided for patient
• Provide longitudinal drug therapy and disease management follow-up
• CIPA repeated annually
NETIPC-Local ACO CPA, continued

Enhanced Services
• Medication Synchronization
• Adherence packaging
• Delivery
• Point-of-care testing*
  • Rapid flu/strep testing
  • Prescribe antibiotics/antivirals**

Reporting
• Pharmacist shall report any new patient complaint(s), deterioration of condition(s), resulting change(s) to patient’s care plan immediately

Quality Assurance
• Pharmacists’ care will be routinely evaluated to ensure high-quality care, including, but not limited to annual evaluation of clinical outcomes, patient satisfaction, and provider satisfaction

*Must hold POC certification
**Pursuant to a positive rapid flu or strep point-of-care (POC) test; only for primary care patients of Shelton Hager, MD
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**NETIPC-Local ACO CPA, continued**

**Documentation**
- Pharmacist eCare Plan
- One Partner Health Information Exchange

**Billing**
- Pharmacies will submit “dummy billing” according to a pre-defined fee schedule
- Submitted via eCare Plan
Final Thoughts...

• Project will move quickly, use your resources! (That’s us)
• Identify a project lead or “champion” if you have not done so already
• Utilize technicians and support staff
• Proactively identify areas of challenge and success!
• Share your learnings
• Ask for help

... We’ll see you next week!
Questions?
Webinar 2: Transforming a Community Pharmacy to Deliver Collaborative Drug Therapy Management (CDTM) Services—Moving from a reactive to proactive practice

NETIPC PRACTICE TRANSFORMATION

June 14, 2019
Chat or Raise Hand for Comments and Questions

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Today’s Speakers:

Randy McDonough, PharmD, MS, BCGP, BCPS, FAPhA
Practice Transformation Coordinator
Owner/Clinical Pharmacist at Towncrest Pharmacy (Iowa City, Iowa)

Jessica Robinson, PharmD
Practice Transformation Coach
Community pharmacy research fellow at UNC Eshelman School of Pharmacy (Chapel Hill, NC)
Today’s Objectives

• Justify reasons for moving towards a new model of patient care.

• Summarize the practice changes needed to help you achieve high performance.

• Illustrate, through case example, how to apply this to your practice.
The Changing Business Model for Community Pharmacy

• Moving from fee-for-service (FFS) to value-based reimbursement (VBR)
• Leading healthcare providers to “evaluate and transform” their practice
• Moving from dispensing business model to enhanced services delivery
• Forming new relationships with:
  • Patients
  • Providers
  • Communities
  • Payers
• Accepting new opportunities and responsibilities in value-based care
Value-based Care: An Opportunity for Pharmacists
18.2% of GDP in 2018
US Health Care Spending:
2018: ???
2017: $3.5 trillion (3.9% growth)
2016: $3.3 trillion (4.3% growth)
2015: $3.2 trillion (5.8% growth)
Life expectancy vs. health expenditure over time (1970-2014)

Health spending measures the consumption of health care goods and services, including personal health care (curative care, rehabilitative care, long-term care, ancillary services and medical goods) and collective services (prevention and public health services as well as health administration), but excluding spending on investments. Shown is total health expenditure (financed by public and private sources).
Value-Based Health Care

![Diagram of Value-Based Health Care](https://www.healthcareitnews.com/sponsored-content/solving-healthcare-value-equation-o)
Opportunities for Pharmacists

• Cost of nonoptimized medication therapy
  • $528.4 billion (2016)
  • 275,689 deaths

• Causes
  • Nonoptimized therapy
  • Non-adherence
  • Underprescribing
  • Adverse effects
  • New medical problems

• Solution?

Pharmacists, working in collaboration with the patient and interprofessional healthcare team, to provide expert drug therapy management


Community Pharmacy Competitive Advantage

- **Patient Accessibility**
  - ✓ Access to an caring drug therapy expert (you!)
  - ✓ Face-to-face interaction
  - ✓ Delivery, clinical services, OTC & Rx medications

- **Community Benefits**
  - ✓ Local drug therapy expert
  - ✓ Part of the interprofessional healthcare team
  - ✓ Public health resource
  - ✓ Knowledge/referral to other community resources
  - ✓ Small businesses reinvest in their communities
Practice Strategies to Ensure Medication Optimization for Patients

- Continuous Medication Monitoring (CoMM) incorporated into daily practice
- Division of workflow
  - Technician-driven, pharmacist-managed dispensing process
  - Pharmacist-driven, technician-assisted clinical activities
- Medication Synchronization
  - Appointment-based model
  - Technician-driven
- Technology utilization
- Slack Resources
- Develop patient-centered care plans (care planning)
- Document care plan and patient care process (e-Care plan)

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Continuous Medication Monitoring (CoMM)

• What is CoMM?
  ▪ Occurs at patient encounter
  ▪ Pharmacists focus on patient medication management
  ▪ Identify actual or potential drug therapy problems
  ▪ Collect clinical information as needed
  ▪ Implement clinical intervention to resolve the drug therapy problem
    • Patient-directed
    • Prescriber-directed
    • Potentially both
• Document the patient care process
• All occurring in “real time”
Practice Changes Needed to Optimize Patient Care

• Technician driven, pharmacist managed dispensing process
  ▪ Sufficient staff (e.g. certified pharmacy technicians) to prepare medications
  ▪ Pharmacists freed to focus on collaborative drug therapy management
  Technician final product verification
    (Tech-check-Tech), if allowed
  ▪ Develop workflow to support clinical activities
Practice Changes Needed to Optimize Patient Care

Utilization of technology
Practice Changes Needed to Optimize Patient Care

• Moving away from the “stripped-down” model of community pharmacy practice
  ▪ The need for slack resources
Practice Changes Needed to Optimize Patient Care

- Clinical documentation system
  - Paper-based
  - Electronic platform
    - Ideally communicates with your pharmacy management system
    - Supports regular tracking of performance and quality data & transmitting clinical information (e-care plans)
    - Allows staff easy access to clinical records throughout the pharmacy
Moving Beyond Traditional Relationships

Continuous follow-up

Establish a therapeutic relationship

Assessment
- Ensure all drug therapy is indicated, effective, and safe
- Identify drug therapy problems

Care Plan
- Resolve drug therapy problems
- Achieve therapeutic goals
- Prevent drug therapy problems

Evaluation
- Record actual patient outcomes
- Evaluate progress in meeting therapeutic goals
- Reassess for new problems

Source: J Am Pharm Assoc © 2004 American Pharmacists Association
A Tiered Approach to Patient Care

Case Management

Disease State/
Therapeutic Focused

Continuous Medication Monitoring (CoMM)

High Risk

Medium Risk

Low Risk


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Changing Expectations of Patients/Caregivers

• Collecting patient clinical information
  ▪ From patients, caregivers, other healthcare providers, laboratories, EHRs, etc

• Assessing clinical information
  ▪ Has the patient achieved his/her therapeutic outcome?
  ▪ Are the patient’s medications safe?
  ▪ Are the patient’s medications effective?

• Identifying medication-related problems

• Making clinical interventions (resolving problems)

• Communicating with patients and providers

• Documenting pharmacists’ actions
Evolving the Relationship with Other Providers

- Community pharmacists need to become “interventionists”
  - Identifying and resolving drug therapy problems
- Accessing information from other providers
- Communicating patient clinical information to other providers
- Making clinical recommendations
- Documenting patient care activities
Putting It All Together

- Towncrest Pharmacy
Five Functional Areas

- Dispensing area for our ambulatory, independent patients
- Nursing home area (ICF, SNF, AL, SCL)
- Clinical Services
- Compounding
- Durable medical equipment
Towncrest Pharmacy

• Enhanced Services
  - Continuous Medication Monitoring (CoMM)
  - Medication Reconciliation*
  - Medication Adherence Program (Adherence packaging)*
  - Clinical Medication Synchronization*
  - Medication Therapy Management (MTM)*
  - Enhanced MTM
  - Med Check Program
  - Influenza and Pneumococcal Vaccinations*
  - Shingrix Vaccination*
  - Tdap Vaccination*
  - Nursing Home Consulting
  - CPAP service/Education
  - Ostomy Consultations
  - Drug Information Service
  - Compounding
  - Employer based health screenings
  - Diabetic shoes
  - Compression stockings

• Wellness Center
  - Cholesterol screening
  - Blood glucose screening
  - BP screening
  - Height and Weight
  - BMI

• Specialized Focused
  - Mental Health
  - Wellness
  - Geriatrics
  - End of life/palliative care

* Core Enhanced Services required by CPESN-IOWA Pharmacies

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Wellmark Pilot Study

- Objective
  - Assess how community pharmacists’ interventions at Towncrest Pharmacy can affect patient outcomes

- Timeline: March 12, 2015 to March 11, 2016 with 2 months of administrative claims run out

- Analysis conducted by Wellmark analytic groups
Wellmark Pilot Study

- Three groups of patients studied
  - Group 1 (Study) = Members who are fully attributable to Towncrest Pharmacy
  - Group 2 (Comparator) = Members who are not fully attributable to Towncrest Pharmacy, but still receive some prescriptions from Towncrest
  - Group 3 (Control) = Members with no pharmacy utilization at Towncrest Pharmacy

Outcomes of Interest

- Medication Adherence (Proportion of Days Covered = PDC)
- Medication Persistency (Gap between refills)
- Use of high risk medications (Beers Criteria)
- Total health care costs
Results

• Total Healthcare Costs
  
  ▪ Group 1 vs Group 3 (p < 0.0001); N = 546 in each group
    • 100% Towncrest Pharmacy members had $298.00 lower PMPM total health care costs
  
  ▪ Group 1 vs Group 2 (P = 0.0012); N - 340 distinct members in each group
    • 100% Towncrest Pharmacy members had $309.00 lower PMPM total healthcare costs
Pilot Summary

• The groups were matched for age, gender, risk category and utilization – Yet the total health care costs were much lower for the 100% Towncrest group
  ▪ Differences likely due to combination of unmatched patient factors, provider effects, and Towncrest Pharmacy care
• Regular high quality pharmacist care was associated with better outcomes
  ▪ Appears that “stripped down” pharmacy has higher total health care costs vs. enhanced model
Conclusions of this Work

- Wellmark pilot data demonstrated that members attributed to Towncrest Pharmacy had better clinical outcomes and lower health care spend.
- Community pharmacists can impact patients therapeutic outcomes by ensuring that patients are on safe and effective drug therapy.
The Next Steps

- Wellmark Value-Based Pharmacy Program (VBPP)
- Creation of our own statewide high-performance pharmacy network
  - Outcomes Grant
    - The beginning of CPESN-IOWA
    - Contracted with Blue Cross Blue Shield—Minnesota
    - Discussions with MCO’s associated with Iowa Medicaid
- Partnering with health systems
  - UIHC—Pharmacist to Pharmacist collaboration (community pharmacists collaborating with pharmacists embedded in clinics)
    - Impressive initial findings
- Discussions with Mercy Hospital ACO
The Next Steps

- Centers for Health Care Strategies (CHCS) Grant
  - Developing medication complexity score to stratify patients
    ✓ Based on 5 variables: number of medications, number of doses, number of dosage forms, number of prescribers, high risk medications

- Social Determinants of Health Assessments

- Community Pharmacy Foundation Grants
  - Transforming 9 community pharmacy practices in Iowa to provide CoMM/clinical services
  - Transforming 15 Community pharmacy practices in NorthEast Tennessee contracted by an ACO

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The Next Steps

- Partnering with Brokers to bring a new benefit to self-insured employers/plans
  - Direct contracting—completely bypass a PBM
    - ✓ Cost plus (product reimbursement) packaging of enhanced services
- Discussions with MCO’s
  - Centene

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Questions?

One person can make a difference, and everyone should try.
— John F. Kennedy

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  • (319) 430-4476 (cell)
  • (319) 337-3526 (work)

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Webinar: *Pharmacist Work-up of Drug Therapy (PWDT)*

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Community pharmacy research fellow at UNC Eshelman School of Pharmacy (Chapel Hill, NC)
Today’s Objectives

• Outline strategies to ensure medication optimization

• Review the process of the Pharmacist Work-up of Drug Therapy (PWDT)

• Review how to apply this to your practice utilizing tools provided to network pharmacies.
Medication Optimization

APhA asserts that pharmacist-directed “medication optimization services” encompass patient-centered activities that improve health outcomes by addressing medication appropriateness, effectiveness, safety, adherence, and access.

www.pharmacist.com/medication-optimization-services-within-patient-care-process

Accessed June 2018
PHARMACIST’S PATIENT CARE PROCESS
Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes.

Use principles of evidence-based practice, pharmacists:

**COLLECT**
The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient.

**ASSESS**
The pharmacist assesses the information collected and analyzes the clinical affects of the patient’s therapy in the context of the patient’s overall health goals in order to identify and prioritize problems and achieve optimal care.

**PLAN**
The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

**IMPLEMENT**
The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

**FOLLOW-UP: MONITOR AND EVALUATE**
The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.
Role of the Pharmacist

• Ensure that patients’ medications are optimized
  • Identify and resolve drug therapy problems
Evaluating Medications: A Process

Three questions to ask when evaluating patient medications:
• How do they take it?
• Have they reached desired therapeutic outcome?
• Are their medications safe?

If your answer is “no” or “I don’t know” → potential medication-related problem

Next steps:
• Collect more information from patient, caregiver, or other providers
• Intervene to resolve the medication-related problem(s)
Pharmacist’s Work-up of Drug Therapy (PWDT)

• It is a thought process

• Similar to the medical work-up, except it is relative to the patients’ drug therapies

• The PWDT includes a standardized strategy to collect patient information (including review of systems) and pertinent laboratory values to create a medication therapy problem list

• Utilizing a problem-solving process, the pharmacist identifies the possible solutions to the patient’s medication-related problems, develops an intervention plan, and then creates the therapeutic monitoring plan.

PWDT

- Patient specific information
- Medical problem list/diagnosis
- History of Present Illness (HPI)
- Past Medical History (PMH)
- Current medications
- Medication history
- Allergies
- Smoking/alcohol/recreational drug use history
- Compliance
- Systems review
- Pertinent laboratory values

# Classification of Drug Therapy Problems

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<th>Medication-related Needs</th>
<th>Categories of medication therapy problems</th>
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<tr>
<td>Indication</td>
<td>1. Unnecessary drug therapy</td>
</tr>
<tr>
<td></td>
<td>2. Needs additional drug therapy</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>3. Ineffective drug</td>
</tr>
<tr>
<td></td>
<td>4. Dosage too low</td>
</tr>
<tr>
<td>Safety</td>
<td>5. Adverse drug reaction</td>
</tr>
<tr>
<td></td>
<td>6. Dosage too high</td>
</tr>
<tr>
<td>Adherence</td>
<td>7. Nonadherence</td>
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Framework for Assessing Medication-Related Problems

This framework was created by faculty at UNC Eshelman School of Pharmacy.

Created: 3/26/2019
Last Modified: 6/13/2019
It’s All About the Evidence

• Clinical decision making
  • Keeping current
    • Evidence-based medicine (EBM)
    • Clinical Guidelines
  • There is not an easy solution or “turn-key” approach
    • It’s about keeping up and knowing the literature
Keeping Current with Drug Information
Randy P. McDonough

1. Subscribe to RSS feeds
   a. New England Journal of Medicine
   b. Journal of the American Medical Association
   c. British Medical Journal
   d. Lancet
   e. Annals of Pharmacotherapy
   f. Medscape
   g. Medical News Today
   h. American Journal of Health Systems Pharmacy
   i. Healio: Medical News, Journals
   j. Pharmacotherapy

2. Subscribe to Journal Watch
   a. NEJM Journal Watch reviews over 250 scientific and medical journals to present
      important clinical research findings and insightful commentary.
   b. https://www.jwatch.org/

3. ACCP Journal Club
   a. https://www.asponline.org/clinical-information/journals/accp-journal-club

a. PNN Pharmacotherapy News Network—An ACCP Publication

4. Pharmacist Letter

5. Notifications from recently published articles
   a. EvidenceAlerts Mobile - McMaster PLUS - McMaster University

6. Read by GoMD
   a. A smartphone application that provides abstracts of recently published articles
      from PubMed

7. Subscribe to email listservs
   a. FDA Drug Information Updates
   b. FDA Drug Information Updates - Programs - GoMD
   c. Centers for Disease Control
   d. Medline Plus

8. Receive e-mail alerts from health-related websites
   a. MedWatch
   b. Medline Plus

Strategies that I have used to keep my knowledge up-to-date
Heart Failure Management and Education: Initial Assessment Form

Date: __________________________ Pharmacy Staff Member: __________________________

Patient Name: __________________________ DOB: __________________________

Primary Phone: __________________________ Alternative Phone: __________________________

Patient Caregiver Name: __________________________ Primary Phone: __________________________

Step 1: Gather:
- Gather information from multiple sources including existing patient records and other health care professionals
- Conduct a medication history interview with the patient
- For each medication, gather information on adherence, effectiveness, potential side effects (e.g., safety), and whether it can be taken as intended (e.g., access and affordability)
- Inquire as to who primarily manages the patient’s medications and how this process works (e.g., pill boxes, calendars, reminders)
- Ask what the patient’s goals are for their health
- Obtain information about patient’s heart failure (e.g., history of hospitalizations in the past six months, frequency of weight collection, baseline activity level, etc.)
- Obtain any necessary lab values and/or measurements (e.g., baseline weight and blood pressure)
- Conduct any necessary physical assessments (e.g., blood pressure, if patient could not report a recent blood pressure)

Primary Care Provider: __________________________

Physician Managing Heart Failure: __________________________

Other Pharmsacies Filling Prescriptions: __________________________

Allergies/ADRs/Reactions: __________________________

Baseline Information About Heart Failure Management:
1. In the past 14 days, how many days have you missed at least one dose of any medication? __________

2. Are you having any issues with your medications? __________________________

3. How often do you weigh yourself? __________________________

4. What was your most recent weight? __________________________

5. What information has your doctor given you about watching for changes in your weight? (If patient is missing any key information about weight monitoring, provide that information now)

6. How many pillows do you normally sleep on at night? __________________________

7. Describe the type and amount of physical activity you do each day.

Created 5/3/2019 Last Modified 5/3/2019 Page 1
Practice Example--CHF

Step 1: Assess
Assess the following:
- Appropriateness (i.e., indication) of each medication
- Lifestyle (exercise, diet, tobacco status)
- Effectiveness of each medication
- Safety of each medication
- Convenience (e.g., administration, access, affordability) of each medication
- Potential barriers to meeting the desired patient goal(s)
- Each medical problem and medication therapy problem

Identify and classify the patient’s medication therapy problems

Medication Therapy Problems (list drug name, if a specific drug is involved, along with nature of the problem—see Appendix A for a guide to assess for medication therapy problems; see Appendix B to assist with appropriate follow-up therapy):

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 

Step 2: Plan
Develop a plan of care to manage the medication aspects of the patient’s medical conditions, support patient-centered goals, and resolve the identified drug therapy problems:
- Address adherence roadblocks (e.g., enroll in medication synchronization, provide medication packaging, communicate consistent non-adherence to managing prescriber)
- Identify the monitoring parameters
- Design personalized education and interventions that engage the patient through empowerment and self-management
- Consider whether enhanced service(s) could assist with identified barriers or drug therapy problems (e.g., home delivery for a patient without transportation)
- Provide or coordinate the patient to receive appropriate immunization.
- Reconcile all medication lists to arrive at a final reconciled list
- Coordinate care with the primary care provider and other health care team members in order to arrive at care plan
- Determine if patient needs a referral to another health care professional or a community resource
- Determine the appropriate timeframe and mode (i.e., phone, face-to-face) for follow-up

Interventions:
1. 
2. 
3. 
4. 
5. 

Patient Education:
1. 
2. 
3. 
4. 
5. 

Care Coordination Notes (items to communicate with other care team members):
1. 
2. 
3.
Practice Example--CHF

**Step 4: Implement**
- Document to create the plan of care, including your assessment, the active medication list, drug therapy problems, planned interventions, patient goals, care coordination needs, referrals, and follow-up.
- Provide patient-specific education regarding the care plan (e.g., adherence education, disease state education or other education as dictated by patient-centered goals) and assure understanding.
- Implement interventions that are within the pharmacy's scope of practice and coordinate other interventions with care team members.
- Arrange follow-up in a timeframe that is clinically appropriate for the patient and his/her medical conditions, drug therapy problems, and medications.
- Coordinate with the patient's primary care practice and other providers to reconcile all medication changes, ensure an updated medication list, and ensure that follow-up is aligned with the patient's medical visits.
- Provide updated medication list to patient.
- Communicate instructions for follow-up with the patient or patient's caregiver.

**Step 5: Follow Up**
- Obtain updates on the patient's goal progress/achievement; set new patient goals when previous ones are achieved.
- Obtain updates on the patient's clinical status and conduct pertinent, ongoing assessments to update the care plan and optimize medication therapy using the list of questions for monthly follow-up.
- Resolve outstanding drug therapy problems, make any necessary referrals, and coordinate care as needed.
- Determine if any new medical conditions, health concerns, or drug therapy problems have developed.
- Update all of these items, in addition to the patient's active medication list, monthly using eCare plan.

Plan for Follow Up (select next date that someone from the pharmacy will contact the patient):

**Follow up intervals:**
- Follow up after the initial assessment at appropriate time. This could be during the next medication synchronization or adherence program follow-up phone call. The follow-up encounter should take place at minimum monthly.
- Patient follow-ups that occur on a monthly schedule should occur within one week of the sync date whenever possible (this is a best practice).

Submit the eCare plan to CPESN USA once you get to this step.
**Practice Example--CHF**

**Step 5: Follow Up**
- Obtain updates on the patient’s goal progress / achievement; set new patient goals when previous ones are achieved
- Obtain updates on the patient’s clinical status and conduct pertinent, ongoing assessments to update the care plan and optimize medication therapy using the list of questions for monthly follow-up
- Resolve outstanding drug therapy problems, make any necessary referrals, and coordinate care as needed
- Determine if any new medical conditions, health concerns, or drug therapy problems have developed
- Update all of these items, in addition to the patient’s active medication list, monthly using eCare plan

Plan for Follow Up (select next date that someone from the pharmacy will contact the patient):
- Follow up after the initial assessment at appropriate time. This could be during the next medication synchronization or adherence program follow-up phone call. The follow-up encounter should take place at minimum monthly.
- Patient follow-ups that occur on a monthly schedule should occur within one week of the sync date whenever possible (this is a best practice)

Submit the eCare plan to CPESN USA once you get to this step.

---

**Heart Failure Monthly Follow-up Guide**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you weigh yourself every morning? (Yes)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Have your weight today? (Yes)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Have you gained or lost 2 or more pounds in a week? (Yes)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Have you had recent or current swelling of ankles, feet or stomach that becomes worse, even after rest and leg elevation? (Yes)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Have you had recent or current shortness of breath that won’t go away with rest or sitting up? (Yes)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Do you currently or currently find it harder to walk long distances or exercise than usual? (Yes)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Have you felt unusually weak or tired lately for no apparent reason? (Yes)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Have you been waking up at night recently with shortness of breath or coughing, or needing more than usual number of pillows to sit up and sleep? (Yes)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Have you had to take more of your diuretic (water pill) than your normal dose? (Yes)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Are you limiting your intake of liquids to no more than 4 glasses (8 oz. each) of fluid per day? (Yes)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>All liquids included – water, coffee, tea, soups, juices, milk, etc. (Yes)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Are you limiting your daily salt intake to less than 2,000 mg (a little less than a 1 teaspoonful) and not adding salt to foods? (Yes)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Do you have any recent muscle aches or pain? (Yes)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>N/A</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>24-hour Blood Pressure (BP) taken at first sign of trouble? (Yes)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>(Date: <em><strong>/</strong></em>/___) (Yes)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Are there any new barriers preventing you from taking your medications as prescribed? (e.g., transportation, cost, new side effects, etc.) (Yes)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
</tbody>
</table>

Obtain updates on patient goals, including, but not limited to:

- Diet:
- Exercise:
- Tobacco:
- Develop new patient goals:

---

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Review the most recent care plan. In particular, note drug therapy pertaining to patient’s heart failure regimen. [To be evaluated by pharmacist]

Is the patient taking a diuretic?

- If yes, assess for appropriateness of continued diuresis.
  - If patient presents with signs and symptoms of fluid overload, contact provider to discuss an increase in diuretic if appropriate.
  - If patient presents with signs and symptoms of dehydration (hypotension), contact provider to discuss appropriateness of continued diuresis.
- If no, assess for fluid overload (weight gain, edema, shortness of breath).
  - If fluid overload is present, contact patient’s provider and discuss initiation of a diuretic.

Is the patient taking an ACEI/ARB* + Beta-blocker?

- If yes, evaluate patient for symptomatic control. If controlled, continue and reevaluate at next encounter.
- If no, contact patient’s provider and discuss recommended therapy
  * if tolerated by patient

Is the patient symptomatic (e.g., worsening shortness of breath, weight gain of 2 lbs in 24 hours or 3-5 lbs in 5 days, dry and hacking cough) despite therapy on an ACEI/ARB + Beta-blocker?*

- If yes, has their current regimen been titrated to the tolerated target dose used in clinical trials? Refer to table below.
- If no, refer to the table below and contact patient’s provider to suggest a titration to the tolerated target dose used in clinical trials.
  *Evaluate patient’s diuretic regimen

Is the patient symptomatic despite optimal therapy on tolerated target doses of an ACEI/ARB + Beta-blocker?

- If yes, contact patients provider for further assessment to suggest appropriate next steps in therapy.
- If no, continue current regimen and monitor for signs/symptoms of worsening heart failure. Follow up at next encounter.

<table>
<thead>
<tr>
<th>ACEI</th>
<th>ARB</th>
<th>Beta-Blocker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td>Target Dose</td>
<td>Medication</td>
</tr>
<tr>
<td>Lisinopril</td>
<td>20 mg QD</td>
<td>Losartan</td>
</tr>
<tr>
<td>Enalapril</td>
<td>10 mg BID</td>
<td>Valsartan</td>
</tr>
</tbody>
</table>

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Intervention Forms

**Patient Encounter Documentation Form How-To Guide**

**Drug Therapy Problem (DTP):** Check a problem that you identify for a patient and put the date that this problem was identified.

To the right of each row, common interventions are listed for the DTP.

<table>
<thead>
<tr>
<th>Drug Therapy Problem</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence issues</td>
<td>Medication synchronization (may be found as synchronization of repeat medications)</td>
</tr>
<tr>
<td>Nonadherence with therapeutic regimen</td>
<td>Medication regimen compliance education</td>
</tr>
<tr>
<td>Patient unable to obtain medication</td>
<td>Medication education</td>
</tr>
<tr>
<td>Medication errors</td>
<td>Medication errors</td>
</tr>
<tr>
<td>Adverse Drug Reaction</td>
<td>Medication education</td>
</tr>
<tr>
<td>Drug allergy</td>
<td>Medication education</td>
</tr>
<tr>
<td>Drug interactions</td>
<td>Medication education</td>
</tr>
</tbody>
</table>

After you have documented the drug therapy problem and intervention on paper, consider documenting within your clinical documentation system under the appropriate fields (drug therapy problem, intervention).

**Intervention:** Select a resolution (MIA intervention) to the DTP that you identified.

Put the date the DTP was resolved. This may or may not be the same date as the DTP was identified.

You may select one or more of these interventions for the DTP.

There may be other interventions that are applicable to the DTP, but were not listed for simplicity purposes.

**Pharmacist’s Intervention Worksheet**

**Date:**

**Pharmacist:**

**Patient Name:**

**DOB:**

**Medication(s) Involved:**

**Medication Indication (Diagnosis):**

**Drug Therapy Problem(s) Identified:**

**Pharmacist’s Notes:**

**Action Taken:**

**Follow-up Date:**

**Follow-up Notes:**
Conclusion

• Pharmacists have an important role on the health care team to ensure that patients have optimized their medications.
• Utilizing a systematic process to “work-up” patients enhances the ability to identify and resolve medication-related problems.
• Therapeutic knowledge is the foundation to demonstrate value to the team.
• Keeping up-to-date with clinical guidelines is important to the success of clinical services.
• It is important that pharmacists become interventionists and communicate their clinical recommendations in a collaborative, non-threatening manner to prescribers.
Questions?

- Randy P. McDonough, Pharm.D., M.S., BCGP, BCPS, FAPhA
  - mcdonough@towncrest.com
  - (319) 430-4476 (cell)
  - (319) 337-3526 (work)
Webinar 4: Documenting Patient Care

NETIPC PRACTICE TRANSFORMATION

June 28, 2019
Chat or Raise Hand for Comments and Questions
Today’s Speakers:

Randy McDonough, PharmD, MS, BCGP, BCPS, FAPhA
Practice Transformation Coordinator
Owner/Clinical Pharmacist at Towncrest Pharmacy (Iowa City, Iowa)

Jessica Robinson, PharmD
Practice Transformation Coach
Community pharmacy research fellow at UNC Eshelman School of Pharmacy (Chapel Hill, NC)
Today’s Objectives

1. Discuss key documentation considerations

2. Describe key elements of patient chart, active medication list, pharmacist note, and eCare plan

3. Develop a clinical recommendation to communicate to other health care providers.
Documentation
Patient Care Documentation

Why document?

1. Ongoing record of patient care
   • Main reason

2. Legal record of care provided
   • Documented actions by pharmacist

3. Payment support
   • Proof of patient care encounter billed (third-party audit)
Value of Documentation

- Permanent and comprehensive record of patient information
- Communicates key information to other pharmacy staff
- Provides evidence of the pharmacists’ actions (proof of care)
- Pharmacists’ actions and clinical recommendations can be communicated to other health care providers
Review: Practice Changes needed to Optimize Patient Care

- Clinical Documentation System
  - Paper-based
  - Electronic platform
    - Ideally communicates with your dispensing system software
    - Supports regular tracking of performance and quality improvement
    - Allows staff easy access to clinical records throughout the pharmacy
Characteristics of an Ideal Documentation System

- Provides:
  - Patient chart
  - Active medication list
  - Ability to document patient encounter and plan for care
- Integrated to dispensing system (prevent double entry)
- Easy and efficient to use
- Readily retrievable
- Can be used in all aspects of practice
  - Dispensing, MTM, OTC drug consults, drug information requests, physician consults, other patient care services
1. Pharmacy Patient Chart

**Essential Elements**
- Patient identifier
- Patient DOB
- Patient Sex
- Contact information
- Allergies/ADRs
- Active medication list*
- Medical problem(s) current and past
- Payment method/economic situation

**Additional** (per patient need)
- Family history
- Social history
- Patient race
- Objective information
- Special needs of patient
- Non-medication therapy

2. Active Medication List

- List of active medications:
  - Prescriptions
  - Over-the-counter
  - Dietary supplements, complementary or alternative treatments

- Don’t forget non-oral formulations: i.e., topicals (derm/eye/ear), inhalers, injections

- Key elements:
  - Indication (what are they using it for?)
  - Using differently than prescribed?
  - PRN status (how often does “as-needed” mean)
  - Prescriber name (If Rx)
  - Dispensing pharmacy (If Rx)
3. Patient Encounter & Plan: Essential Elements

- Date of encounter
- Pharmacist identifier
- Patient identifier
- Reason for encounter (i.e., chief complaint)
- History of present illness (HPI)
- Relevant Rx/OTC/alternative medication history/compliance
- Assessment of patient conditions/medication therapy
- Plan (actions) to correct problems
- Monitoring plan/follow up

3. Patient Encounter & Plan: SOAP Note

- **Subjective, Objective, Assessment, Plan**
- Standardized format to document patient encounter
- Used and understood by other providers
- Should be accurate, clear, and concise
Prescriber Communication: Best Practices

• Patient-focused
• Provide prescriber with meaningful background information
• Clearly and concisely outline the actual or potential drug therapy problem
• Propose a solution (pharmacist’s intervention)
  • Including all relevant details
• Request physician feedback for the solution
Prescriber Communication: Responses

• Request an answer from the prescriber
• Pharmacists follow-through with the “intervention” once feedback/response is received from prescriber
• Keep prescriber response in patient chart
CASES
Case Example - Adherence

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Case Example-Adherence

A screenshot of a patient's record showing a prescriber consultation. The record details a patient's prescription for Lisinopril and Crestor, notes the patient's adherence, and includes options forflagging for counseling and marking complete.
Case Example-Adherence

Patient came into pharmacy today to pick up his Rx for doxazosin. Pharmacist, K. Kent had noted to check with patient on how he was taking his lisinopril 10 mg and Crestor 10 mg as his adherence rate as per our records indicated that his compliance was 65 and 80% respectively for these two medications. Checked with patient and he is taking the medications differently than what we have in our records.

Assessment Plan
1. Patient indicated that he is taking lisinopril 10 mg QD (in the morning with his other medications). His RX was written to take twice daily. His refill records are consistent with him taking it just once per day. Please assess his dose and since patient has been taking just once per day, can we have a new order for lisinopril 10 mg–1 tablet QD, #30, 1 refill?
   Yes No

2. Patient indicated that he is taking Crestor 10 mg–1/2 tablet QD. His RX is written to take 1 tablet QD. His refill records are consistent with him taking 1/2 tablet QD. Please assess his dose and since patient has been taking just 1/2 tablet QD, can we have a new order for Crestor 10 mg–1 tablet QD, #30, 1 refill?
   Yes No

Directed Assessment Plan

Provider Response
Case Example-ADR Prevention
Case Example - ADR Prevention

Towncrest Pharmacy
2006 Muscatine Ave Iowa City, IA 52240
Phone: (319) 357-3529 Fax: (319) 357-5271

Patient Name

Provider

Initial Follow-up New Problem Preventative Other

Pharmacists Farni Raju, Pharm.D.

Subjective/Objective Findings

MG is a 54-year-old male patient of Towncrest pharmacy. MG presented for a medication review to monitor his Simplify My Meds program to help with adherence/compliance. MG brought in a copy of his records that showed elevated A1c and triglycerides.

PMH: DM II, multiple medications, H/O accidents

Diabetic Management: MG is treated with metformin at bedtime and insulin injection for diabetics under control. MG was confused on what each medication was for and how each of the injectable diabetes medications work. MG expressed interest in diabetes education and how to modify his diet.

Objectives:

- TC: 250 mg/dL
- HDL: 38 mg/dL
- Cholesterol: 154 mg/dL
- A1c: 8.8%
- Fasting Bg: 232 mg/dL

Assessment/Plan:

1) Post-marketing studies have shown Victoza to cause pancreatitis and because of MG’s history of pancreatitis and current elevated triglyceride levels, we need to consider alternate diabetic therapy. Recommend discontinuing Victoza in the patient.

Discontinue Victoza 3.0 mg daily

Yes
- Not indicated

2) Dietetic Management - MG is not at goal A1c of ≤ 7%. Recently, patient was increased to 5mg daily to help control blood sugars. MG is also on Sitagliptin 100 mg twice daily and Lantus 10 units daily. MG was counseled and educated on each medication’s importance and proper administration, including discontinuing Lantus Solostar Pen every 28 days after opening. To help control for blood sugars and if Victoza is discontinued, we can increase the Lantus to 15 units subcutaneously daily. Pharmacy will monitor for safety and efficacy of therapy and work with MG to review blood glucose readings. If clinically appropriate and because MG no longer has a valid prescription on file, we may have an order for:

- Lantus Solostar Inject 15 units subcutaneously once daily #1 box with 6 refills

Yes
- Not indicated

3) Needs additional therapy - Fish Oil. Current AHA/AACC guidelines recommend treating triglycerides above >300 mg/dL by achieving good glycemic control and with Omega-3 fatty acids. Currently, MG’s hypertriglyceridemia is being treated with Fenofibrate 145 mg daily. Can we start him on Omacor Omega-3 fatty to help lower triglycerides?

Omacor Omega-3 consists of Omega-3 per capsule 1 150 mg daily with 5 refills

Yes
- Not indicated

4) Pharmacy needs updated directions on Trazodone to reflect current administration. We may have an order for:

- Trazodone 100 mg TID. Take 3 tabs 3 times a day or bedtime 900 with 3 refills

Yes
- Not indicated

To keep our patient’s record current, please review, verify, and sign the attached medication profile. Thank you.

Recommended Pharmacist Follow-up Assessment

- 4 weeks 12 weeks 8 months Other

Pharmacist Signature

Date of Creation: 09/15/14

I agree with the above recommendations:

Prepared modified plan

Provider Signature

Information on this fax is confidential. If received in error, please call 319-357-3529 or Fax 319-357-5271

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### Gaps in therapy

**Towncrest Pharmacy**  
2306 Muscatine Ave Iowa City, IA 52240  
Phone: (319) 337-3526 Fax: (319) 337-3571

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>SEX</th>
<th>BIRTHDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider</td>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>□ Initial</td>
<td>□ Follow-up</td>
<td>□ New Problem</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>Randy McDonough, Pharm. D.</td>
<td></td>
</tr>
</tbody>
</table>

**Subjective/Objective Findings:**  
Revised MG's medication profile. He has a diagnosis of diabetes and he does take chlorothiazide. It may be appropriate to initiate on ACEI or ARB.

**Assessment/Plan:**  
1. Follow up with patient when he picks up his refill to see if he has ever tried an ACEI or ARB.
2. Follow up with physician to see if he has been tried on ACEI or ARB or if I he is a candidate.

3/11/14  
DK spoke with MG regarding blood pressure and use of chlorothiazide. MG does not have high blood pressure, he actually has low blood pressure. Chlorothiazide is prescribed by Dr. James McCoy who is a urologist. MG has had issues with high and low blood pressure altering his shoes. Chlorothiazide is most likely prescribed to help with kidney stones, therefore it is inappropriate at this time for MG to be on an ACEI or ARB. Of note, MG was on labetalol from Nov 2009 to Aug 2009. MG was unsure why he was taking this medication at this time.

To keep our patients records current, please review, verify, and sign the attached medication profile. Thank you.

**Recommended Pharmacist Follow-up Assessment:**  
- [ ] 4 weeks  
- [ ] 12 weeks  
- [ ] 6 months  
- [ ] Other

**Pharmacist Signature:**  
[Signature]

**Provider Signature:**  
[Signature]

**Date:** 03/10/14

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Med Sync with High Risk Medication

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Med Sync High Risk Pharmacist Note
Med Sync Medication Dosage Verification
Med Sync Medication Dosage Verification Intervention
Med Sync Medication Cost Considerations

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Med Sync Medication Cost Considerations

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Comprehensive Medication Reviews
Comprehensive Medication Reviews

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Pharmacist eCare Plan

• Standardized, **interoperable, shared** document detailing:
  • Active medication list
  • Pharmacist’s SOAP note detailing patient encounter
    • Include medication-related problems and medication-support needs,
    • Include pharmacist interventions, patient education provided
    • Include recommendations for provider interventions

• A dynamic plan contains information on the:
  • Patient
  • Pharmacist and care team concerns
  • Goals related to medication optimization
Pharmacist eCare Plan

• Other examples of information contained in the plan
  • Individual health and social risks that impact care
  • Planned interventions
  • Expected outcomes
  • Referrals to other providers or additional services
Pharmacist eCare Plan

• **Purpose**
  • Being able to efficiently and effectively create patient care plans that can be shared or integrated with the larger health care team.
  • The Pharmacist eCare Plan standard allows pharmacists to create care plans and utilizes existing standards for data exchange.
    • Utilizing HL7 or FHIR standards
      • Messaging standards that enables clinical applications to exchange data
    • Value sets that can be codified
      • LOINC, SNOMED, & RxNORM
      • Use of SNOMED CT codes to capture encounter based processes
Pharmacist eCare Plan

Standard Sections of the Pharmacist eCare Plan:

1. Patient Demographics
2. Encounter Type and Reason
3. Prescription Fill History or Active Medication List
4. Patient-Centered Goals
5. Health Concerns (Drug Therapy Problems)
6. Interventions
7. Health Status Evaluation and Outcomes
Conclusion

• Documentation is a key clinical function to providing comprehensive and ongoing care to patients.

• It is important to utilize the standardized format to document pharmacists’ activities and communicate with prescribers.

• Pharmacists’ clinical recommendations should be clear and concise to the prescriber.

• Documentation of patient care should occur regularly within a practice.
Questions?

- Randy P. McDonough, Pharm.D., M.S., BCGP, BCPS, FAPhA
- mcdonough@towncrest.com
  - (319) 430-4476 (cell)
  - (319) 337-3526 (work)
Webinar 5: Project Update

NETIPC PRACTICE TRANSFORMATION

July 12, 2019
Chat or Raise Hand for Comments and Questions
Today’s Objectives

1. Share project updates from leadership team
2. Discuss upcoming project deliverables
Practice Transformation Updates

Randy

• Practice Transformation progress in Tennessee and Iowa
  • Impact this is having on national efforts and FTP (fliptheopharmacy)
• Obstacles to transformation
• Moving forward
• Site visits next week

Jessica

• Implementation guide delivery
  • Week of July 22-26
• Coaching
Service Sets & eCare Plans

Cody

• 6 Health Conditions
  • Asthma, COPD, Heart Failure, Diabetes, Hypertension, Hypercholesterolemia

• From service set standards to documenting in technology solution platforms (i.e., PioneerRx, PrescribeWellness, STRAND) for eCare Plan Standard

• Solutions:
  • Initial Assessment and Monthly Follow-up process documents for each health condition
  • Documentation Forms for typical day-to-day encounters
  • SNOMED CT Codes Summary Document
CPESN-NET

• Together we are stronger
• Built on existing relationships
• Support from Colton Marcum, Marcum’s Pharmacy, myself and Kris Rhea
• Existing relationships provided access to Health Systems
• Health systems have a need and we have the answer
• Transition to a CPESN network
Pharmacy Transformation Project

• Purpose: Establish consistency and continuity of care throughout pharmacy network

• Path: Assist pharmacies in implementing and preparing for new services through the use of weekly training seminars, provision of tangible resources and access to a solution oriented training coach to aid in identification of roadblocks and to help establish a pathway to success for each participating pharmacy

• Necessity: Requirements and preparation for rollout
Emergent Rollout Plan

- August 1, 2019 initial four stores in training and implementation
- Process of educating physicians/smoothing the process
- September 1, 2019 begin addition of stores/physicians at a rate of 4 every two weeks
- October 1, 2019 – all stores in initial training should be on boarded
- Success is up to you
Other Opportunities

• Additional payor contracts in the works and why this is important
Questions?

- Randy P. McDonough, Pharm.D., M.S., BCGP, BCPS, FAPhA
  - mcdonough@towncrest.com
  - (319) 430-4476 (cell)
  - (319) 337-3526 (work)
Webinar 6: How to be Successful in Practice Transformation

NETIPC PRACTICE TRANSFORMATION

July 19, 2019
Chat or Raise Hand for Comments and Questions
Today’s Speakers

Randy McDonough, PharmD
Practice Transformation Coordinator/Expert
Towncrest Pharmacy

Jessica Robinson, PharmD
Practice Transformation Coach
UNC Eshelman School of Pharmacy
Today’s Objectives

1. Discuss the changing business model for community pharmacy practice.
2. Discuss strategies to engage your practice to be successful in practice transformation.
3. Identify strategies to enhance staff engagement and teamwork.
The Changing Business Model for Community Pharmacy

• Moving from fee-for-service (FFS) to value-based reimbursement (VBR)
• Why the change?
  • FFS created incentives to over-treat, over-prescribe, and over-spend
  • Providers who wanted to earn more just had to do more
  • This resulted in an economically unsustainable health care delivery and financing system
  • Despite health care growing at twice the rate of inflation, quality of care did not improve
• The impact of VBR is causing all health care providers to “evaluate and transform” their practices
What are the Challenges?

• Health care providers share many of the same challenges
  • Lack of standardized assessment/measurement and performed in a timely fashion
  • Managing change in workflow and team responsibility
    • People, processes, technology
  • Risk of decreased reimbursement
  • Administrative burden
    • New clinical services
  • Time
    • Training and education for all staff members and allotting time for new services
  • Shift in focus – not episodic but continuous with a focus on preventative services
Changing Our Mindsets

“Transforming our practices requires us to transform how we view them”

Randy P. McDonough, Pharm.D., M.S., CGP, BCPS, FAPhA
Changing Our Mindsets

• Need to figure out a new business model that is financially viable
• It’s not just about providing a service and getting paid for it, but its also about the impact it has on patient outcomes and total cost of care
  • How are we tracking this?
  • How are we documenting our care?
  • How are we collaborating with other providers?
  • How are we being evaluated?
Changing Our Mindsets

- Understanding our revenues and costs to provide the service
  - How do we improve on our efficiencies without affecting quality
  - Do we know how much it is “costing” us to provide our services
    - Because someone who is making decisions about our program—is making this calculation

- Do we know how much revenue we are making and are we missing opportunities for additional revenue

- Does our documentation of care support our billing
We are in the BUSINESS of Health Care

• Key operating term is “business”
• We need to understand our practice from a business perspective
  • Revenue minus Costs = + (Profit) or – (Loss)
    • This determines our sustainability
    • All employees have to be vested in the practice
How do we get there?

• Meetings
  • With employees
  • With stakeholders

• Discussions
  • What are the unmet needs of the community
  • How can my pharmacy meet those needs

• Development of a strategic plan
• Development of a business plan
• Implementation of the strategy
Strategic Planning

• A process that describes the direction an organization will pursue within its chosen environment and guides the allocation of resources and efforts

• A process of developing and maintaining a viable fit between an organization’s objectives and resources and its environmental opportunities
Strategic Planning Process

1. Determine mission
2. Situational Assessment
   • SWOT analysis
   • Internal/External evaluation
3. Establish goals and objectives
4. Developing the business plan
5. Implement plan and evaluate results
**Example: Towncrest Pharmacy SWOT Analysis**

<table>
<thead>
<tr>
<th><strong>Strengths</strong></th>
<th><strong>Weaknesses</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical expertise of pharmacists</td>
<td>Workflow issues</td>
</tr>
<tr>
<td>Diverse service offerings</td>
<td>Teamwork issues</td>
</tr>
<tr>
<td>Developed processes for patient care services</td>
<td>Site Re-engineering not completed</td>
</tr>
<tr>
<td>High service image</td>
<td>Time</td>
</tr>
<tr>
<td>Solid financial condition</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Opportunities</strong></th>
<th><strong>Threats</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaboration with key physician groups and health systems</td>
<td>Other providers providing similar services</td>
</tr>
<tr>
<td>Sizeable patient population with diverse drug therapy needs</td>
<td>Managed care disease state management programs</td>
</tr>
<tr>
<td></td>
<td>Turf issues with other providers</td>
</tr>
<tr>
<td></td>
<td>Reimbursement issues</td>
</tr>
<tr>
<td></td>
<td>Lack of integration with other providers</td>
</tr>
</tbody>
</table>

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Purpose of a Business Plan

• Formal document that fleshes out details of a business idea
• Serves three basic purposes
  • Communication tool
  • Management tool
  • Planning tool
Components of the Business Plan

• Executive Summary
• Market Analysis
• Company description
• Organization and Management
• Marketing and sales strategies
• Service or product line
• Funding request
• Financials
• Appendix
Maximizing Reimbursement Revenue

• Who is paying
  • Medicare, Medicaid, Commercial insurers, Self-pay, health care organizations, manufacturers
    • Wellmark Value-Based Pharmacy Program (VBPP)
    • Enhanced MTM
    • Opioid “counter-detailing”
    • Consulting

• How do we generate/maximize revenue?
  • Cash paying patients for enhanced services
  • Maximizing the “total value” of patients
    • “Make Every Encounter Count™
    • Minimize DIR fees through performance metric optimization

• Beyond the pharmacy
  • “incident to”
  • Chronic care management
  • New opportunities??

• Timely collection of payment from “customers"
  • Who is reconciling this?
Employee Productivity

• Establishing key metrics to guide an employee as to their “productivity" as compared to a set standard.
• Setting the expectations
• Providing formative and summative feedback
• Moving everyone to a new “norm”
Controlling Costs

- What are all the costs involved in the program
  - Personnel is always a “high cost” item on the P&L
    - Need to be productive and efficient
  - Keep track of all cost
    - Direct costs
    - Indirect costs
    - Fixed vs variable costs
    - Opportunity costs
- How can you keep costs down while maintaining quality
  - This is the challenge of ALL HEALTH CARE PROVIDERS
Monitoring Performance Metrics

• What are the metrics
  • Total cost of care
    • Risk stratification, inpatient hospitalizations, ED visits, overall health care utilization
  • Clinical metrics
    • Weight, A1c, lipids, blood pressure, etc
  • Other clinical metrics
    • Medication appropriateness, dosing appropriateness, and monitoring

• Who is evaluating them?
  • Sponsoring organization
  • Health plans
  • Patients
Monitoring Performance Metrics

• How are the metrics used
  • Report card on quality
  • Determining who is eligible to take care of patients
  • Pay-for-Performance (PFP) bonus incentives
  • If metrics not met—reduction in payment
    • or, if the organization is at risk with the payer—penalty imposed
Continuous Medication Monitoring (CoMM): A foundational model to support the clinical work of community pharmacists

Amber M. Goedken, Christine M. Butler, Randal P. McDonough, Michael J. Deninger, William R. Doucette

* College of Pharmacy, University of Iowa, Iowa City, IA, USA
† Pharmacy, Iowa City, IA, USA

ABSTRACT

Background: Under the Continuous Medication Monitoring (CoMM) approach, community pharmacists prevent, identify, resolve, and document drug therapy problems during the dispensing process. Objective: To describe the patients receiving CoMM interventions and the pattern of delivery of CoMM interventions.

Methods: Pharmacy dispensing and clinical records were reviewed for patients filling at least one prescription and receiving at least one continuous medication monitoring intervention at a community pharmacy from April 2014 through March 2015. The proportion of patients receiving an intervention type and the number of interventions per patient were computed.

Results: Nearly 2,500 patients received 16,064 continuous medication monitoring interventions over the year. The average age of the patients receiving the interventions was 63.1 years, and they filled, on average, 8.0 unique medications. An average of 1.0 interventions was delivered to each patient. About half (46.7%) of interventions addressed drug therapy problems. The pharmacists delivered 3.0 patient counseling and education and 3.4 drug therapy problem interventions per patient on average.

Conclusions: There are many opportunities to improve patients’ medication use that can be identified and addressed under a Continuous Medication Monitoring model. Movement to this model of practice is doable, but changes are needed to facilitate the shift.
Leads to New Opportunities
Team Building & Staff Resiliency
Building Your Team

• Healthy teams = healthy businesses

• Be intentional about building your team
  • Identify individual strengths
  • Optimize team strengths

• Be intentional about continuous team development
  • Team training & development
    • Key tool: business plan = “map for the future”
  • Individual training & development
    • Key tool: individual development plan = “map for the future”
Identifying Individual Strengths

- **EXECUTING** themes help you make things happen.

- **INFLUENCING** themes help you take charge, speak up and make sure others are heard.

- **RELATIONSHIP BUILDING** themes help you build strong relationships that hold a team together.

- **STRATEGIC THINKING** themes help you absorb and analyze information that informs better decisions.
Putting Strengths Together

- Strengths Finder Retreat
  - 60-90 minutes for activity
  - Ideally, find an outside coach

- Help staff identify their strengths on a team
  - Improve teamwork
  - Improve satisfaction
Developing a Growth Mindset

“Failure is an opportunity to grow”
GROWTH MINDSET
“I can learn to do anything I want”
“Challenges help me to grow”
“My effort and attitude determine my abilities”
“Feedback is constructive”
“I like to try new things”

“Failure is the limit of my abilities”
FIXED MINDSET
“I’m either good at it or I’m not”
“My abilities are unchanging”
“I don’t like to be challenged”
“My potential is predetermined”
“When I’m frustrated, I give up”
“Feedback and criticism are personal”
“I stick to what I know”
Developing a Growth Mindset

- Individuals and teams must develop a growth mindset

- Mindset - Carol S. Dweck
- Tedtalk (link)
Training & Feedback

• Training and feedback should be a continuous cycle
• Evidence-based teaching and learning
  • We use evidence-based clinical guidelines in practice, why not evidence-based learning?
• Metacognition: “Thinking about one’s thinking”
  • Self-awareness
  • Strategic thinking
  • Reflection

• Metacognition in individuals & teams
METACOGNITION CYCLE

Feedback

• Feedback
  • Constructive feedback
    • Team members need to learn how to give & receive constructive feedback
    • Managers need to learn how to give & receive constructive feedback

• Best practices
  • No more than three items of feedback
  • Provide feedback with suggestions for improvement
  • Avoid “feedback sandwich”:
    • Positive + negative + positive
    • Human brain cannot remember details about the “middle” piece of information
Questions?

- Randy P. McDonough, Pharm.D., M.S., BCGP, BCPS, FAPhA
- mcdonough@towncrest.com
- (319) 430-4476 (cell)
- (319) 337-3526 (work)
Engaging and Communicating with Patients and Other Providers

Webinar 7: July 26, 2019
Chat or Raise Hand for Comments and Questions
Today’s Speakers:

Randy McDonough, PharmD, MS, BCGP, BCPS, FAPhA
Practice Transformation Coordinator
Owner/Clinical Pharmacist at Towncrest Pharmacy (Iowa City, Iowa)

Jessica Robinson, PharmD
Practice Transformation Coach
Community pharmacy research fellow at UNC Eshelman School of Pharmacy (Chapel Hill, NC)
Today’s Objectives

• Identify best practices for communicating with patients

• Describe steps to prepare for prescriber engagement

• Review the process of the collaborative working relationship with other providers

• Develop a clinical recommendation to communicate to other health care providers.
Pharmacy Changes

- Design and Workflow
- Evaluate
- Patient Care Process
- Changes to Patients??

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Pharmacy team

- Good interpersonal skills
- Open ended questioning
- Active listening
- Motivational Interviewing
- Health Coaching
Patient Expectations

Levels of Customer Satisfaction

- Perceived Service
- Expected Service

Customer Satisfaction

Much Better than expected → Delighted
Loyal

As expected → Satisfied
Vulnerable

Worse/Different than expected → Dissatisfied
Walk & Talk

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Changing Patient Perceptions

Resetting expectations

☑️ NOW
☐ LATER
1. Explain the “why”
   - Share what kind of questions patients can expect
   - Talk about how this information is going to be used and where it will go
Therapeutic Relationship

• Changing the focus of the pharmacist-patient relationship
• Non-judgmental relationship where trust between pharmacist and patient is paramount
  • Patients are open and honest about what medications (both Rx and OTC) they are taking and how they are taking them.
  • Pharmacists promise to use their knowledge and skills to ensure that patients are achieving their therapeutic outcomes with safe and effective medications.
The Continuum of Patient Care

- Point of care services
- Wellness/health promotions
- Case management
- Disease state management
- Clinical services
Pharmacists’ Work-up of Drug Therapy (PWDT)

• It is a thought process

• Similar to the medical work-up, except it is relative to the patients’ drug therapies

• The PWDT includes a standardized strategy to collect patient information (including review of systems) and pertinent laboratory values to create a medication therapy problem list

• Utilizing a problem-solving process, the pharmacist identifies the possible solutions to the patient’s medication-related problems, develops an intervention plan, and then creates the therapeutic monitoring plan.

PWDT

• Patient specific information
• Medical problem list/diagnosis
• History of Present Illness (HPI)
• Past Medical History (PMH)
• Current medications
• Medication history
• Allergies
• Smoking/alcohol/recreational drug use history
• Compliance
• Systems review
• Pertinent laboratory values
Finding Medication-Therapy Problems (MTP)

• PWDT provides the information for pharmacists to identify medication therapy problems (MTP)

• MTP categories
  • Need for additional therapy
  • Dose too high
  • Dose too low
  • Unnecessary drug therapy
  • Non-adherence
  • Drug-drug interactions
  • Side effects
Resolving Medication-Therapy Problems
Resolving Medication-Therapy Problems

• Informing patients of the potential medication-therapy problems found
• Explaining to patients the actions you are taking and getting their approval
• Keeping patients informed throughout the process
It All Sounds Good, But…

• Patients may become defensive or upset about your new role
  • Explain your responsibilities and that you are working as part of a team
  • Make sure that patients are informed consumers of their own health care
  • Keep patients informed of your actions

• Prescribers may believe you are encroaching on their turf
  • Build their trust in your competence
  • Make high quality, evidence-based clinical recommendations
  • Follow-through with what you say you are going to do
Motivational interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.


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Why Use MI?

1. Patients feel more respected, cared for, and understood

2. Health systems are more likely to see improved patient satisfaction, better outcomes, and decreased costs

3. Improved sense of who you are as a provider

4. Patients may be more receptive

Core Skills Involved in Motivational Interviewing

• Asking Open-Ended Questions

• Reflective Listening

# Open- vs. Closed-Ended Questions

<table>
<thead>
<tr>
<th>OPEN</th>
<th>CLOSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>What concerns do you have about your medication?</td>
<td>Are you concerned about your medication?</td>
</tr>
<tr>
<td>Tell me about how the past month has gone with taking your medication...</td>
<td>Did you remember to take your medication the past month?</td>
</tr>
<tr>
<td>What are you willing to do with regards to exercise?</td>
<td>Are you willing to exercise for 30 minutes each day?</td>
</tr>
<tr>
<td>What would it mean to you to make this happen?</td>
<td>Would it make you happy if this happened?</td>
</tr>
</tbody>
</table>
Reflective Listening Process

Listen Actively

Decide...
Do you understand the message?

Reflect in Your Own Words to address FEELINGS + CORE CONCERN
“What I’m hearing you say...”

Ask Open-Ended Question to Invite Further Sharing
“Tell me more about...”

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PHYSICIAN ENGAGEMENT
The promotion of a product or service through attitude, appearance and specialist product knowledge. The aim is to inform and encourage the customer to buy, or at least trial the product or service.

**Personal Selling**

It not only applies to selling your services to patients, but also to the physicians, health systems, and other providers who impact your practice.
Model of Collaborative Working Relationships (CWR)

- Individual Characteristics
- Contextual Factors
- Exchange Characteristics

Commitment to the Collaborative Working Relationship

- Relationship Expansion
- Exploration and Trial
- Professional Recognition
- Professional Awareness

*J Am Pharm Assoc. 2001;41:682-92.*
Physician’s As Customers

• Physicians can refer patients to your practice
• Physicians can decide to respond to pharmacists clinical recommendations
• Physicians can decide on sharing patient clinical information
• Physicians can affect patient perceptions about a pharmacy practice
• Physicians can affect the pharmacy practice’s performance metrics
Approaching Physicians

- Physicians are not only customers of the practice, but also stakeholders and colleagues
  - Need to answer the following questions
    - What is their need/want in regards to their practice and patient care?
    - What can you provide to them to address their needs/wants? (e.g. patient care services)
    - How will you provide it (certain clinical services, CMRs, communication to physician, etc)
    - Where will you do this? – at the pharmacy? – at their practice?
    - When can you start providing these services?
Moving Through the Stages

• Developing a collaborative working relationship (CWR)
  • Five stages
    • Stage 0 = professional awareness
    • Stage 1 = professional recognition
    • Stage 2 = exploration and trial
    • Stage 3 = professional relationship expansion
    • Stage 4 = collaborative working relationship
Strategies to Achieve Stage 1

Communicate
- Communicate with targeted physicians to inform them of your interest in collaborating.

Identify
- Identify pharmacy services that can complement the physician’s practice while also meeting patients needs.

Discuss
- Discuss ideas with physicians to judge their interest.

Refine
- Refine ideas to meet the needs of physicians with whom the potential for establishing a CWR exists.

Schedule
- Schedule another face-to-face meeting with the goal of starting to build a collaborative working relationships.

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• Strategies to Achieve Stage 2

• Make **high quality, high priority** recommendations to the physician

• **Get** physician **feedback** about recommendations

• **Document** the outcomes of recommendations

• **Discuss** with physician, the best way to communicate recommendations (e.g. telephone call, fax, progress notes, or combination)
Strategies to Achieve Stage 3

- ** Communicate** to referring physicians the patient outcomes that have resulted from pharmacy care interventions
- **Be consistent** in the provision of care to patients
- Continue to make high-quality clinical interventions
- Have periodic **face-to-face meetings** with physicians to establish and enhance personal and professional relationships
- **Identify any conflicts** due to pharmacy care interventions and discuss strategies to resolve them
Commitment to the CWR

- Physicians **view the risk** to their own practice as low and the value added as high
- Continue need periodic **face-to-face meetings** to discuss patients, practice issues, and other concerns
- Pharmacists and physicians should identify strategies to **improve the joint care process**
- Staff from both practices should be **aware of the collaboration** so they can be **integrated in the activities**
Practical Quick Tips

• Features, Advantages, and Benefits (FAB)
  • Tie the pharmacy solutions to the physician pain points (physician needs and wants)
Practical Quick Tips

• Don’t brain dump
Practical Quick Tips

- Identify key prescribers
- Identify key staff at the physician’s practice that can “make or break” the success of the collaboration
Practical Quick Tips

• Prepare for physician visit
Practical Quick Tips

• The Physician face-to-face meeting!
  • Establish Credibility
  • Establish Competency
  • Establish Trust
COMMUNICATING CLINICAL INTERVENTIONS
Communicating with Prescribers

• Keep patient focused
• Provide prescriber with meaningful background information
• Clearly and concisely outline the actual or potential drug therapy problem
• Propose a solution (pharmacist’s intervention)
• Request physician feedback for the solution
S.O.A.P. Notes

- Standardize format to document patient encounter
- Used and understood by other providers
- Should be accurate, clear, and concise
- Medication list ideally should be included
## S.O.A.P. Notes

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Obtained from patient or caregiver</td>
<td>• Data collected about the patient that can be measured objectively</td>
</tr>
<tr>
<td>• Patient’s chief complaint or reason for patient encounter</td>
<td>• Vital signs</td>
</tr>
<tr>
<td>• Patient’s HPI</td>
<td>• Lab results</td>
</tr>
<tr>
<td>• Family history (FH)</td>
<td>• Immunizations</td>
</tr>
<tr>
<td>• Social history (SH)</td>
<td>• Findings from other tests (e.g. seizure log, BM log, weekly wts, etc)</td>
</tr>
<tr>
<td>• Allergies</td>
<td>• Physical examination from a trained examiner</td>
</tr>
<tr>
<td>• Previous adverse drug reactions</td>
<td></td>
</tr>
<tr>
<td>• Review of systems (ROS)</td>
<td></td>
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</tbody>
</table>

*A Practice Guide to Pharmaceutical Care* 2nd Ed. 2003

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S.O.A.P. Notes

**Assessment**
- Pharmacist’s evaluation/assessment of the patient’s drug therapy
- Should be based on information contained in the subjective and objective sections
- No new information should be appearing here without it being tied to the subjective/objective sections.

**Plan**
- Actions/Interventions of the pharmacists
- Clinical recommendations to prescribers/health care providers
  - Should be clear
  - Best if a “yes” or “no” response required from prescriber if a change in therapy is recommended.
- Patient follow-up

*A Practice Guide to Pharmaceutical Care 2nd Ed. 2003*
Receiving Responses from Prescribers

Request an answer from the prescriber

Prescriber communication should be part of the practice:
- Happens consistently and regularly
- A systematic process is used
- Standardized forms

Pharmacists follow-through with the “intervention” once feedback/response is received from prescriber

Keep prescriber response in patient chart

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Questions?
Accomplishments and Moving Forward

Webinar 8: August 2, 2019

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Chat or Raise Hand for Comments and Questions
Today’s Objectives

• Pharmacy Accomplishments and Highlights

• Local ACO Project Updates and Next Steps

• Review Care Plan Submissions and Data

• Best Practice Sharing

• CPESN® USA Resources
### Care Plans Submissions for CPESN Pharmacies

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<thead>
<tr>
<th>Jan – April 2019</th>
<th>May 2019</th>
<th>June 2019</th>
<th>July 2019</th>
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<tbody>
<tr>
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<td>28</td>
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<td>199</td>
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<table>
<thead>
<tr>
<th>Encounter Type</th>
<th>Number of Care Plans</th>
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</thead>
<tbody>
<tr>
<td>Initial</td>
<td>252</td>
</tr>
<tr>
<td>Follow-up</td>
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</tr>
<tr>
<td>Total</td>
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CPF Grant #217 - CPESN / Local ACO Pharmacy Transformation Project (June - August 2019). Training Materials.
Project Updates and Next Steps

Pharmacy Accomplishments and Highlights

Concerns

• Data Sharing Agreements

• Referral Process

• Patient at Risk for Loss

• Implementation Guide
Care Plan Components

1. Encounter Type
2. Reason for Service / Encounter Reason
3. Health Conditions
4. Medication Therapy Problems or Problem Observations
5. Active Medication List
6. Interventions
7. Patient Education
8. Patient-Centered Goals
9. Care Coordination Notes

CPF Grant #217 - CPESN / Local ACO Pharmacy Transformation Project (June - August 2019). Training Materials.
Quality of Care Plans – Medication Therapy Problems

<table>
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<th>May 2019</th>
<th>June 2019</th>
<th>July 2019</th>
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Submitting MTPs

Appropriate

- Adherence issues:
  - Non-adherence
  - Non-compliant
  - Non-compliance of drug therapy
  - Suspected noncompliance with therapeutic regimen
- Drug interaction
- Additional therapy needed
- Adverse Drug Event
- Dose too low, medication dose too low
- Cost effective medications available
- Patient unable to obtain medicine
Submitting MTPs

Belongs in Interventions

• Review of medications
• Synchronization of repeat medication
• Assessment of barriers to adherence
• Promotion of adherence to medication
• Recommendation to change medication
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</thead>
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Submitted Interventions

• Synchronization of repeat medication
• Educate the patient or caregiver on this medication
• Discuss the issue with physician
• Recommend changing the medication to an alternative therapy option
• Recommend increasing the medication dosage
• Educate the patient or caregiver on a medication interaction
• Refer patient for evaluation
• Recommend an immunization
## Quality of Care Plans – Patient-Centered Goals

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Submitted Patient Centered Goals

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<tbody>
<tr>
<td>• Medication compliance</td>
</tr>
<tr>
<td>• Monitoring</td>
</tr>
<tr>
<td>• Healthy eating</td>
</tr>
<tr>
<td>• Decrease cholesterol in diet</td>
</tr>
<tr>
<td>• Weight</td>
</tr>
<tr>
<td>• Being Active</td>
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</table>
Patient Centered Goals

**S**pecific
Who, What, Where, When, Why, Which
Define the goal as much as possible with no ambiguous language.
WHO is involved, WHAT do I want to accomplish, WHERE will it be done, WHY am I doing this (reasons, purpose), WHICH constraints / requirements do I have?

**M**easurable
From and To
Can you track the progress and measure the outcome?
How much, how many, how will I know when my goal is accomplished?

**A**ttainable
How
Is the goal reasonable enough to be accomplished? How so?
Make sure the goal is not out of reach or below standard performance.

**R**elevant
Worthwhile
Is the goal worthwhile and will it meet your needs?
Is each goal consistent with other goals you have established and fits with your immediate and long term plans?

**T**imely
When
Your objective should include a time limit. “I will complete this step by month/day/year.”
It will establish a sense of urgency and prompt you to have better time management.
Submitted Patient Centered Goals with Suggestions

- Medication compliance
  - Take simvastatin each night after brushing teeth
- Monitoring
  - Check blood sugar in the morning before eating and write down in a notebook with date and time
- Weight
  - By next month when it’s time to get my medications refilled, lose 2 lbs by walking 30 minutes per day for 3 days per week
CPESN® USA Resources

General SNOMED CT Code Document

Health Condition Specific Documents: Initial and Follow-up
Questions?