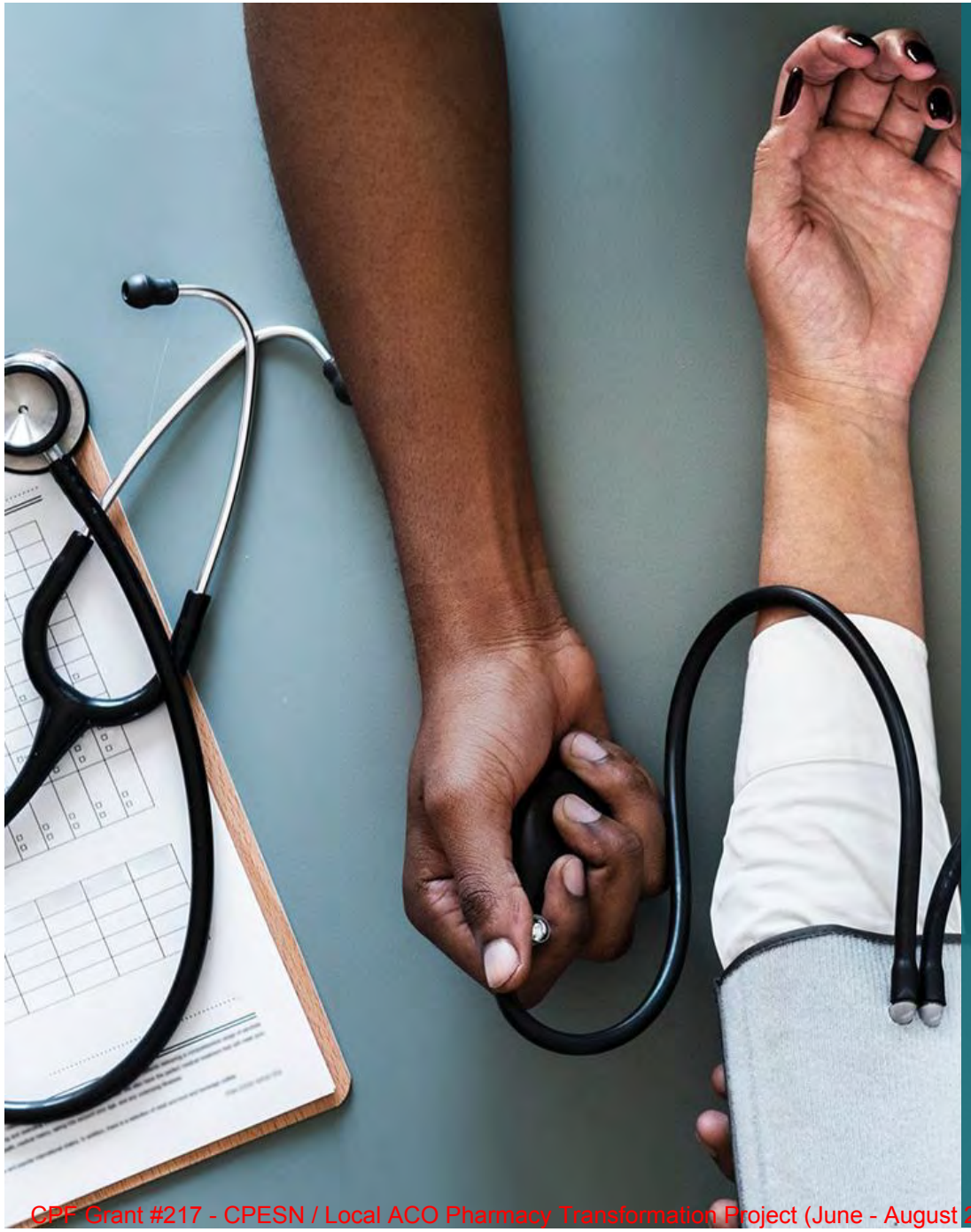


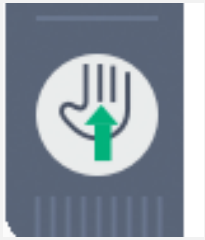
NETIPC PRACTICE TRANSFORMATION

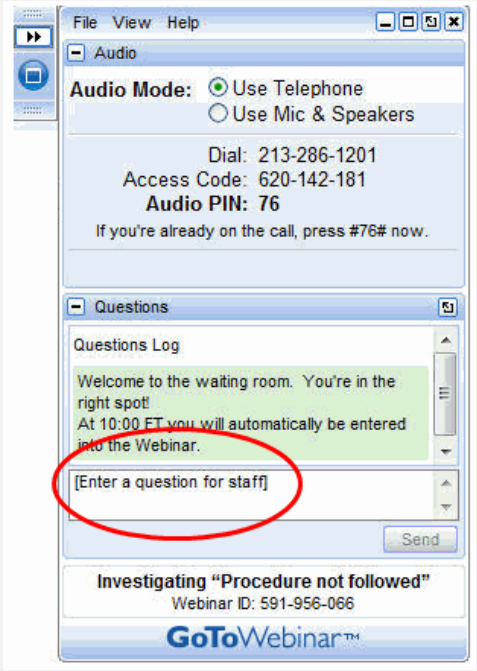
Webinar 1: Introduction

May 31, 2019

CPF Grant #217 - CPESN / Local ACO Pharmacy Transformation Project (June - August 2019). Training Materials.

Chat or Raise Hand
for Comments and Questions





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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)

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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

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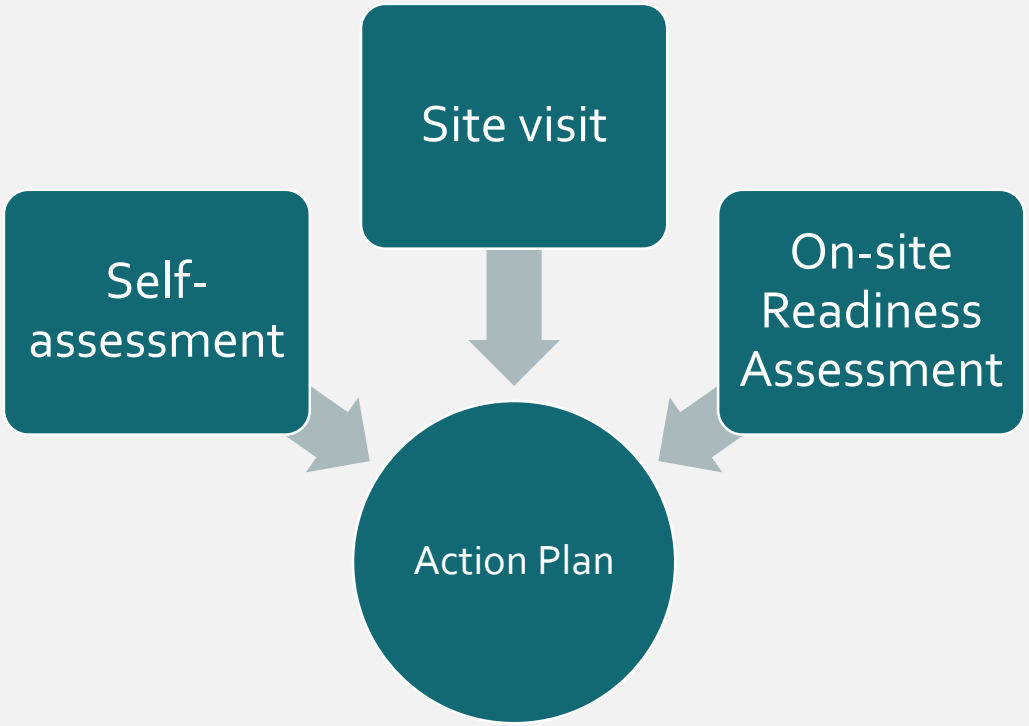
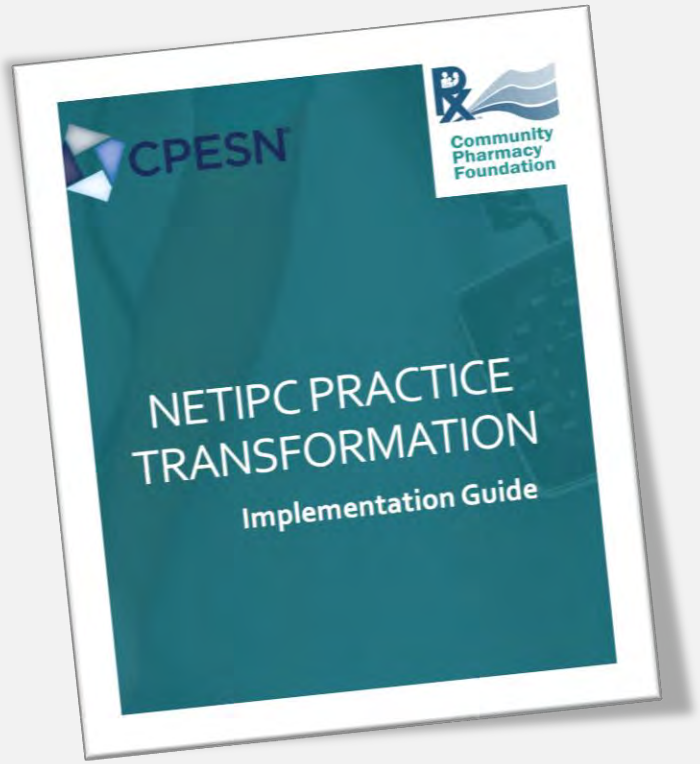
Assessment



- 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)*

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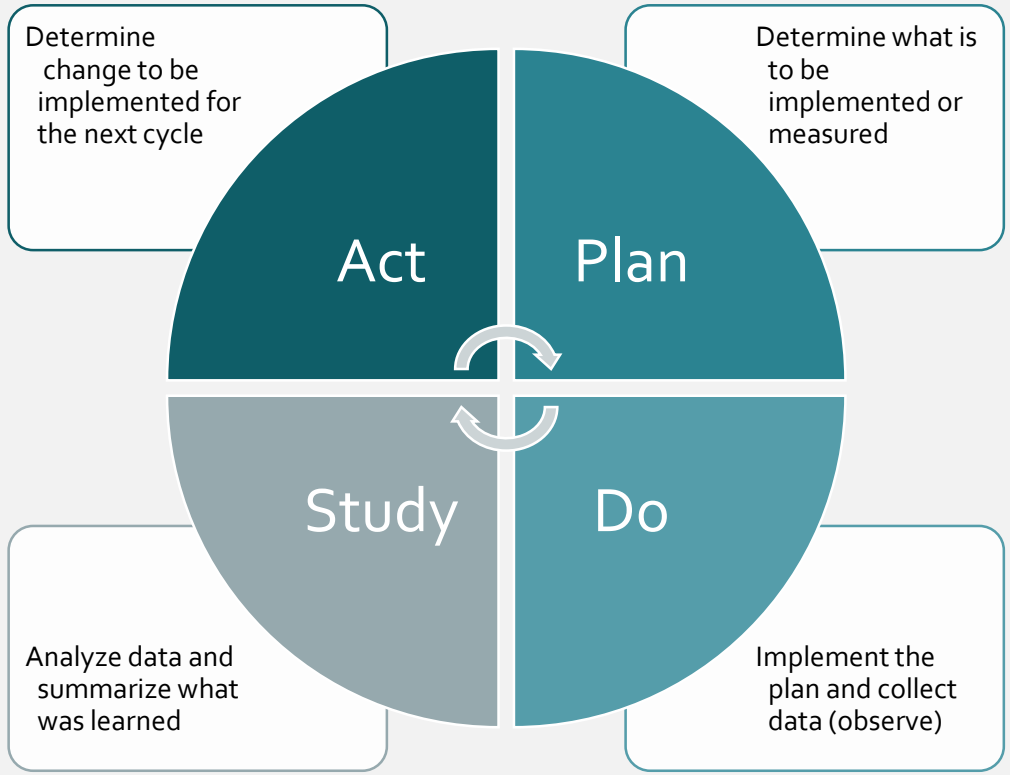
Assessment

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

Coaching

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

Plan-Do-Study-Act (PDSA) Cycle



Plan-Do-Study-Act (PDSA) Directions and Examples. Content last reviewed February 2015. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool2b.html

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

Pharmacists' Patient Care Process

Joint Commission of Pharmacy Practitioners. Pharmacists' Patient Care Process. May 29, 2014. Available at: https://jcpp.net/wp-content/uploads/2016/03/PatientCareProcess-with-supporting-organizations.pdf.

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

CPESN-USA

Heidi Longwell
Webinar Moderator

CPESN-USA

Cody Clifton, PharmD
Coordinator of Quality Assurance and Best Practices

CPESN-USA

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

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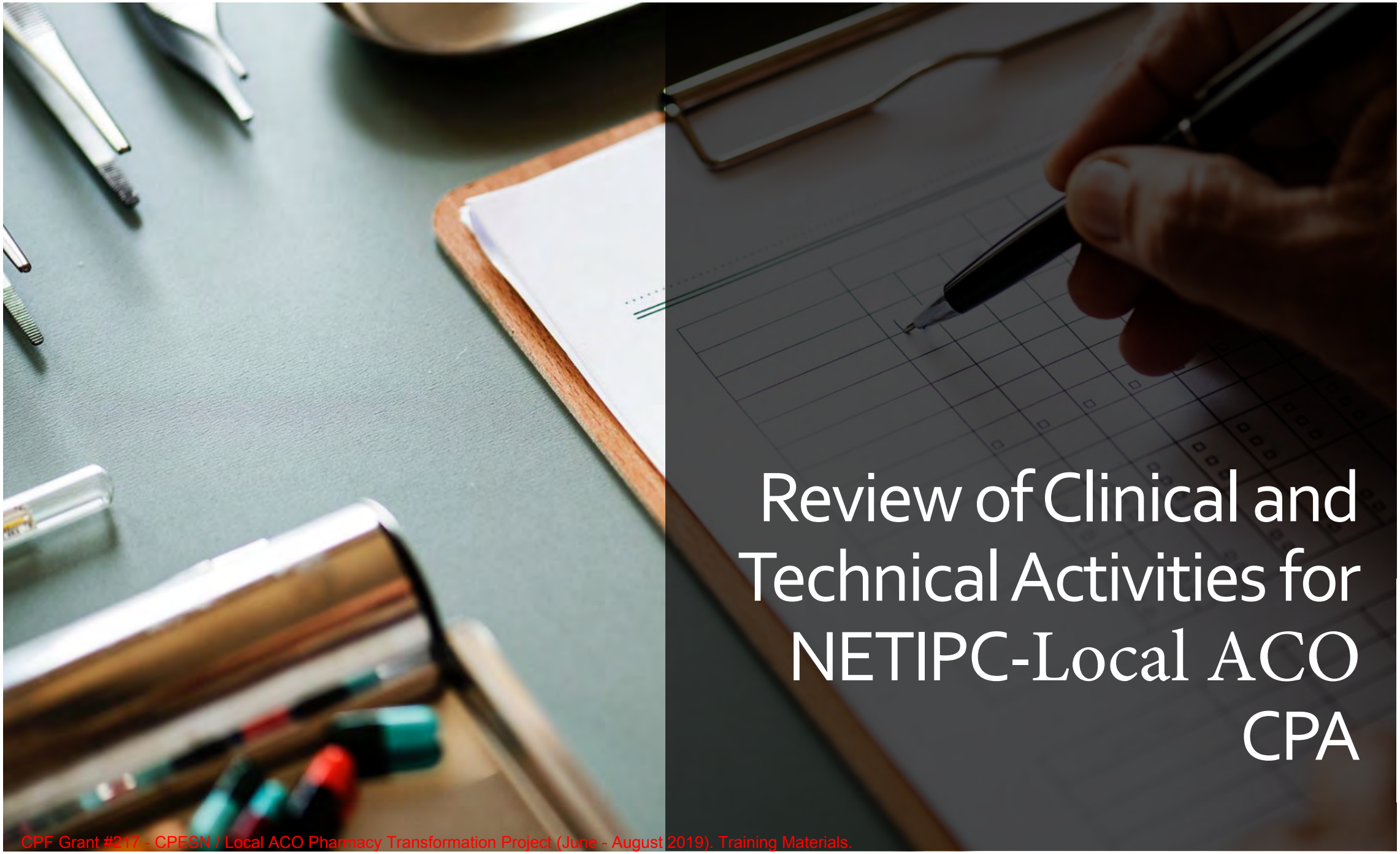
Timeline

Week	Date	Activity
Week 0	5/31	Introductory Webinar
		Self-Assessment due
Week 1	6/3-6/5	Site visit & Readiness assessment
Week 2	6/11	Delivery of site action plan & Coaching follow-up
	6/14	Webinar 2
Week 3	6/18	Coaching follow-up
	6/21	Webinar 3
Week 4	6/26	Coaching follow-up
	6/28	Webinar 4

Week	Date	Activity
Week 5	7/1, 7/3, 7/5	Site visit & In-house assessment
Week 6	7/9	Coaching follow-up
	7/12	Webinar 5
Week 7	7/15-7/17	Site visit
	7/19	Webinar 6
Week 8	7/23	Coaching follow-up
	7/26	Webinar 7
Week 9	7/30	Coaching follow-up
	8/2	Webinar 8



Review of Clinical and Technical Activities for NETIPC-Local ACO CPA

NETIPC-Local ACO Collaborative Practice Agreement (CPA)

CPA provides authority for:

- Pharmacists
  - licensed in **TN** ; *and*
  - Practicing in a **CPESN–NETIPC** pharmacy

Providing care for:

- Patient referred by supervising physician
- **Level 3 chronic care** patients with chronic conditions:
  - Diabetes
  - Dyslipidemia
  - Hypertension
  - Congestive Heart failure
  - Depression/Anxiety
  - Asthma/COPD
  - Other

Pursuant to:

- Written orders from Local ACO supervising physician and physician's designees, *or*
- Pharmacy identification of level 3 chronic care patients

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

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

*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

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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

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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

NETIPC-Local ACO CPA, *continued*

Documentation

- Pharmacist eCare Plan
- One Partner Health Information Exchange

Billing

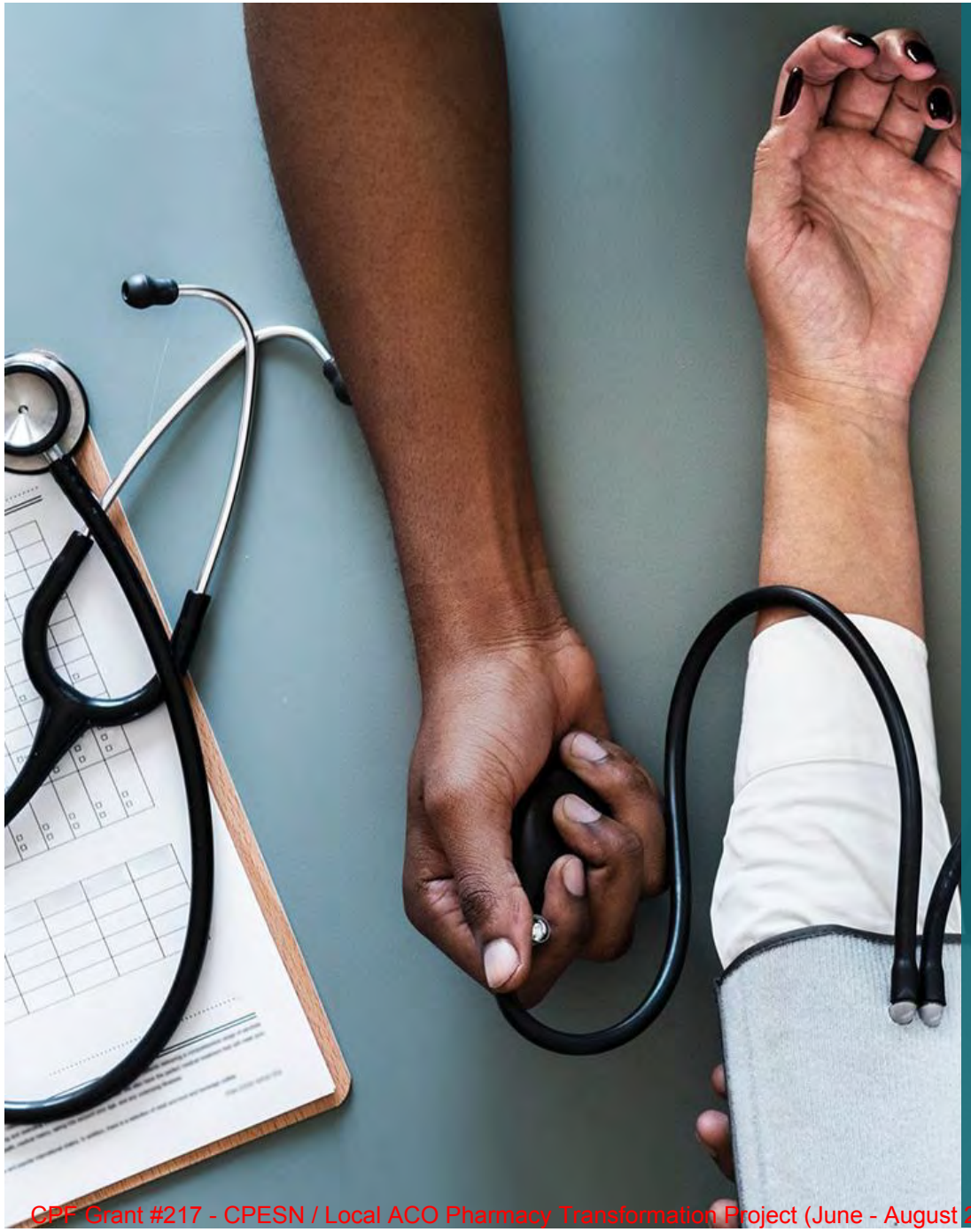
- Pharmacies will submit "dummy billing" according to a pre-defined fee schedule
- Submitted via eCare Plan

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?



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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

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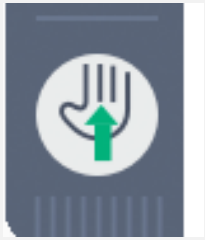

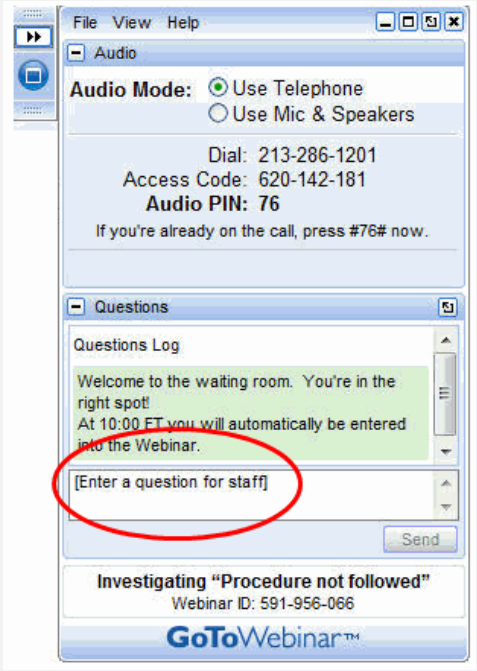

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Today's Objectives

- 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

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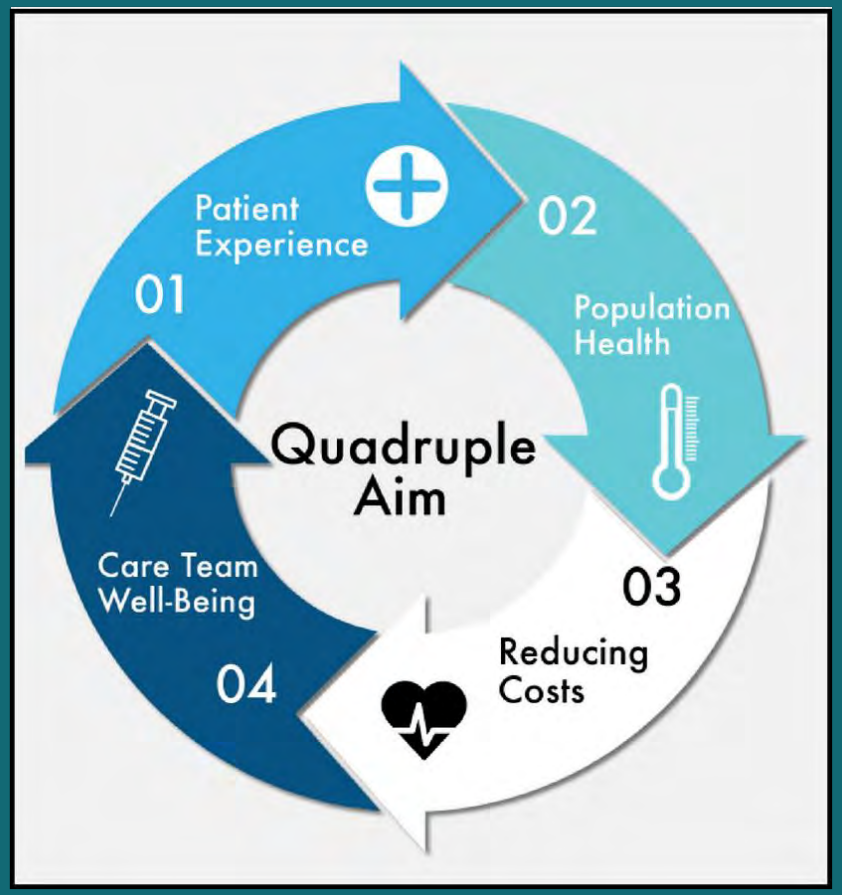
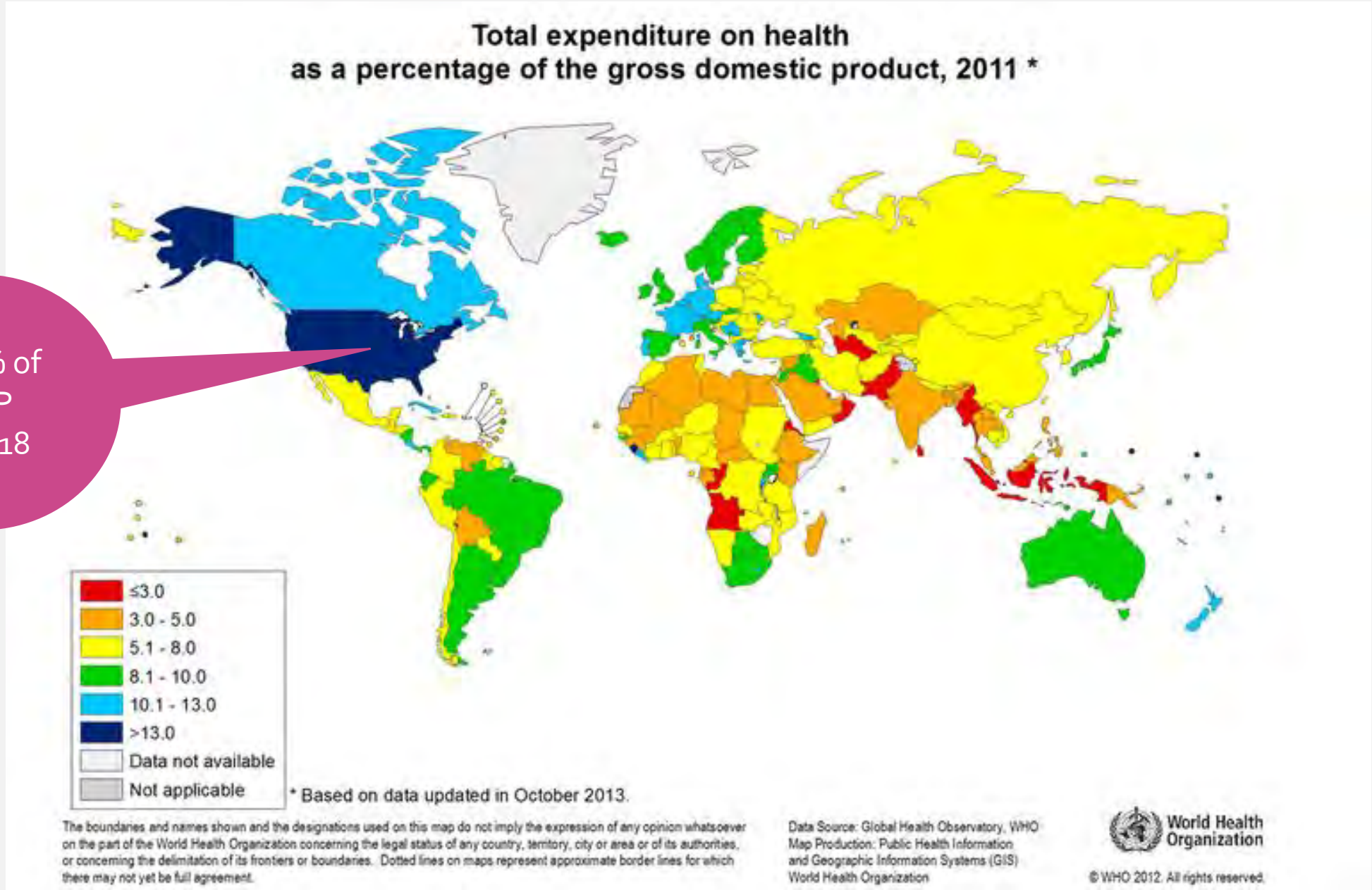
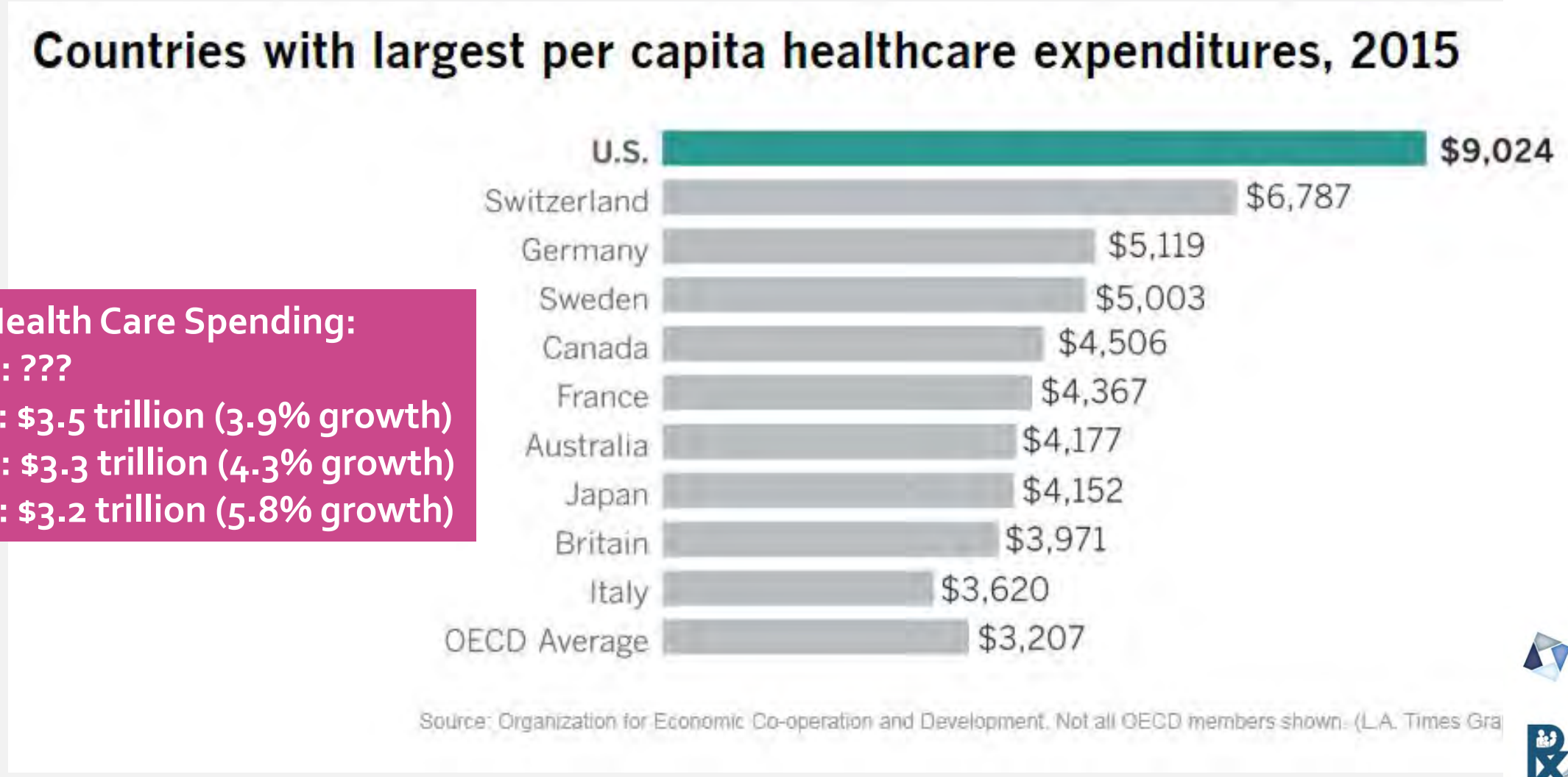


Value-based Care: An Opportunity for Pharmacists

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)

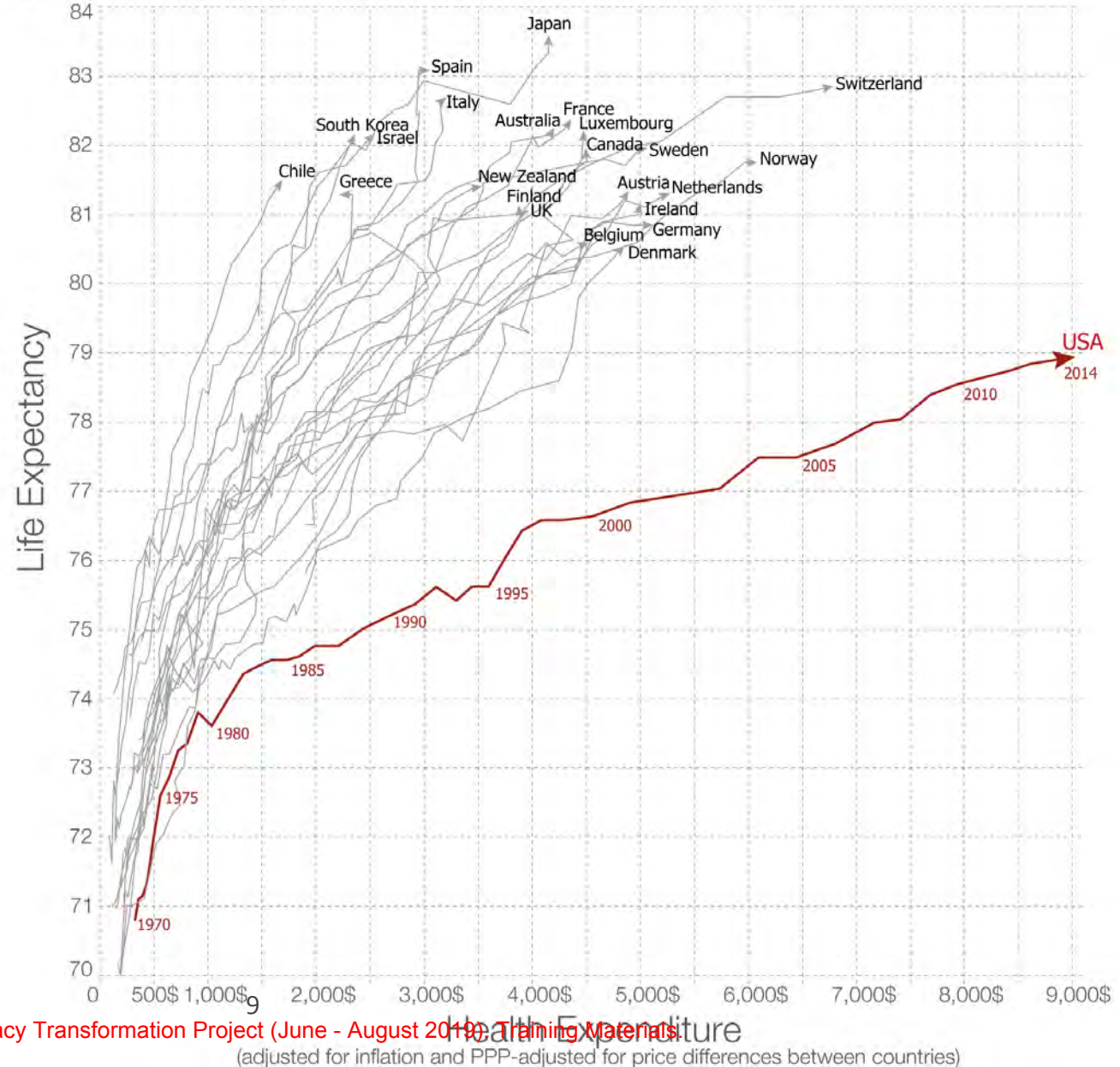
https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/downloads/highlights.pdf
https://www.modernhealthcare.com/article/20161202/NEWS/161209984
http://www.latimes.com/nation/la-na-healthcare-comparison-htmlstory.html

HRSA Grant #2T3 CPESN Local ACO Pharmacy Transformation Project (June - August 2019). Training Materials.

Life expectancy vs. health expenditure over time (1970-2014)

Our World in Data

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).



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Value-Based Health Care

https://www.healthcareitnews.com/sponsored-content/solving-healthcare-value-equation-o

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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

Viswanathan M, Golin CE, Jones CD, et al. Interventions to improve adherence to self-administered medications for chronic diseases in the United States: a systematic review. *Ann Intern Med.* 2012;157(11):785-95.
Watanabe JH, Mcinnis T, Hirsch JD. Cost of prescription drug-related morbidity and mortality. *Ann Pharmacother.* 2018;1060028018765159. doi: 10.1177/1060028018765159.

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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

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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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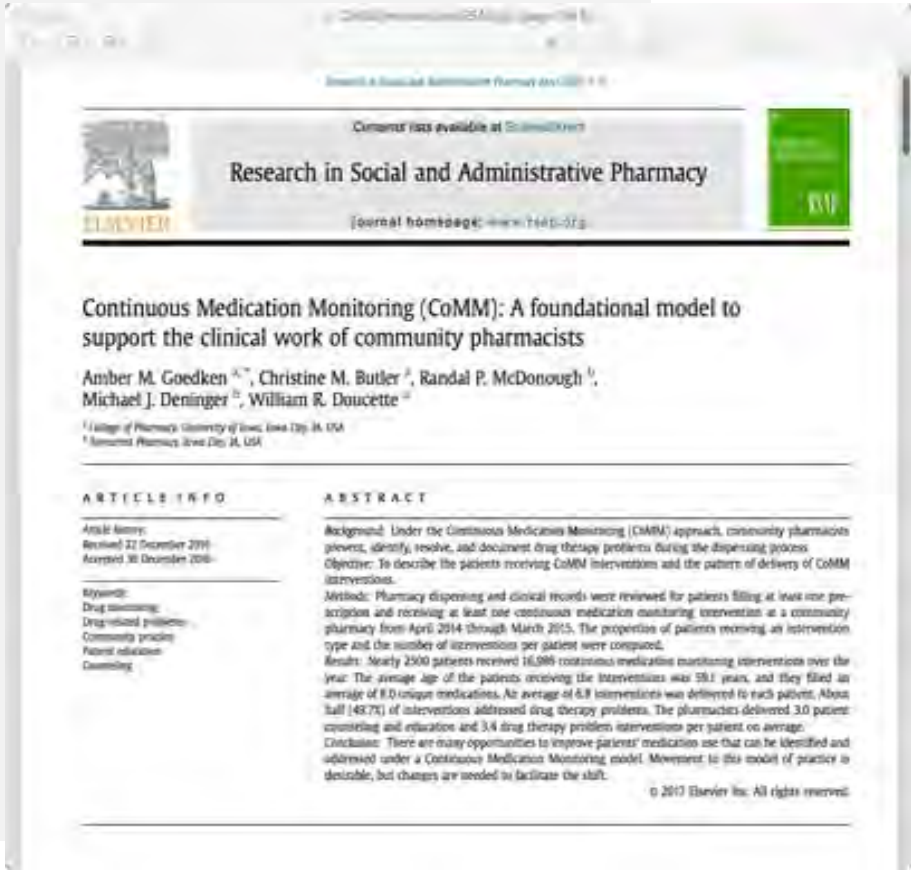
Continuous Medication Monitoring (CoMM)

- 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"



Research in Social and Administrative Pharmacy

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

ARTICLE INFO

ABSTRACT

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

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Practice Changes Needed to Optimize Patient Care

Utilization of technology

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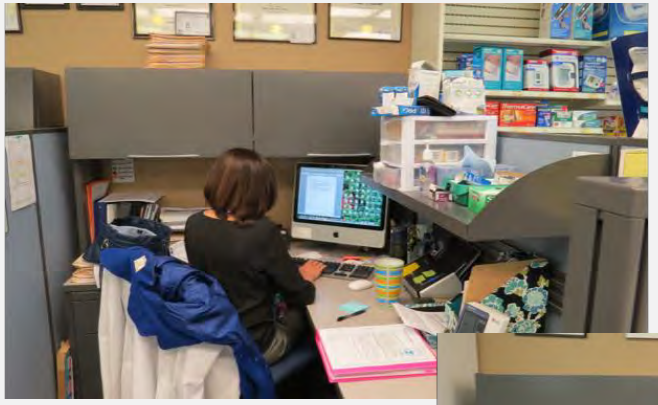
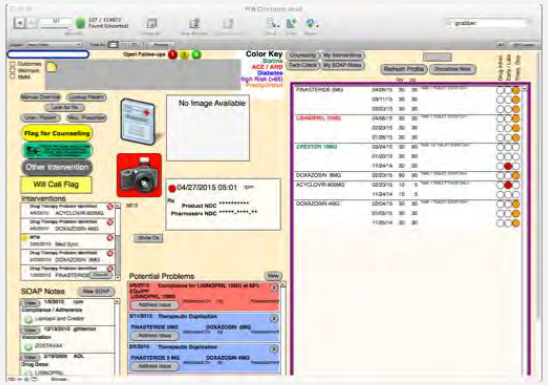
Practice Changes Needed to Optimize Patient Care

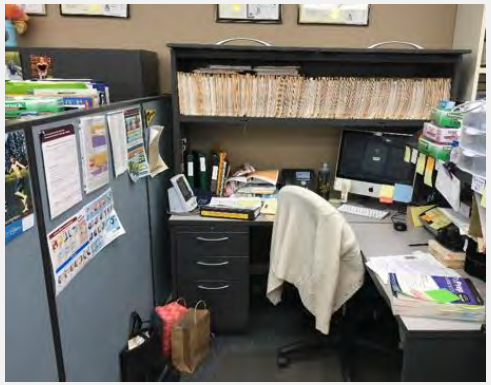
- Moving away from the "stripped-down" model of community pharmacy practice
  - The need for slack resources



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





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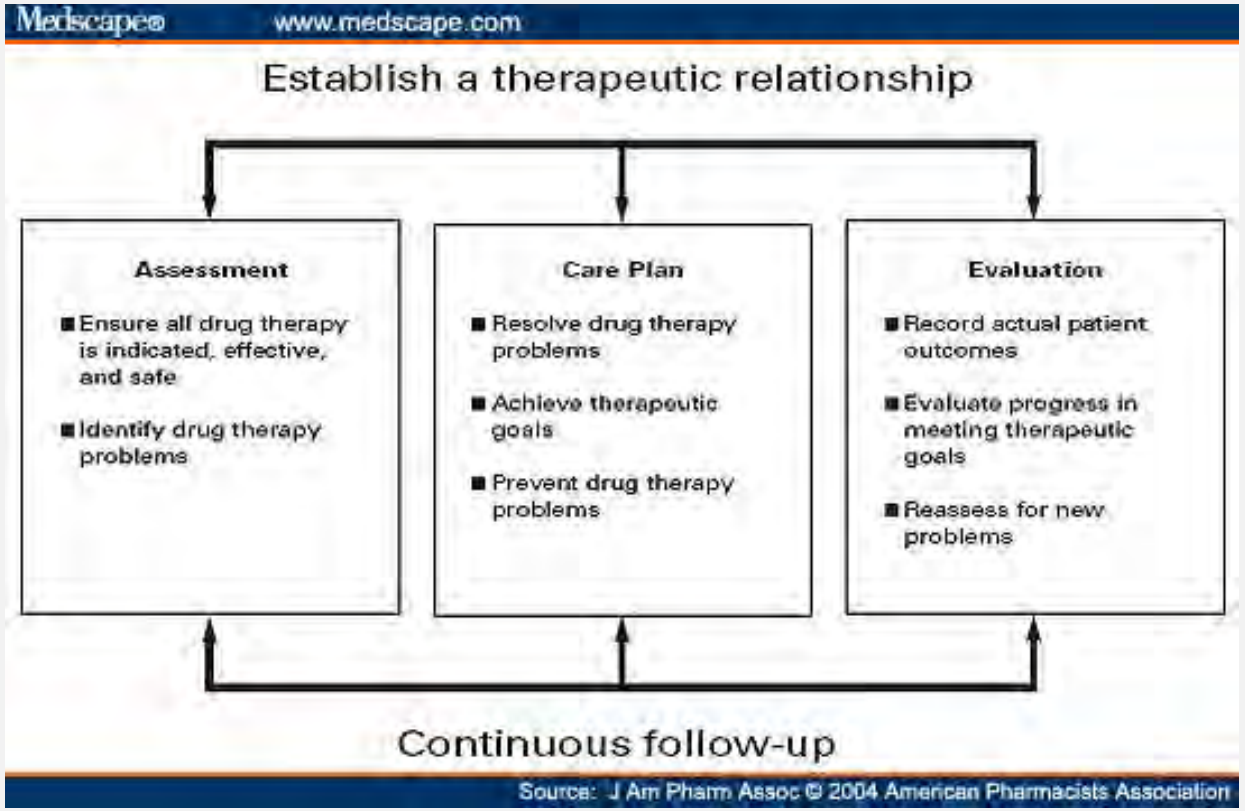
Moving Beyond Traditional Relationships



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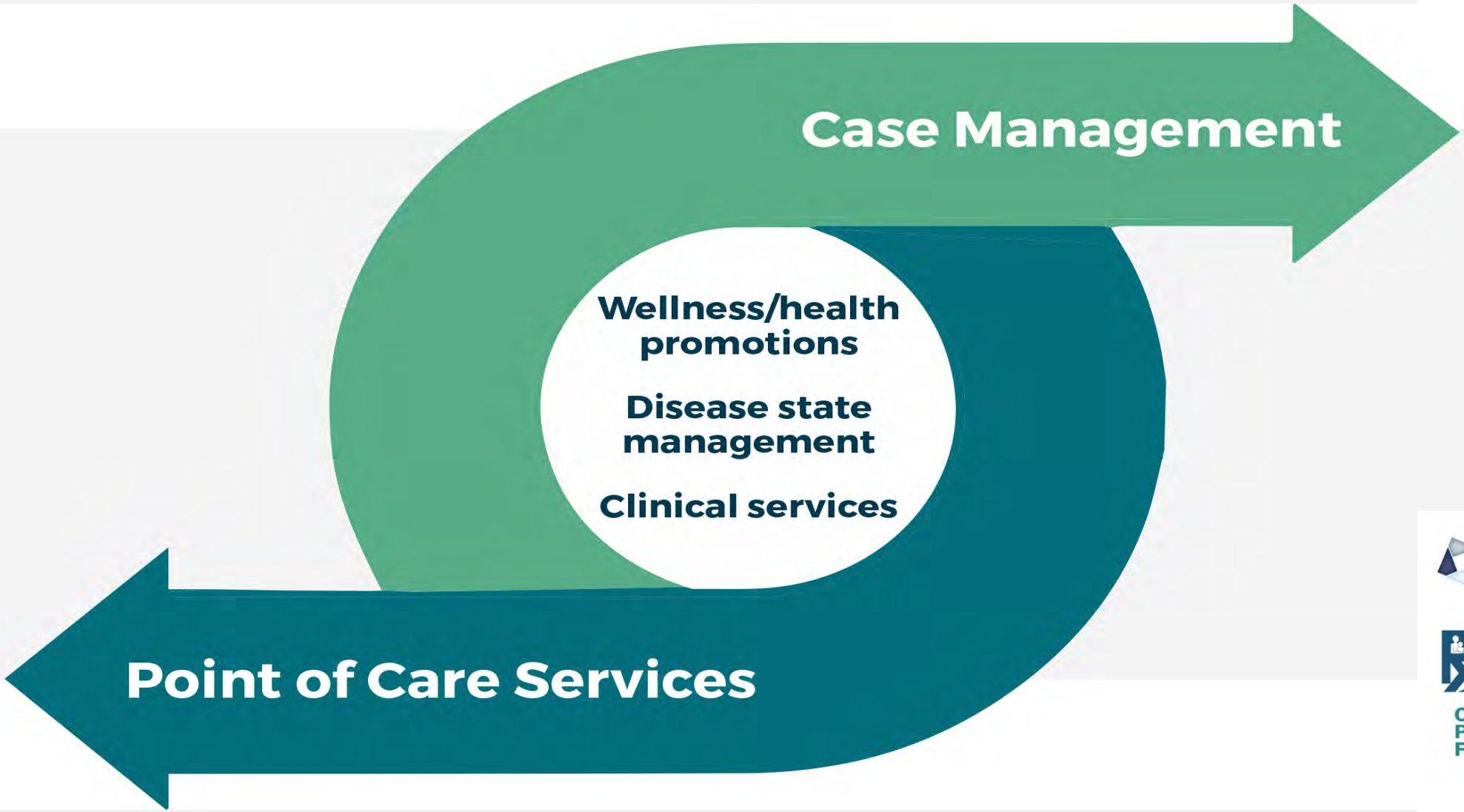
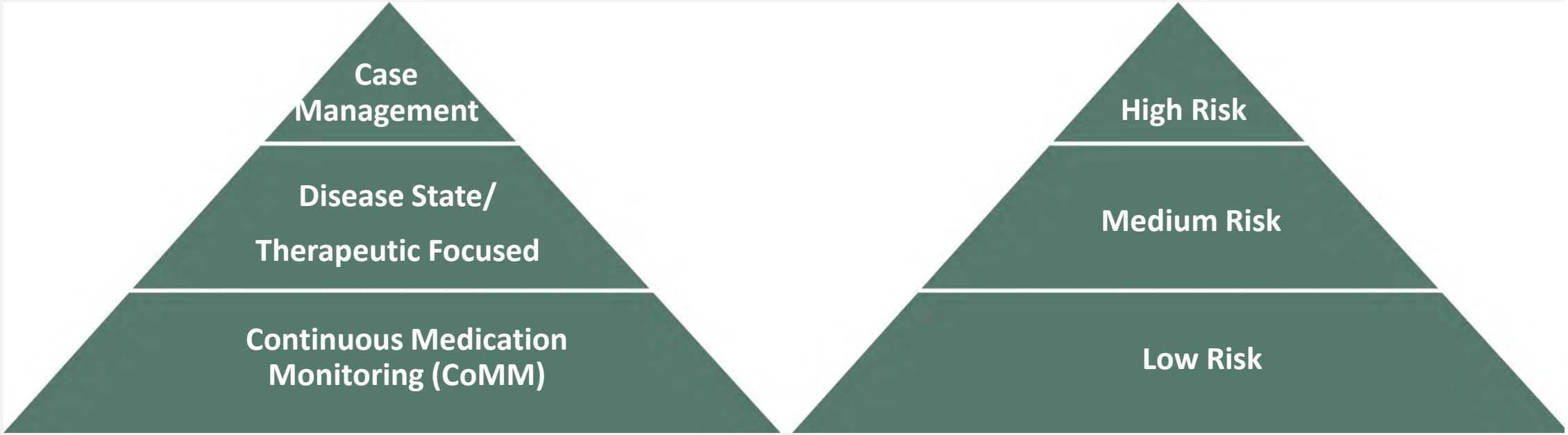
The Continuum of Patient Care



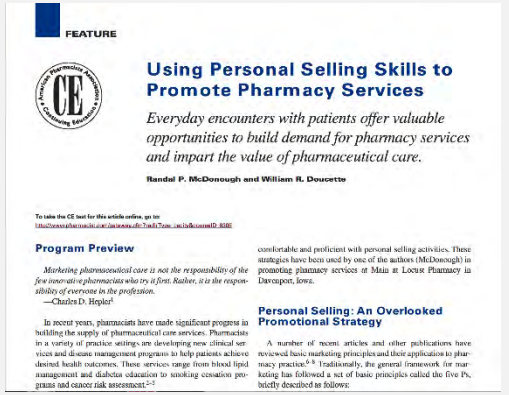
A Tiered Approach to Patient Care



http://www.communitypharmacyfoundation.org/resources/grant_docs/CPFGrantDoc_74861.pdf. Accessed April 24, 2017.
http://www.pharmacytimes.com/publications/directions-in-pharmacy/2015/december2015/impacting-pharmacy-performance-measures-the-need-for-fair-and-reasonable-compensation-for-pharmacists. Accessed February 15, 2019.

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



FEATURE

Using Personal Selling Skills to Promote Pharmacy Services

Everyday encounters with patients offer valuable opportunities to build demand for pharmacy services and impart the value of pharmaceutical care.

Randal P. McDonough and William R. Doucette

Program Preview

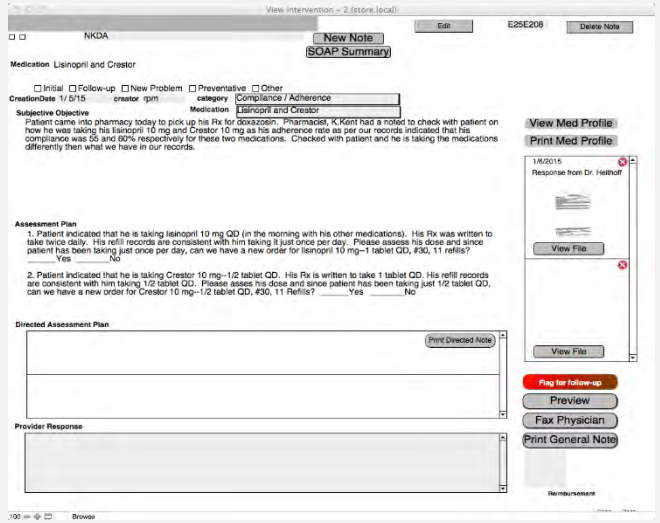
Marketing pharmaceutical care is not the responsibility of the few innovative pharmacists who try it first. Rather, it is the responsibility of everyone in the profession.
—Charles D. Hepler[1]

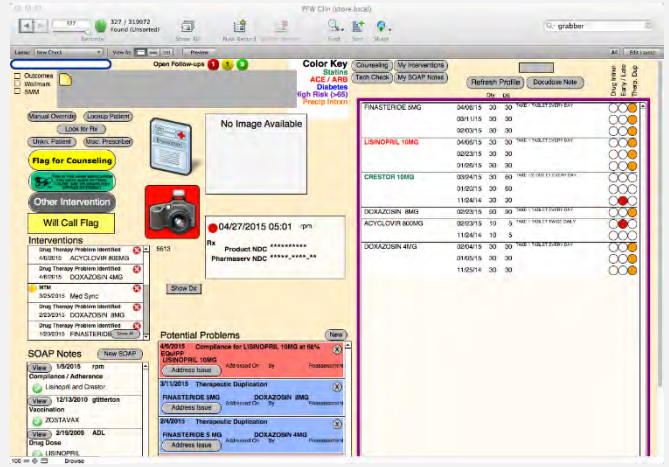
Personal Selling: An Overlooked Promotional Strategy

JAPhA 2003:43;3:363-74

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

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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

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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

ARTICLE IN PRESS

SCIENCE AND PRACTICE

Journal of the American Pharmacists Association

RESEARCH

Pharmacy performance while providing continuous medication monitoring

William R. Doucette*, Randal P. McDonough, Fischer Herald, Amber Goedken, Jenn Funk, Michael J. Deninger

ARTICLE INFO

ABSTRACT

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Community Pharmacy Foundation

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

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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

Questions?

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

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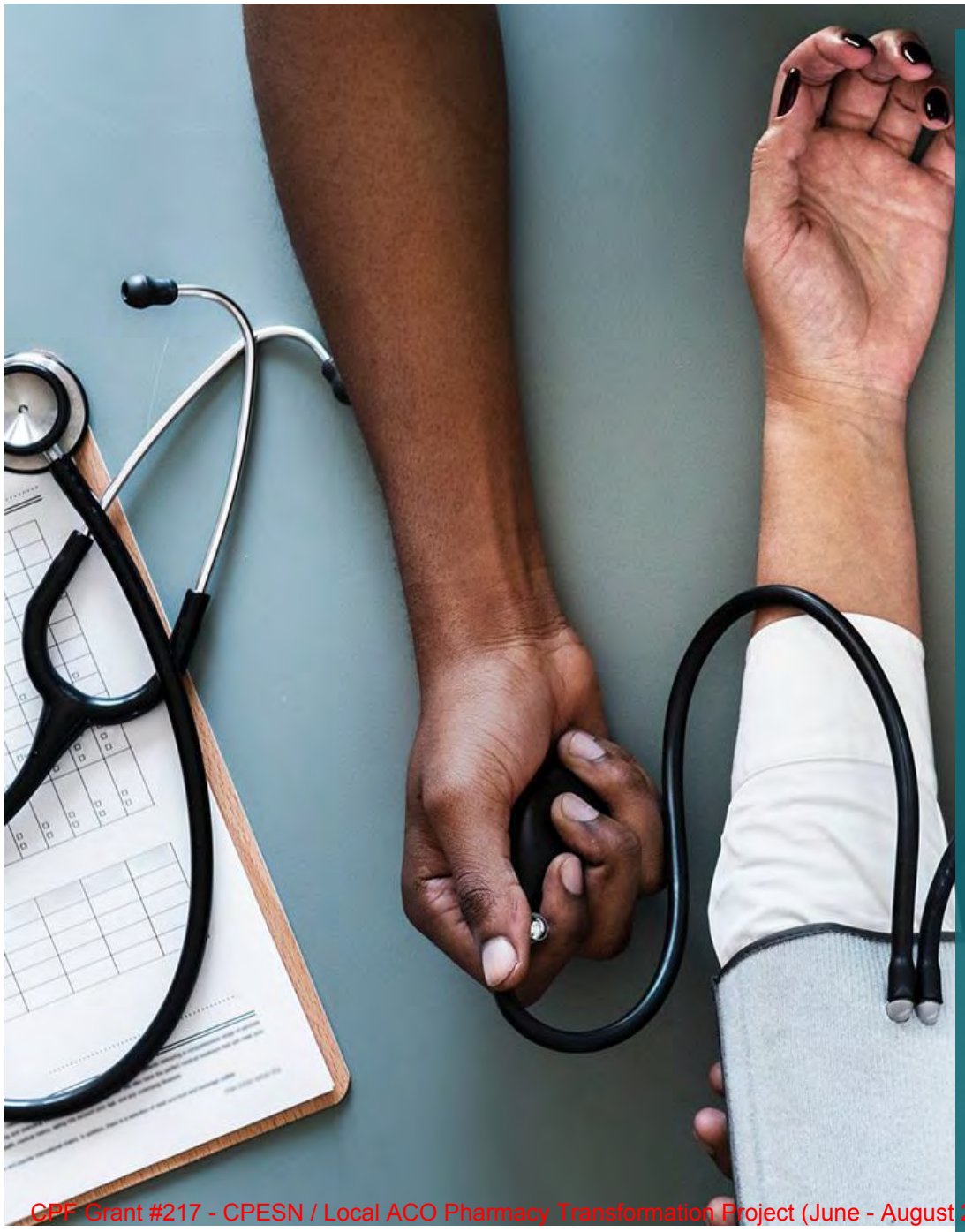


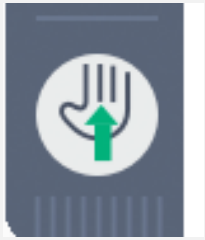
Webinar : *Pharmacist Work-up of Drug Therapy (PWDT)*

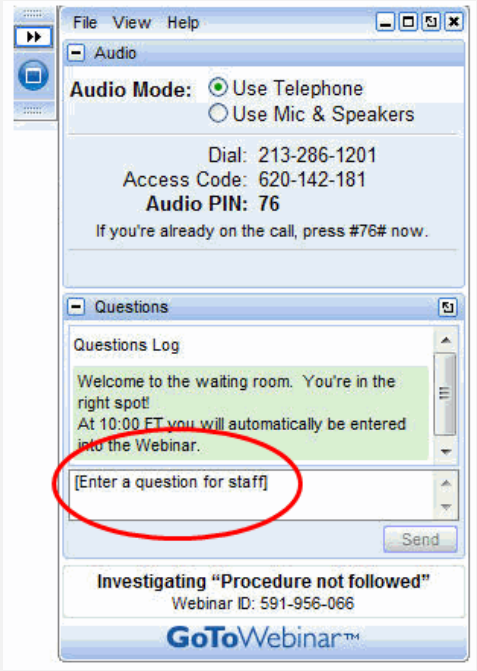
NETIPC PRACTICE TRANSFORMATION

June 21, 2019

CPF Grant #217 - CPESN / Local ACO Pharmacy Transformation Project (June - August 2019). Training Materials.

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)

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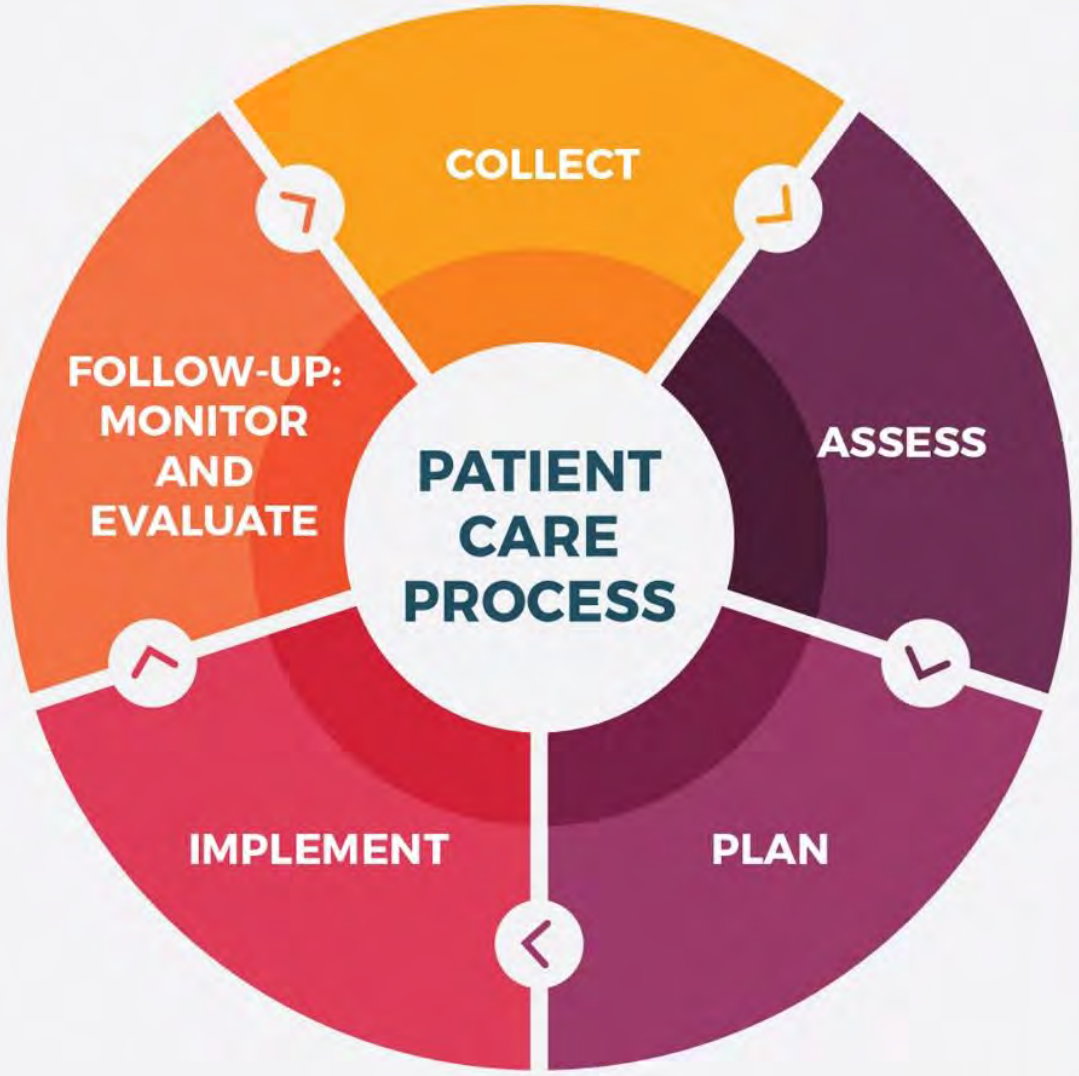
Today's Objectives

- 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 paitent'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.

https://www.pharmacist.com/sites/default/files/files/PatientCareProcess.pdf

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Role of the Pharmacist

- Ensure that patients' medications are optimized
  - Identify and resolve drug therapy problems

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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)

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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.

Drug Intell Clin Pharm 1988;22:63-7.

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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

Drug Intell Clin Pharm 1988;22:63-7.

Classification of Drug Therapy Problems

Medication-related Needs	Categories of medication therapy problems
Indication	1. Unnecessary drug therapy 2. Needs additional drug therapy
Effectiveness	3. Ineffective drug 4. Dosage too low
Safety	5. Adverse drug reaction 6. Dosage too high
Adherence	7. Nonadherence

Pharmaceutical Care Practice. The patient centered approach to medication management. Cipolle Strand Morley

Framework for Assessing Medication-Related Problems

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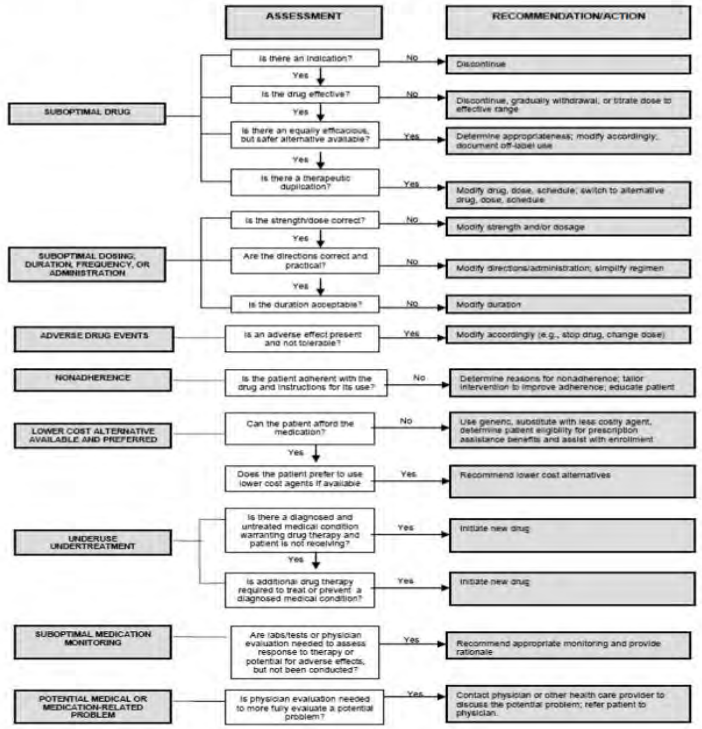
Appendix A

Figure 1. FRAMEWORK FOR ASSESSING MEDICATION-RELATED PROBLEMS



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

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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

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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. ACP Journal Club
    a. https://www.acponline.org/clinical-information/journals.../acp-journal-club

a. PNN Pharmacotherapy News Network—An ACCP Publication

4. Pharmacist Letter
    a. https://pharmacist.therapeuticresearch.com/Home/PL

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

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

7. Subscribe to email listservers
    a. FDA Drug Information Updates
    b. FDA Drug Information Updates - Programs - ReachMD
    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

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Practice Example--CHF

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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: Collect

- 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 (i.e., 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 own goals are for his/her 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 Pharmacies Filling Prescriptions: _____

Allergies/ADEs/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.

   _____

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8. In the past, has there been anything that made your heart failure suddenly get worse?

   _____
9. Has your doctor told you about a target for your blood pressure? _____

Lab Results and Vital Signs (include date measured and result):

Weight: _____ lbs. (date measured _____/____/_____)

Blood Pressure: _____ / _____ (date measured _____/____/_____)

Other:

History of Hospitalizations and ED Visits (past 6 months – ask about the reason for admission for each):

Patient Goals for Her/Her Own Health (captured in the patient's own words):

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Practice Example--CHF

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Patient Report of Medication Regimen:

Drug Name and Dose	*Prescribed Directions, How Patient Is Taking, Prescriber, Notes*

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Towncrest Pharmacy
2306 Muscatine Avenue
Iowa City, IA 52240
Phone (319) 337-3526
Fax (319) 337-5271

Current Medication List

Patient Name: **Birth date:** **Date:**

Medication	Directions	Indication	Physician	Comments

OTC Medications

Medication	Directions	Indication	Comments

Physician Signature: _____ Date:

I have reviewed this patient's medical record, and these are his/her current medications.

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Practice Example--CHF

Step 2: 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 rubric to assess for medication therapy problems; see Appendix B to assist with appropriate heart failure therapy)*:

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

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Step 3: 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 to 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. _____

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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 time frame 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

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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.

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Community Pharmacy Foundation

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
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- 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.

The following list of questions on the next page was developed so that it could be reviewed by a non-licensed staff member, such as a pharmacy technician or delivery driver, each month with the medication synchronization or medication delivery process. Pharmacists should be provided with a copy of patient responses, but any patient responses that match the words in red should be provided to the pharmacist immediately for follow up. The pharmacist should also review previously identified patient goals, medication therapy problems, and interventions and discuss any updates on those with the patient as part of monthly follow up.

Heart Failure Monthly Follow-up Guide		
Yes	No	Do you weigh yourself every morning? → Instruct to weigh themselves every morning before breakfast and after urinating
N/A	N/A	What was your weight today? _____ lbs
Yes	No	Have you gained >2 pounds in one day or >4 pounds in a week?
Yes	No	Have you had recent or current swelling of ankles, feet or stomach that becomes worse, even after rest and leg elevation?
Yes	No	Have you had recent or current shortness of breath that won't going away with rest or is worsening?
Yes	No	Do you recently or currently find it harder to walk long distances or exercise than usual?
Yes	No	Have you felt unusually weak or tired lately for no apparent reason?
Yes	No	Have you been waking up at night recently with shortness of breath or cough, or needing more than usual number of pillows to sit up and sleep?
Yes	No	Have you had to take more of your diuretic (water pill) than your normal dose?
Yes	No	Are you limiting your intake of liquids to no more than 4-6 glasses (8 oz. each) of fluid per day? (ALL liquids included – water, coffee, tea, soups, juices, milk, etc.)
Yes	No	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	No	Do you have any recent dizziness or lightheadedness?
N/A	N/A	What was your blood pressure the last time that you measured it? Do you remember what date it was taken? BP: _____/_____ (Date: ____/____/_____)
Yes	No	Are there any new barriers preventing you from taking your medications as prescribed? (e.g., transportation, cost, new side effects, etc.)
Obtain updates on patient goals, including, but not limited to: Diet: Exercise: Tobacco:		
Develop new patient goals:		

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Practice Example--CHF

***Appendix B**: Guide for Appropriate Heart Failure Therapy (Target doses based on 2017 ACC/AHA/HFSA Guidelines)*

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 revaluate 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 hacky 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.

ACEI	
Medication	Target Dose
Lisinopril	20 mg QD
Enalapril	10 mg BID
Ramipril	10 mg QD

ARB	
Medication	Target Dose
Losartan	150 mg QD
Valsartan	160 mg BID
Candesartan	32 mg QD

Beta-Blocker	
Medication	Target Dose
Metoprolol succinate	200 mg QD
Carvedilol	25 mg BID
Bisoprolol	10 mg QD

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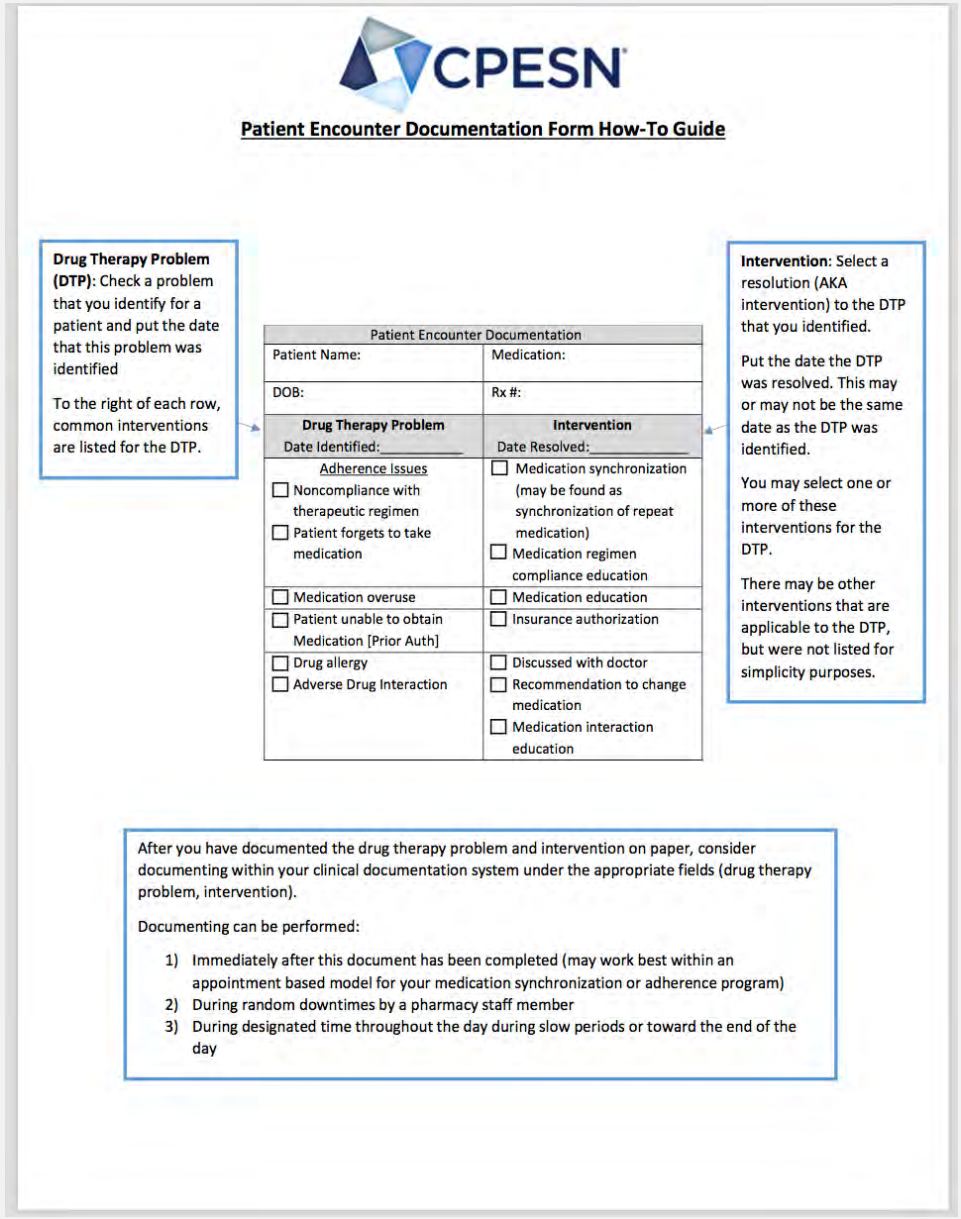
Intervention Forms



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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.

Patient Encounter Documentation	
Patient Name:	Medication:
DOB:	Rx #:
Drug Therapy Problem Date Identified:_____	**Intervention** Date Resolved:_____
Adherence Issues ☐ Noncompliance with therapeutic regimen ☐ Patient forgets to take medication	☐ Medication synchronization (may be found as synchronization of repeat medication) ☐ Medication regimen compliance education
☐ Medication overuse	☐ Medication education
☐ Patient unable to obtain Medication [Prior Auth]	☐ Insurance authorization
☐ Drug allergy ☐ Adverse Drug Interaction	☐ Discussed with doctor ☐ Recommendation to change medication ☐ Medication interaction education

Intervention: Select a resolution (AKA 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.

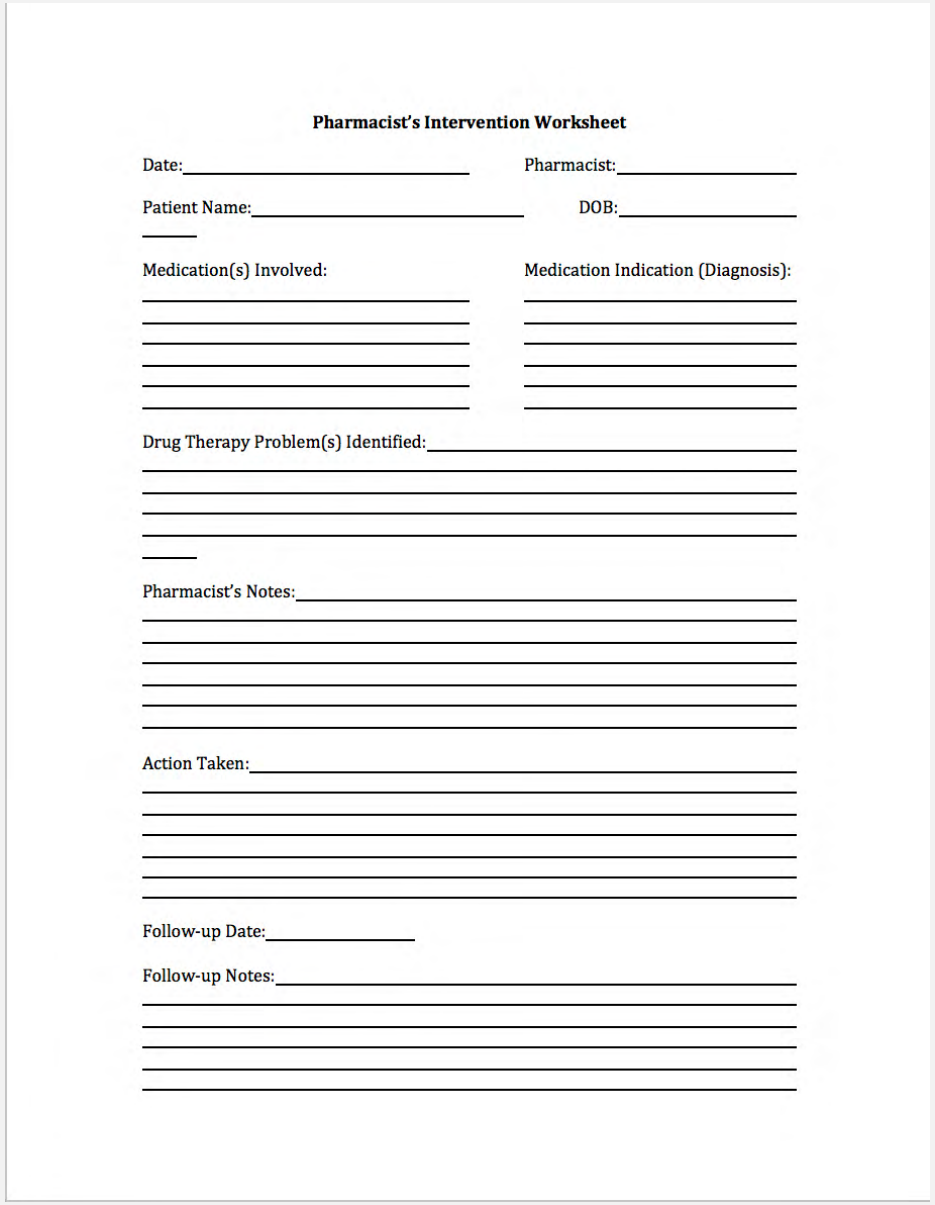
You may select one or more of these interventions for the DTP.

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

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).

Documenting can be performed:

1) Immediately after this document has been completed (may work best within an appointment based model for your medication synchronization or adherence program)
2) During random downtimes by a pharmacy staff member
3) During designated time throughout the day during slow periods or toward the end of the day



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:_____

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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, nonthreatening manner to prescribers.

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Questions?

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

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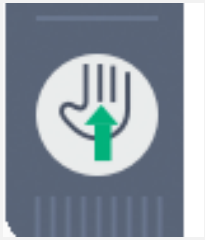
Webinar 4 : *Documenting Patient Care*

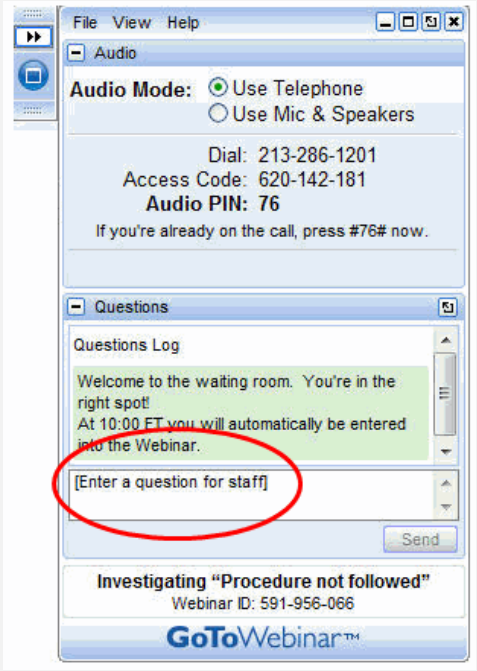
NETIPC PRACTICE TRANSFORMATION

June 28, 2019

CPF Grant #217 - CPESN / Local ACO Pharmacy Transformation Project (June - August 2019). Training Materials.

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)

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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.

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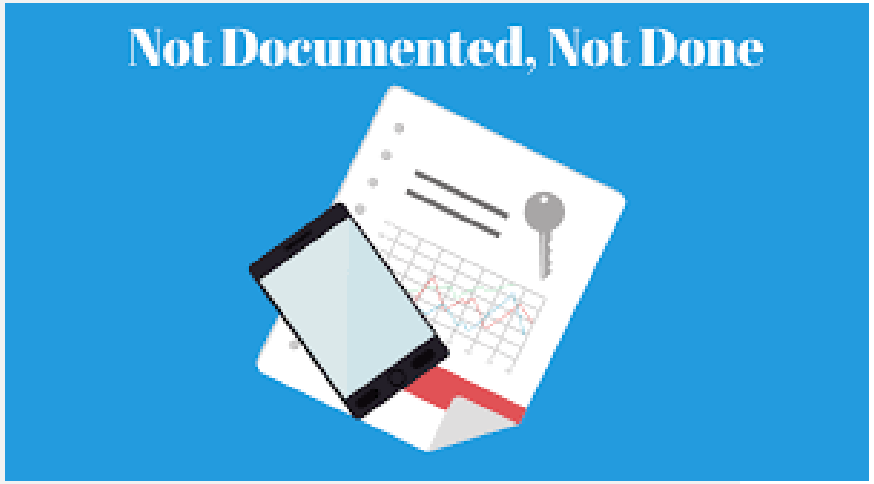
Documentation

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

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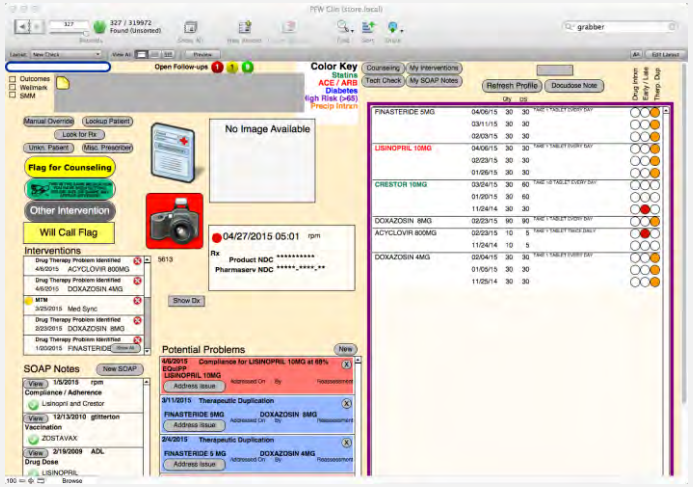
Review: Practice Changes needed to Optimize Patient Care

- 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

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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

J Am Pharm Assoc. 2003;43:41–9.

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)

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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

J Am Pharm Assoc. 2003;43:41–9.

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3. Patient Encounter & Plan: SOAP Note

- **S**ubjective, **O**bjective, **A**ssessment, **P**lan
- Standardized format to document patient encounter
- Used and understood by other providers
- Should be accurate, clear, and concise

TOWNCREST PHARMACY
2306 Muscatine Avenue
Iowa City, IA 52240
Phone (319) 337-3526
Fax (319) 337-5271

Pharmaceutical Case Management Assessment Communication Form

Physician: Fax: Medicaid#:
☒ Initial ☐ Follow-up ☐ New Problem ☐ Preventative ☐ Other
Patient Name: Medicaid#:
Birthdate: Sex:

Pharmacist: Randy P. McDonough, Pharm.D., M.S., CGP, BCPS Date:

Subjective Findings:

Objective Findings:
See attached medication list

Assessment/Plan:

Recommended Pharmacist Follow-up Assessment: ☒ 4 weeks ☐ 8 Weeks ☐ 6 months ☐ Other: 12 weeks
Pharmacist Signature: Date:

☐ I agree with the above recommendations:
☐ Proposed modified plan:

Physician Signature: Date:

This form will serve as a 30 day prescription if recommendations are accepted by the physician.
Information on this fax is confidential. If received in error please call 319-337-3526 or Fax to: 319-337-5271

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

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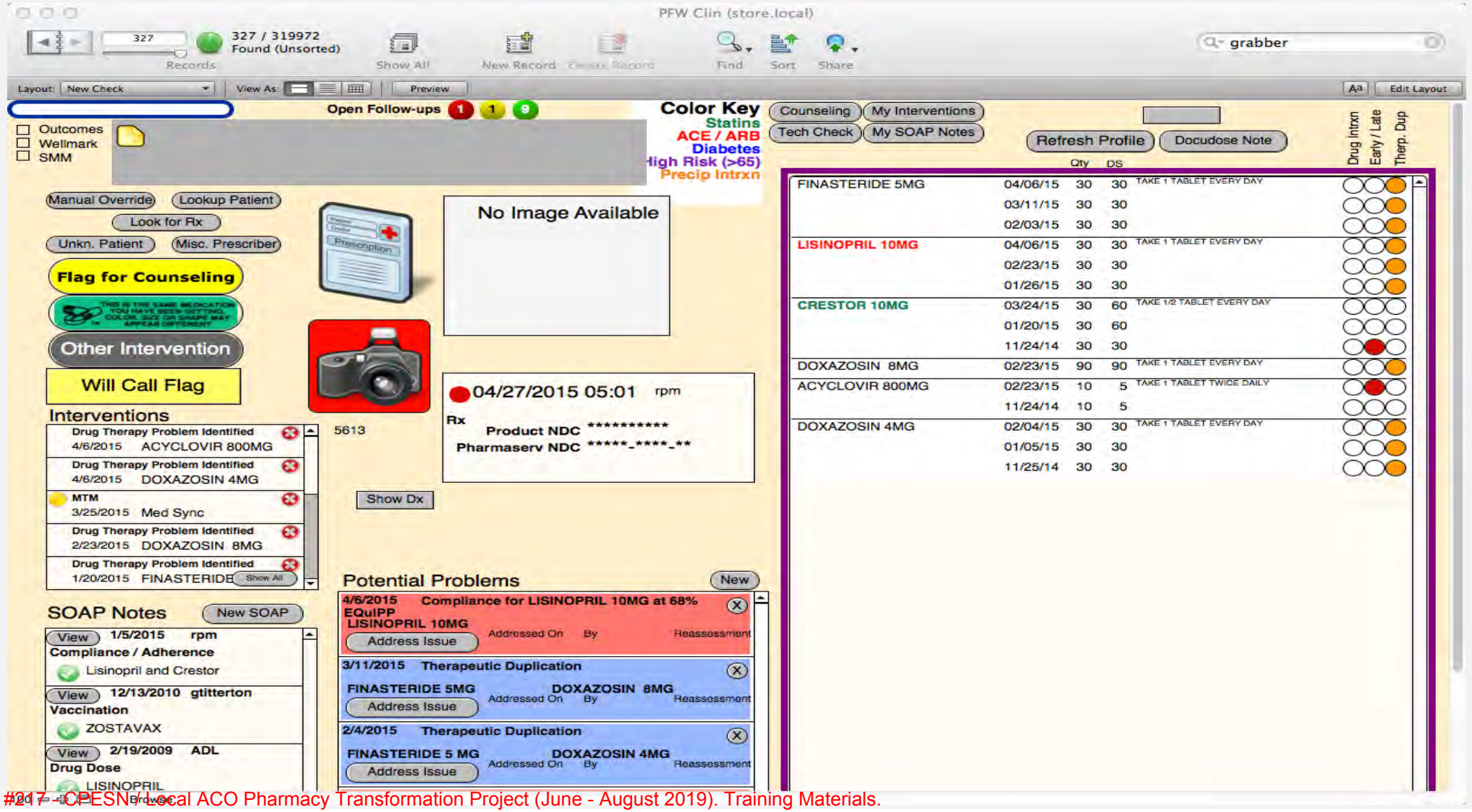
Prescriber Communication: Responses

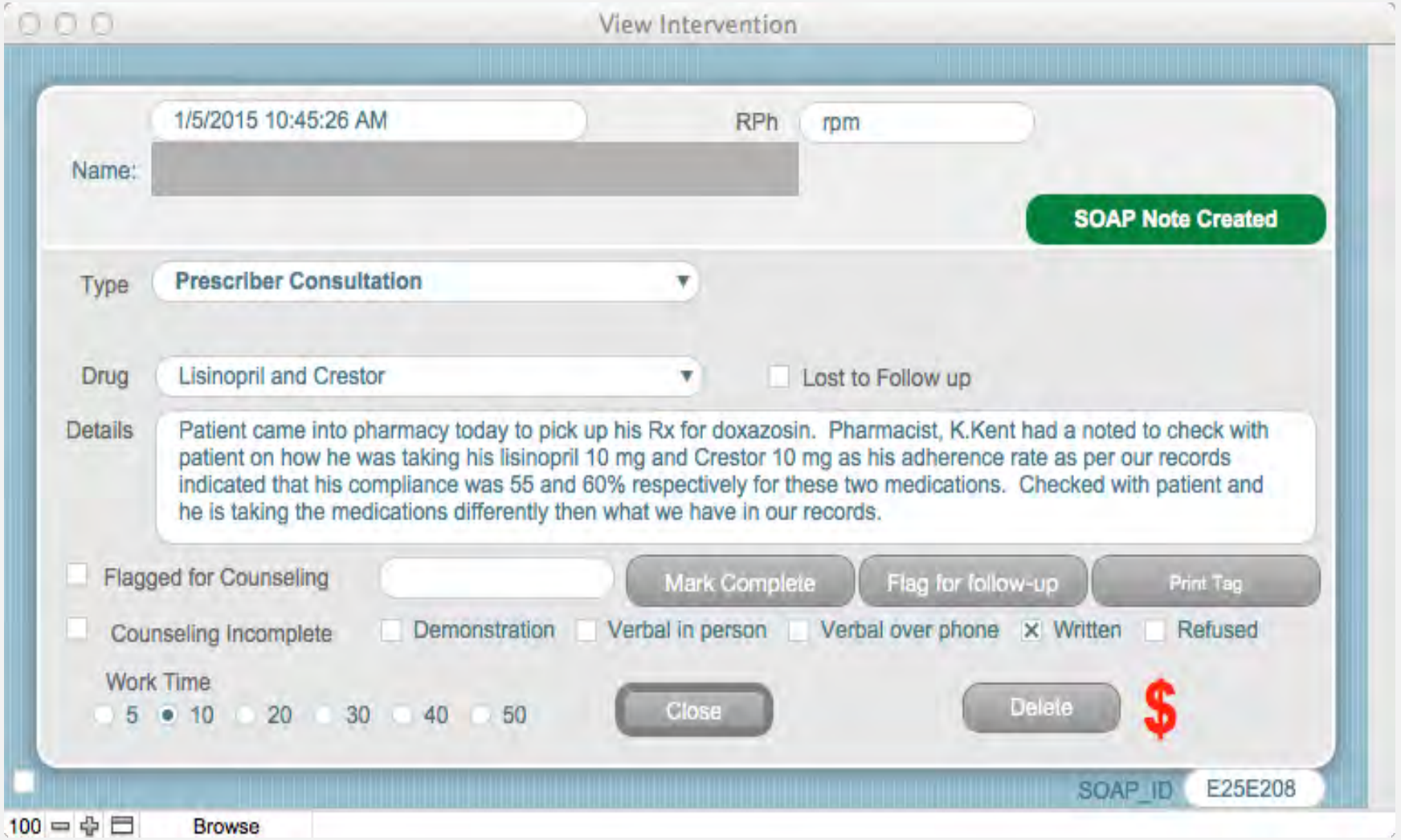
- Request an answer from the prescriber
- Pharmacists follow-through with the "intervention" once feedback/response is received from prescriber
- Keep prescriber response in patient chart

CASES

Case Example-Adherence



Case Example-Adherence



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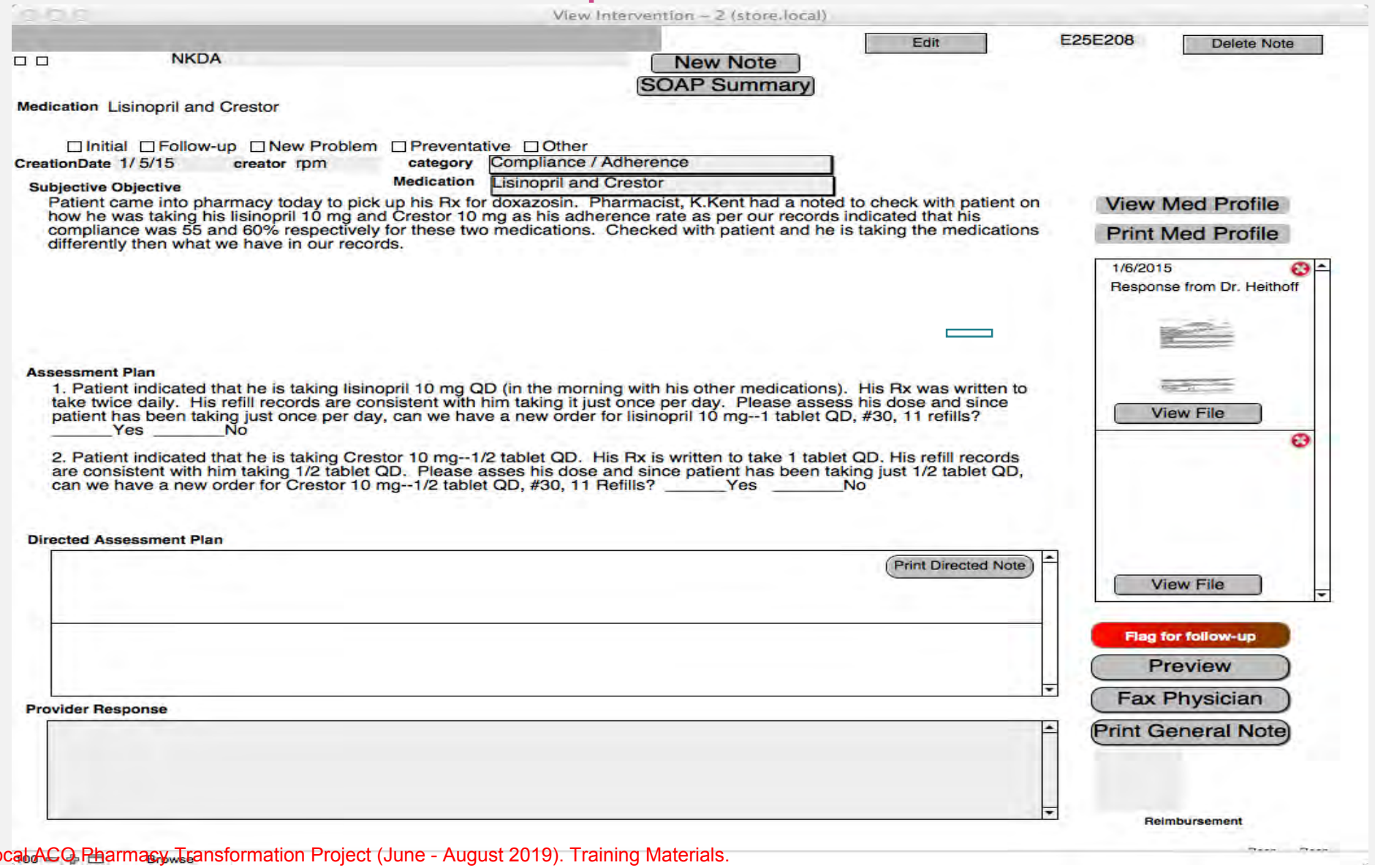
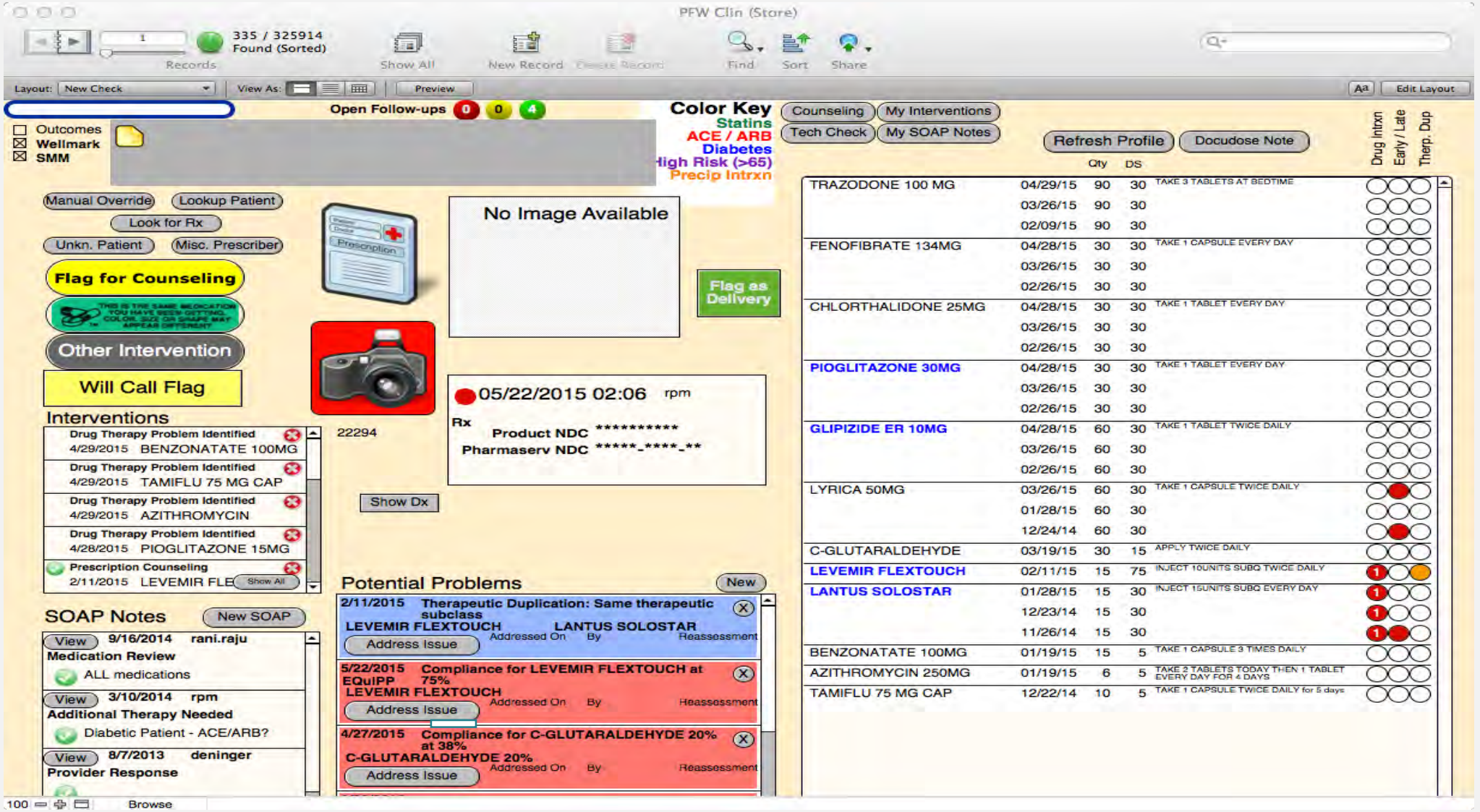
Case Example-Adherence



Case Example-ADR Prevention



Case Example-ADR Prevention

Towncrest Pharmacy
2306 Muscatine Ave Iowa City, IA 52240
Phone: (319) 337-3526 **Fax:** (319) 337-5271

Patient Name

Provider _____ **Fax** _____

☐ Initial ☐ Follow-up ☐ New Problem ☐ Preventative ☐ Other

Pharmacists Rani Raju, Pharm.D.

Subjective / Objective Findings

MG is a 58 year old male patient of Towncrest pharmacy. MG presented for a medication review to enroll in Simplify My Meds program to help with adherence/compliance. MG brought in a copy of recent labs that showed elevated A1c and trigylcerides.

PMH: DM II, h/o pancreatitis, h/o kidney stones
Diabetes Management: MG is frustrated with elevated blood sugars and is motivated to getting his diabetes 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.

Objective:
TC: 202 mg/dL HDL: 28 mg/dL Calculated LDL Trig: 854 mg/dL
A1c: 9.8%
Fasting BG: 222 mg/dL

Assessment / Plan:

1) Post-marketing studies have shown Victoza to cause pancreatitis and because of MG's history of pancreatitis and currently elevated Triglyceride levels, we may need to consider alternate diabetic therapy. I recommend discontinuing Victoza in this patient.
Discontinue Victoza Inject 0.6mg daily
Yes _____ Not Indicated _____

2) Diabetes Managment - MG is not at goal A1c of < 7%. Recently, Pioglitazone was increased to 30mg daily to help control blood sugars. MG is also on Glipizide ER 10mg twice daily and Lantus 10 units daily. MG was counseled and educated on each medication's importance and proper administration, including discarding Lantus Solostar Pens every 28 days after opening. To help control his blood sugars and if his Victoza is discontinued, can we increase his 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, may we 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/ACCA guidelines recommend treating triglycerides above >500mg/dL by achieving good glycemic control and with Omega-3 fatty acids. Currently, MG's hypertriglyceridemia is being treated with Fenofibrate 134mg daily. Can we start him on OTC Omega-3 fatty to help lower triglycerides?
OrthoOmega (contains 950mg Omega-3 per Cap) 1 cap twice daily #60 with 6 refills
Yes _____ Not Indicated _____

4) Pharmacy needs updated directions on Trazodone to reflect current administration. May we have an order for:
Trazodone 100mg Tab Take 3 tabs by mouth at bedtime #90 with 3 refills
Yes _____ Not Indicated _____

To keep our patient's 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

Pharmacists Signature _____ **CreationDate** 09/16/14

☐ I agree with the above recommendations:
☐ Proposed modified plan:

Provider Signature _____ **Date** _____

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Gaps in therapy

Towncrest Pharmacy
2306 Muscatine Ave Iowa City, IA 52240
Phone: (319) 337-3526 **Fax:** (319) 337-5271

Patient Name **SEX** M **BIRTHDATE**

Provider _____ **Fax** _____

☐ Initial ☐ Follow-up ☐ New Problem ☐ Preventative ☐ Other

Pharmacists Randy McDonough, Pharm. D.

Subjective / Objective Findings

Reviewed MG's medication profile. He has a diagnosis of diabetes and he does take chlorthalidone. It may be appropriate to initiate an ACEI or ARB.

Assessment / Plan

1. Follow up with patient when he picks up his refills to see if he has ever tried an ACEI or ARB.
2. Follow up with physician to see if pt has been tried on ACEI or ARB or if he is a candidate.

3/11/14
DK spoke with MG regarding blood pressure and use of chlorthalidone. MG does not have high blood pressure, he actually has low blood pressure. Chlorthalidone is prescribed by Dr. James McCoy who is a urologist. MG has had issues with high salt levels and kidney stones. The chlorthalidone is most likely prescribed to help with kidney stones, therefore is not appropriate at this time for MG to be on an ACEI or ARB. Of note, MG was on lisinopril from Nov 2005 to Aug 2006. MG was unsure why he was taking this medication at this time.

To keep our patient's 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

Pharmacists Signature _____ **CreationDate** 03/10/14

☐ I agree with the above recommendations:
☐ Proposed modified plan:
Provider Signature _____ **Date** _____

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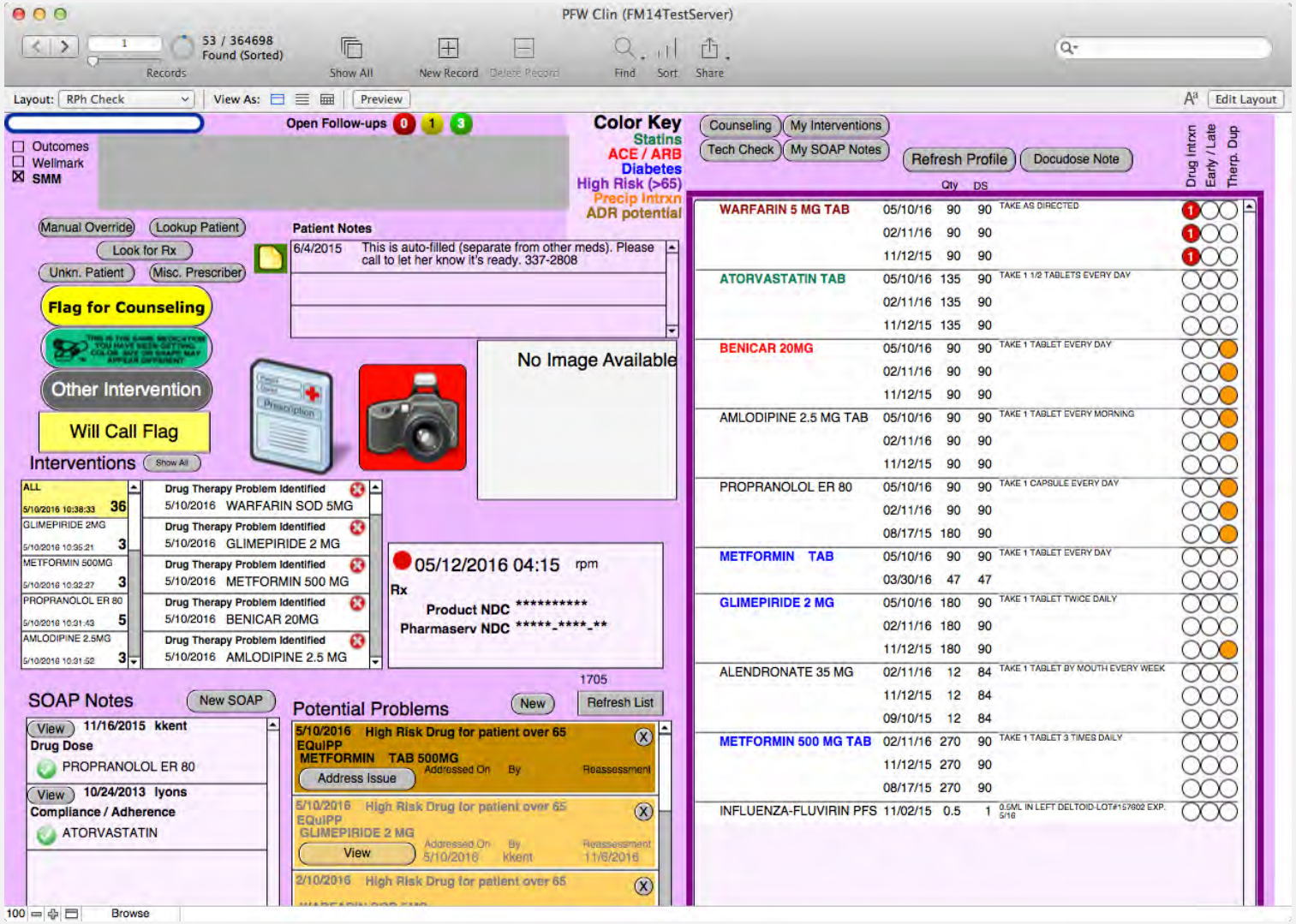
Med Sync with High Risk Medication



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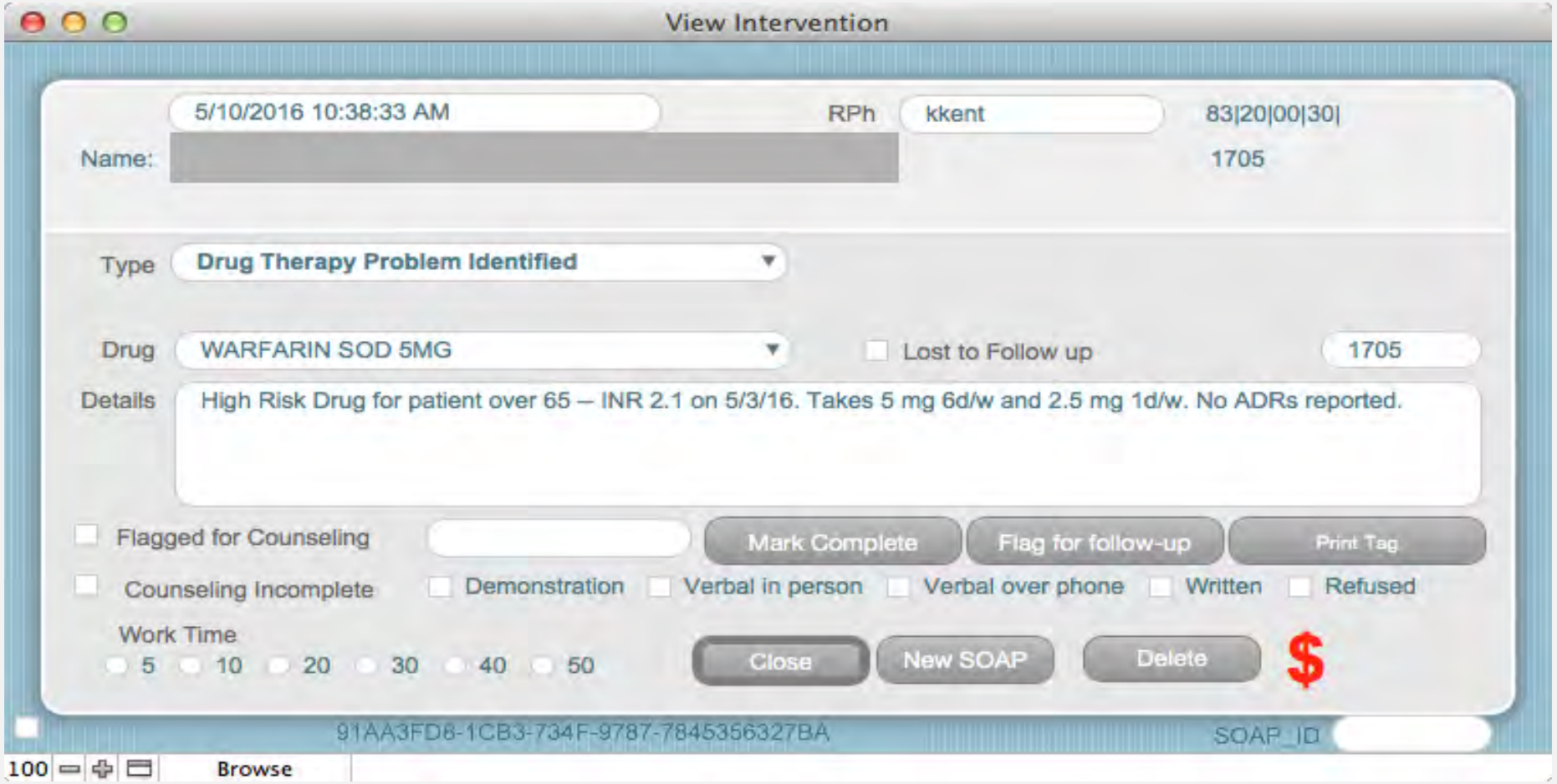
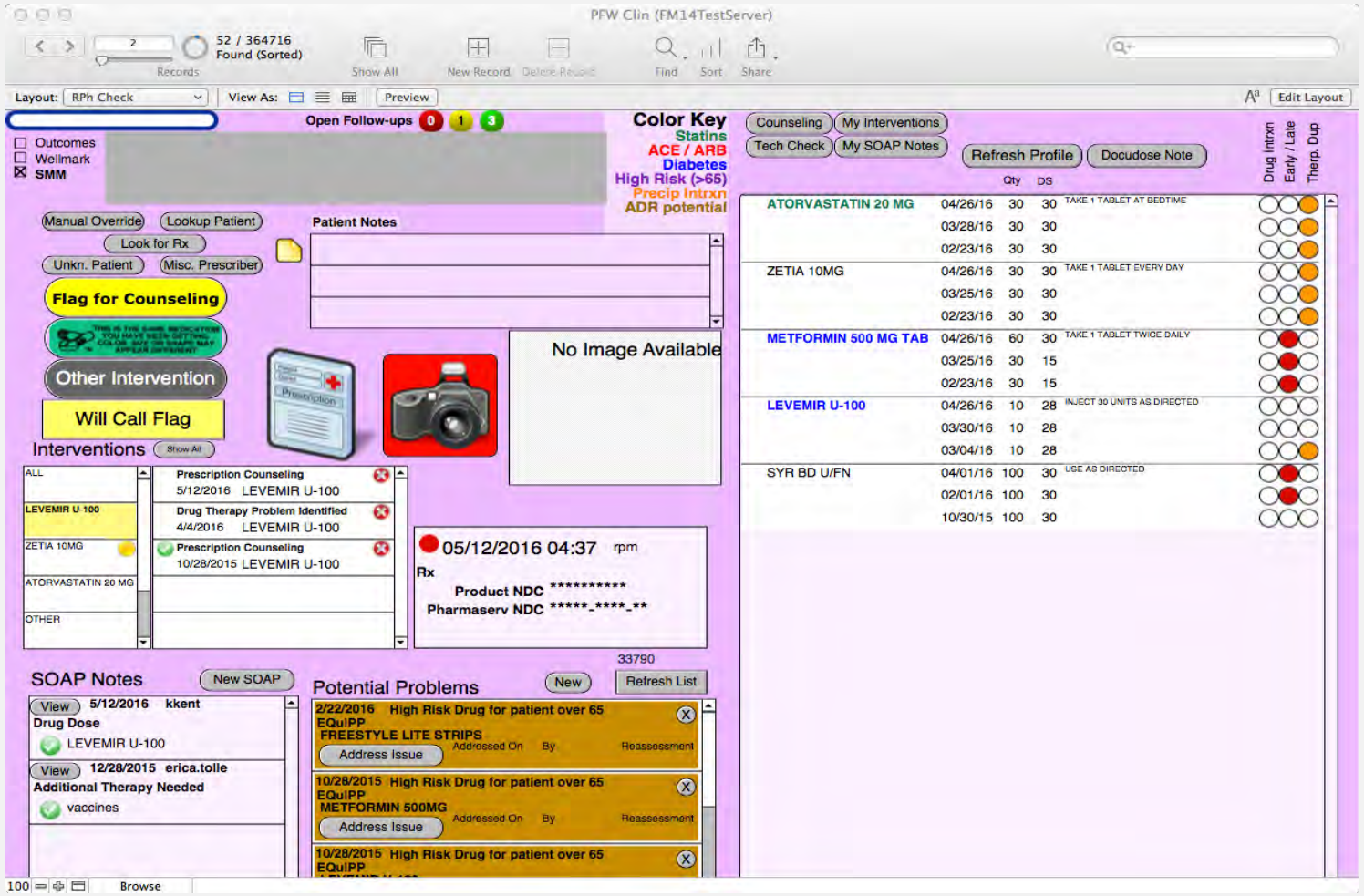
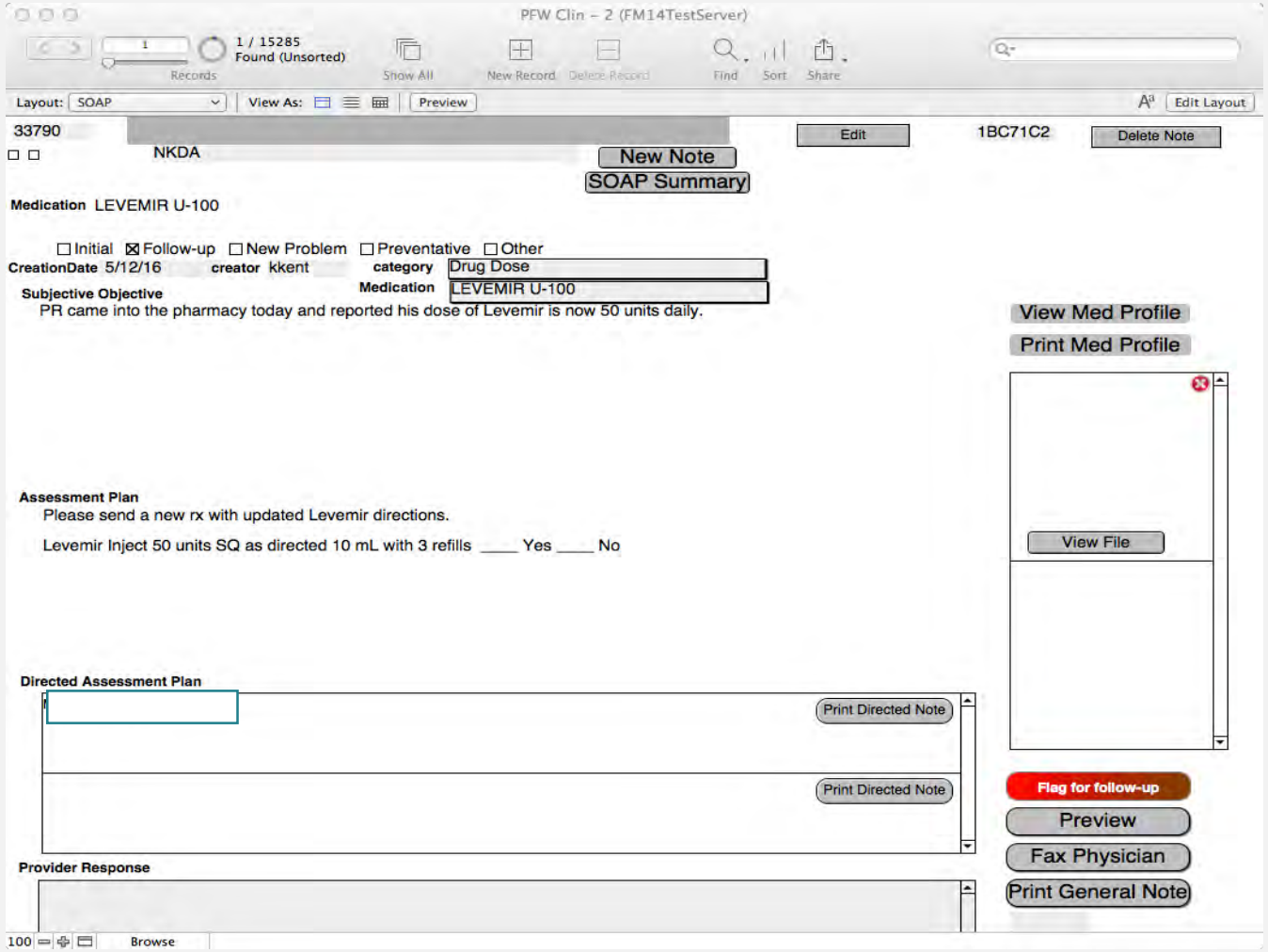
Med Sync High Risk Pharmacist Note



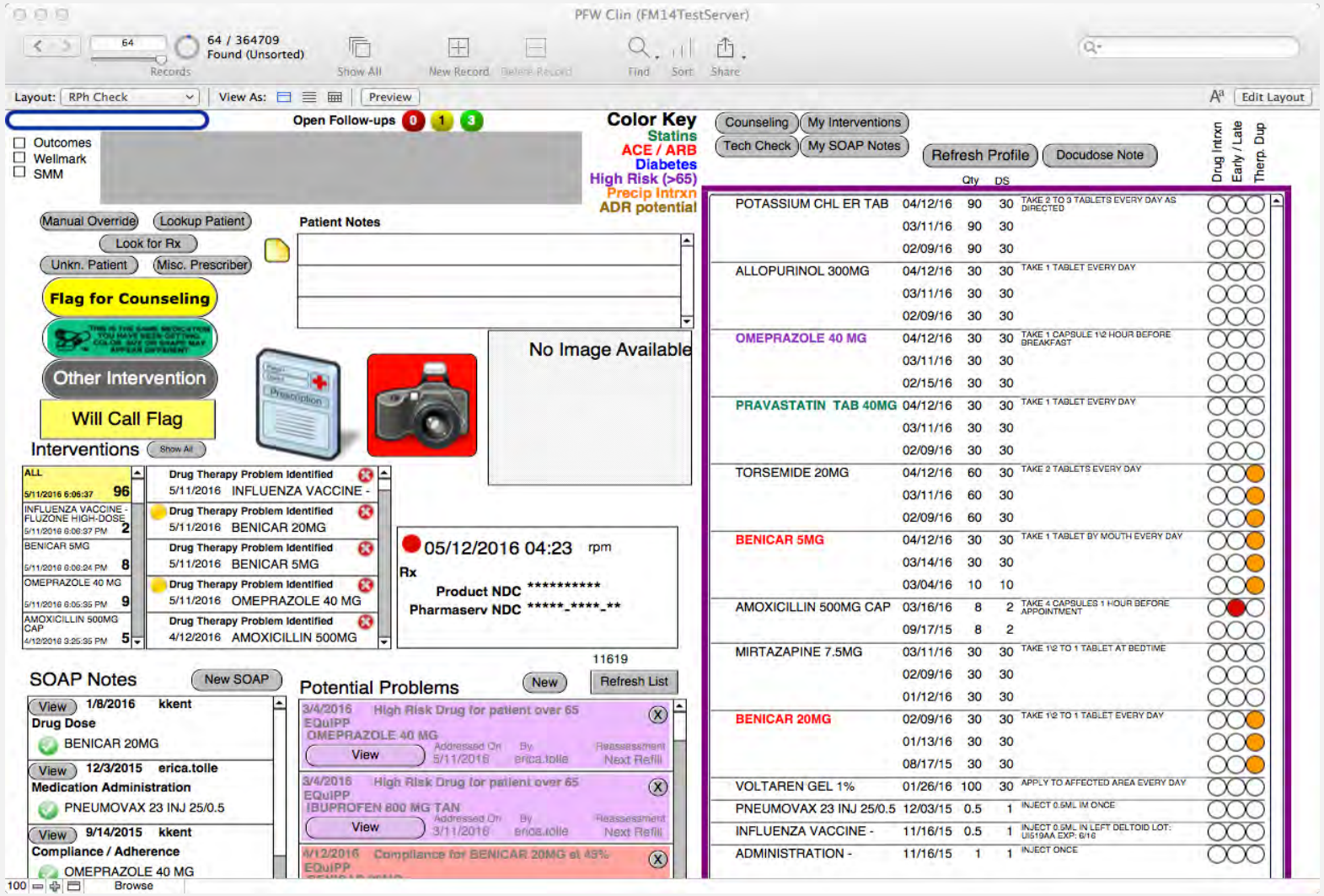
Med Sync Medication Dosage Verification



Med Sync Medication Dosage Verification Intervention



Med Sync Medication Cost Considerations



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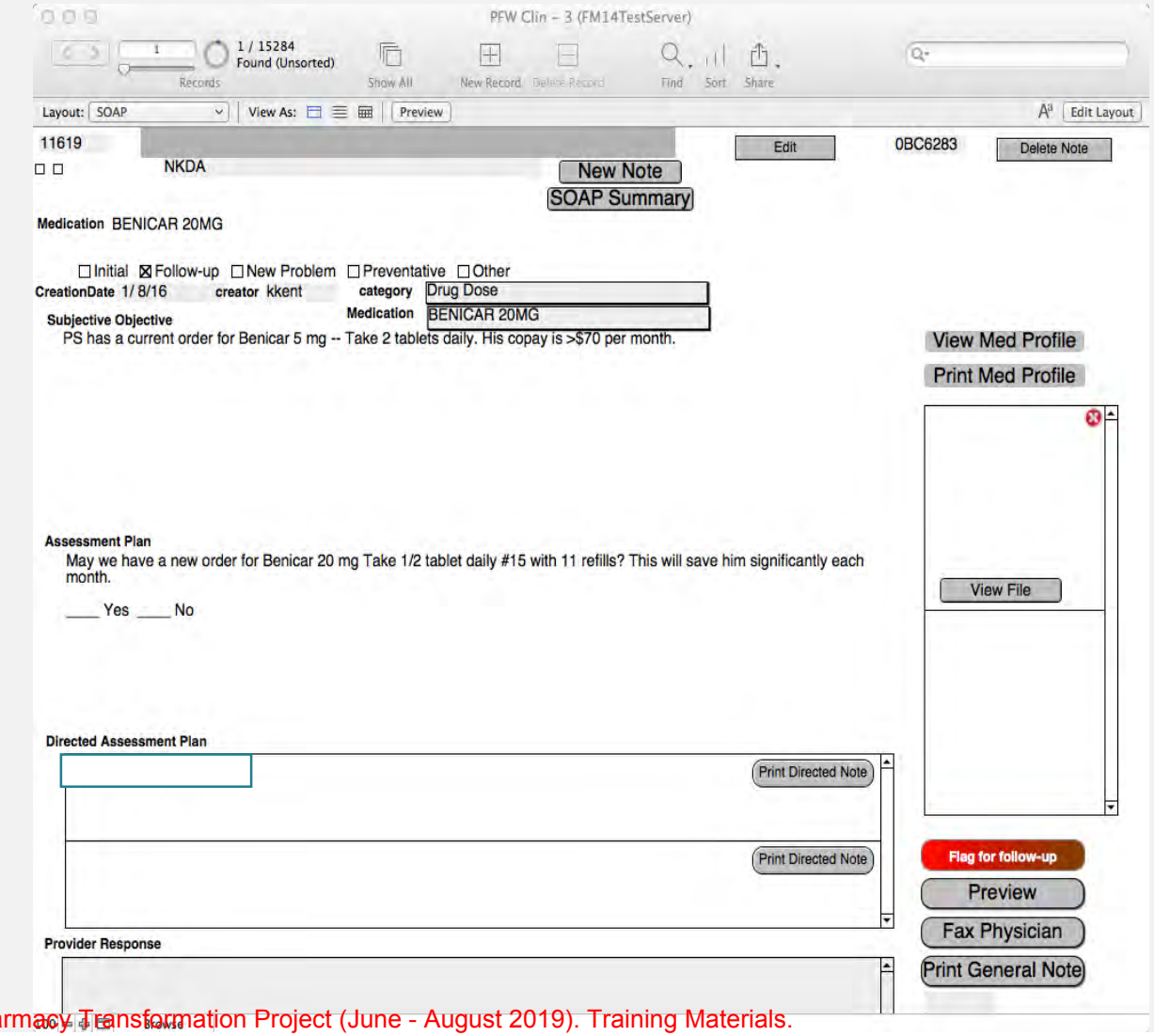
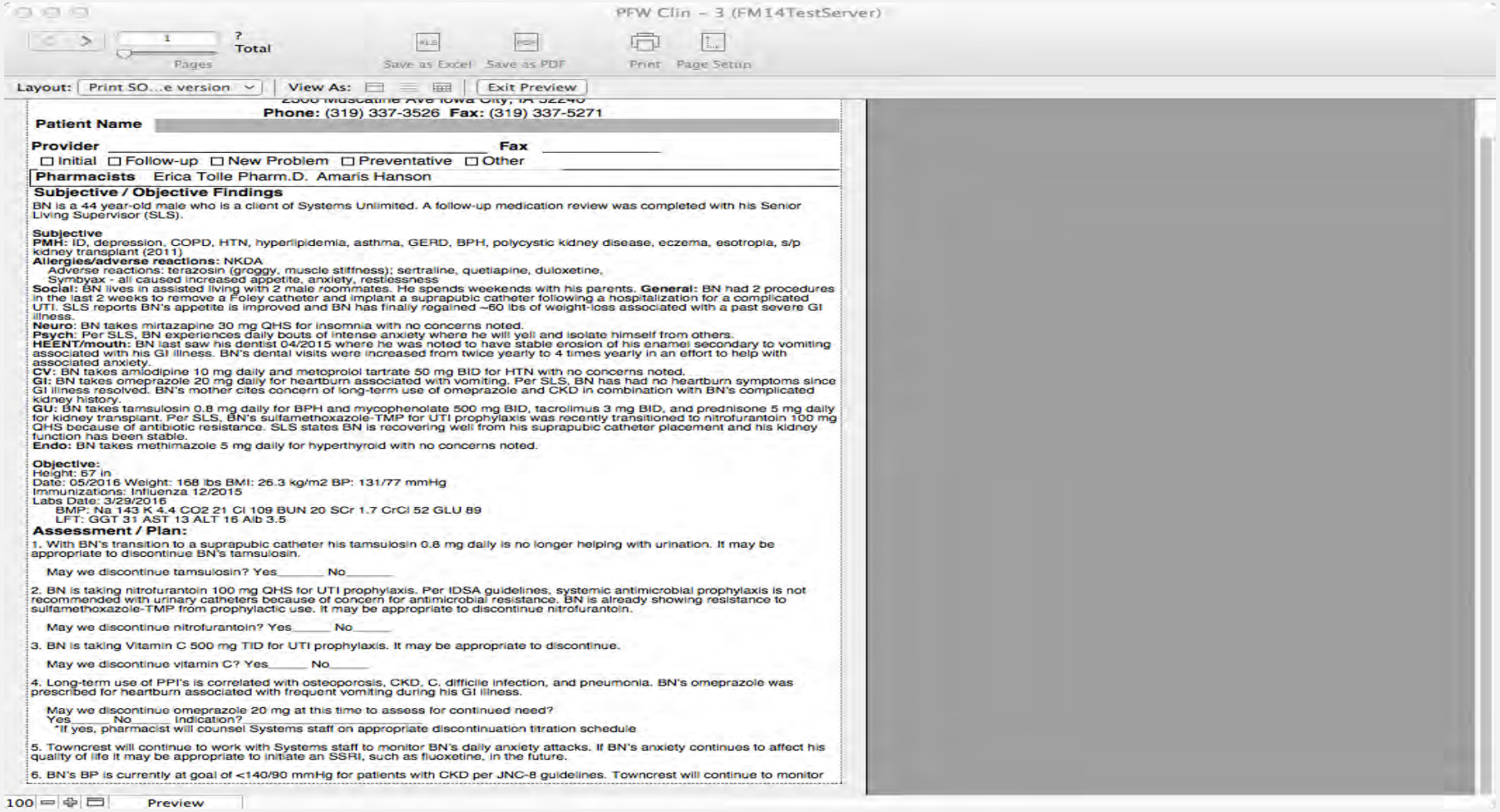
Med Sync Medication Cost Considerations



Comprehensive Medication Reviews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2500 Muscatine Ave Iowa City, IA 52240
Phone: (319) 337-3526 **Fax:** (319) 337-5271

Patient Name

Provider _____ **Fax** _____

☐ Initial ☐ Follow-up ☐ New Problem ☐ Preventative ☐ Other

Pharmacists Erica Tolle Pharm.D. Amaris Hanson

Subjective / Objective Findings

BN is a 44 year-old male who is a client of Systems Unlimited. A follow-up medication review was completed with his Senior Living Supervisor (SLS).

Subjective
PMH: ID, depression, COPD, HTN, hyperlipidemia, asthma, GERD, BPH, polycystic kidney disease, eczema, esotropia, s/p kidney transplant (2011)
Allergies/adverse reactions: NKDA
Adverse reactions: terazosin (groggy, muscle stiffness); sertraline, quetiapine, duloxetine, Symbyax - all caused increased appetite, anxiety, restlessness
Social: BN lives in assisted living with 2 male roommates. He spends weekends with his parents. **General:** BN had 2 procedures in the last 2 weeks to remove a Foley catheter and implant a suprapubic catheter following a hospitalization for a complicated UTI. SLS reports BN's appetite is improved and BN has finally regained ~60 lbs of weight-loss associated with a past severe GI illness.
Neuro: BN takes mirtazapine 30 mg QHS for insomnia with no concerns noted.
Psych: Per SLS, BN experiences daily bouts of intense anxiety where he will yell and isolate himself from others.
HEENT/mouth: BN last saw his dentist 04/2015 where he was noted to have stable erosion of his enamel secondary to vomiting associated with his GI illness. BN's dental visits were increased from twice yearly to 4 times yearly in an effort to help with associated anxiety.
CV: BN takes amlodipine 10 mg daily and metoprolol tartrate 50 mg BID for HTN with no concerns noted.
GI: BN takes omeprazole 20 mg daily for heartburn associated with vomiting. Per SLS, BN has had no heartburn symptoms since GI illness resolved. BN's mother cites concern of long-term use of omeprazole and CKD in combination with BN's complicated kidney history.
GU: BN takes tamsulosin 0.8 mg daily for BPH and mycophenolate 500 mg BID, tacrolimus 3 mg BID, and prednisone 5 mg daily for kidney transplant. Per SLS, BN's sulfamethoxazole-TMP for UTI prophylaxis was recently transitioned to nitrofurantoin 100 mg QHS because of antibiotic resistance. SLS states BN is recovering well from his suprapubic catheter placement and his kidney function has been stable.
Endo: BN takes methimazole 5 mg daily for hyperthyroid with no concerns noted.

Objective:
Height: 67 in
Date: 05/2016 Weight: 168 lbs BMI: 26.3 kg/m2 BP: 131/77 mmHg
Immunizations: Influenza 12/2015
Labs Date: 3/29/2016
BMP: Na 143 K 4.4 CO2 21 Cl 109 BUN 20 SCr 1.7 CrCl 52 GLU 89
LFT: GGT 31 AST 13 ALT 16 Alb 3.5

Assessment / Plan:

1. With BN's transition to a suprapubic catheter his tamsulosin 0.8 mg daily is no longer helping with urination. It may be appropriate to discontinue BN's tamsulosin.

   May we discontinue tamsulosin? Yes_____ No_____

2. BN is taking nitrofurantoin 100 mg QHS for UTI prophylaxis. Per IDSA guidelines, systemic antimicrobial prophylaxis is not recommended with urinary catheters because of concern for antimicrobial resistance. BN is already showing resistance to sulfamethoxazole-TMP from prophylactic use. It may be appropriate to discontinue nitrofurantoin.

   May we discontinue nitrofurantoin? Yes_____ No_____

3. BN is taking Vitamin C 500 mg TID for UTI prophylaxis. It may be appropriate to discontinue.

   May we discontinue vitamin C? Yes_____ No_____

4. Long-term use of PPI's is correlated with osteoporosis, CKD, C. difficile infection, and pneumonia. BN's omeprazole was prescribed for heartburn associated with frequent vomiting during his GI illness.

   May we discontinue omeprazole 20 mg at this time to assess for continued need?
   Yes_____ No_____ Indication?
   *If yes, pharmacist will counsel Systems staff on appropriate discontinuation titration schedule

5. Towncrest will continue to work with Systems staff to monitor BN's daily anxiety attacks. If BN's anxiety continues to affect his quality of life it may be appropriate to initiate an SSRI, such as fluoxetine, in the future.

6. BN's BP is currently at goal of <140/90 mmHg for patients with CKD per JNC-8 guidelines. Towncrest will continue to monitor

100 Preview

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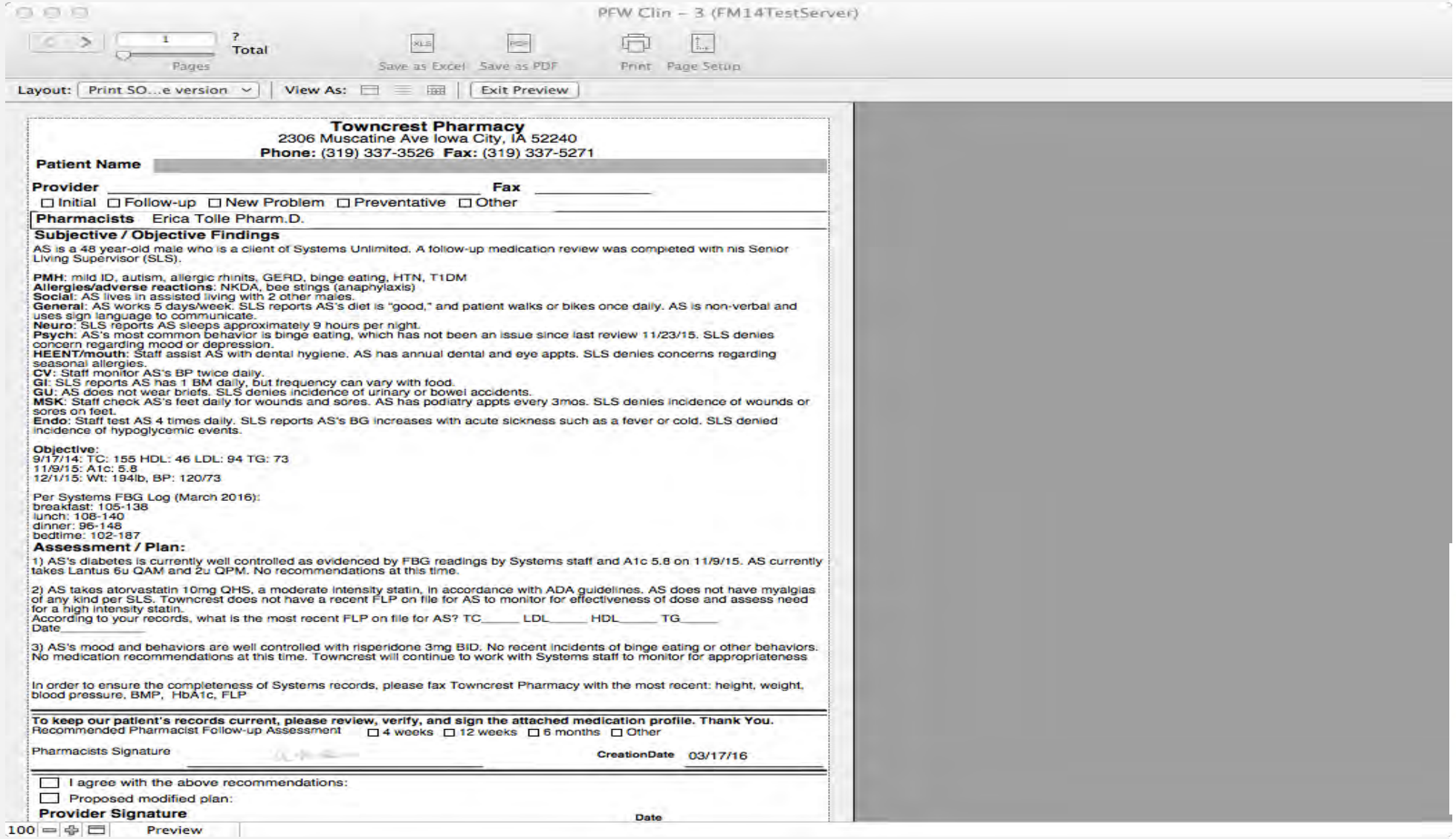
Comprehensive Medication Reviews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Towncrest Pharmacy
2306 Muscatine Ave Iowa City, IA 52240
Phone: (319) 337-3526 **Fax:** (319) 337-5271

Patient Name

Provider _____ **Fax** _____

☐ Initial ☐ Follow-up ☐ New Problem ☐ Preventative ☐ Other

Pharmacists Erica Tolle Pharm.D.

Subjective / Objective Findings

AS is a 48 year-old male who is a client of Systems Unlimited. A follow-up medication review was completed with his Senior Living Supervisor (SLS).

PMH: mild ID, autism, allergic rhinits, GERD, binge eating, HTN, T1DM
Allergies/adverse reactions: NKDA, bee stings (anaphylaxis)
Social: AS lives in assisted living with 2 other males.
General: AS works 5 days/week. SLS reports AS's diet is "good," and patient walks or bikes once daily. AS is non-verbal and uses sign language to communicate.
Neuro: SLS reports AS sleeps approximately 9 hours per night.
Psych: AS's most common behavior is binge eating, which has not been an issue since last review 11/23/15. SLS denies concern regarding mood or depression.
HEENT/mouth: Staff assist AS with dental hygiene. AS has annual dental and eye appts. SLS denies concerns regarding seasonal allergies.
CV: Staff monitor AS's BP twice daily.
GI: SLS reports AS has 1 BM daily, but frequency can vary with food.
GU: AS does not wear briefs. SLS denies incidence of urinary or bowel accidents.
MSK: Staff check AS's feet daily for wounds and sores. AS has podiatry appts every 3mos. SLS denies incidence of wounds or sores on feet.
Endo: Staff test AS 4 times daily. SLS reports AS's BG increases with acute sickness such as a fever or cold. SLS denied incidence of hypoglycemic events.

Objective:
9/17/14: TC: 155 HDL: 46 LDL: 94 TG: 73
11/9/15: A1c: 5.8
12/1/15: Wt: 194lb, BP: 120/73

Per Systems FBG Log (March 2016):
breakfast: 105-138
lunch: 108-140
dinner: 96-148
bedtime: 102-187

Assessment / Plan:

1) AS's diabetes is currently well controlled as evidenced by FBG readings by Systems staff and A1c 5.8 on 11/9/15. AS currently takes Lantus 6u QAM and 2u QPM. No recommendations at this time.

2) AS takes atorvastatin 10mg QHS, a moderate intensity statin, in accordance with ADA guidelines. AS does not have myalgias of any kind per SLS. Towncrest does not have a recent FLP on file for AS to monitor for effectiveness of dose and assess need for a high intensity statin.
According to your records, what is the most recent FLP on file for AS? TC_____ LDL_____ HDL_____ TG_____
Date_____

3) AS's mood and behaviors are well controlled with risperidone 3mg BID. No recent incidents of binge eating or other behaviors. No medication recommendations at this time. Towncrest will continue to work with Systems staff to monitor for appropriateness

In order to ensure the completeness of Systems records, please fax Towncrest Pharmacy with the most recent: height, weight, blood pressure, BMP, HbA1c, FLP

To keep our patient's 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

Pharmacists Signature _____ **CreationDate** 03/17/16

☐ I agree with the above recommendations:
☐ Proposed modified plan:

Provider Signature _____ **Date**

100 Preview

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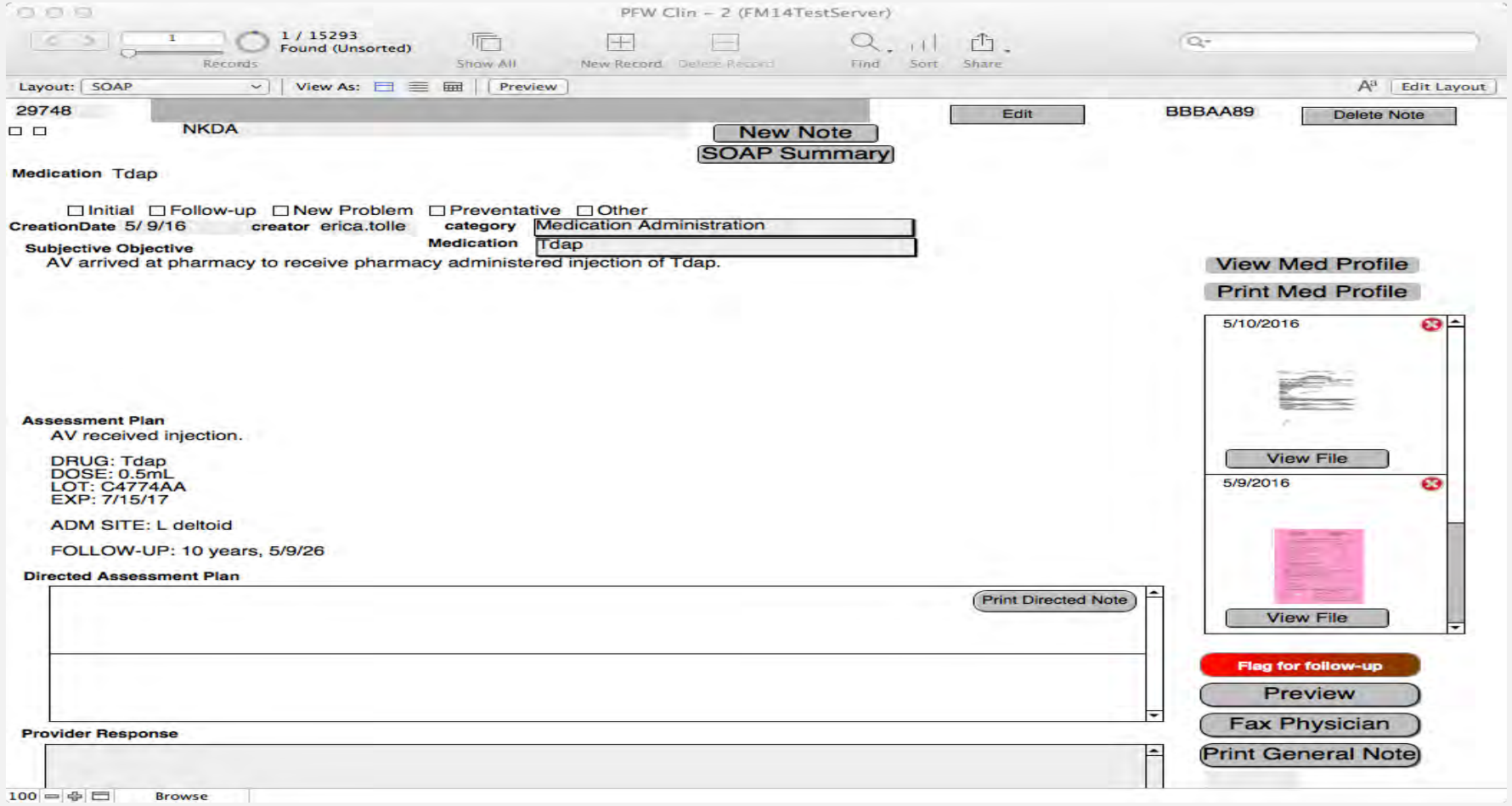
Comprehensive Medication Reviews - Immunizations



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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

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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

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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

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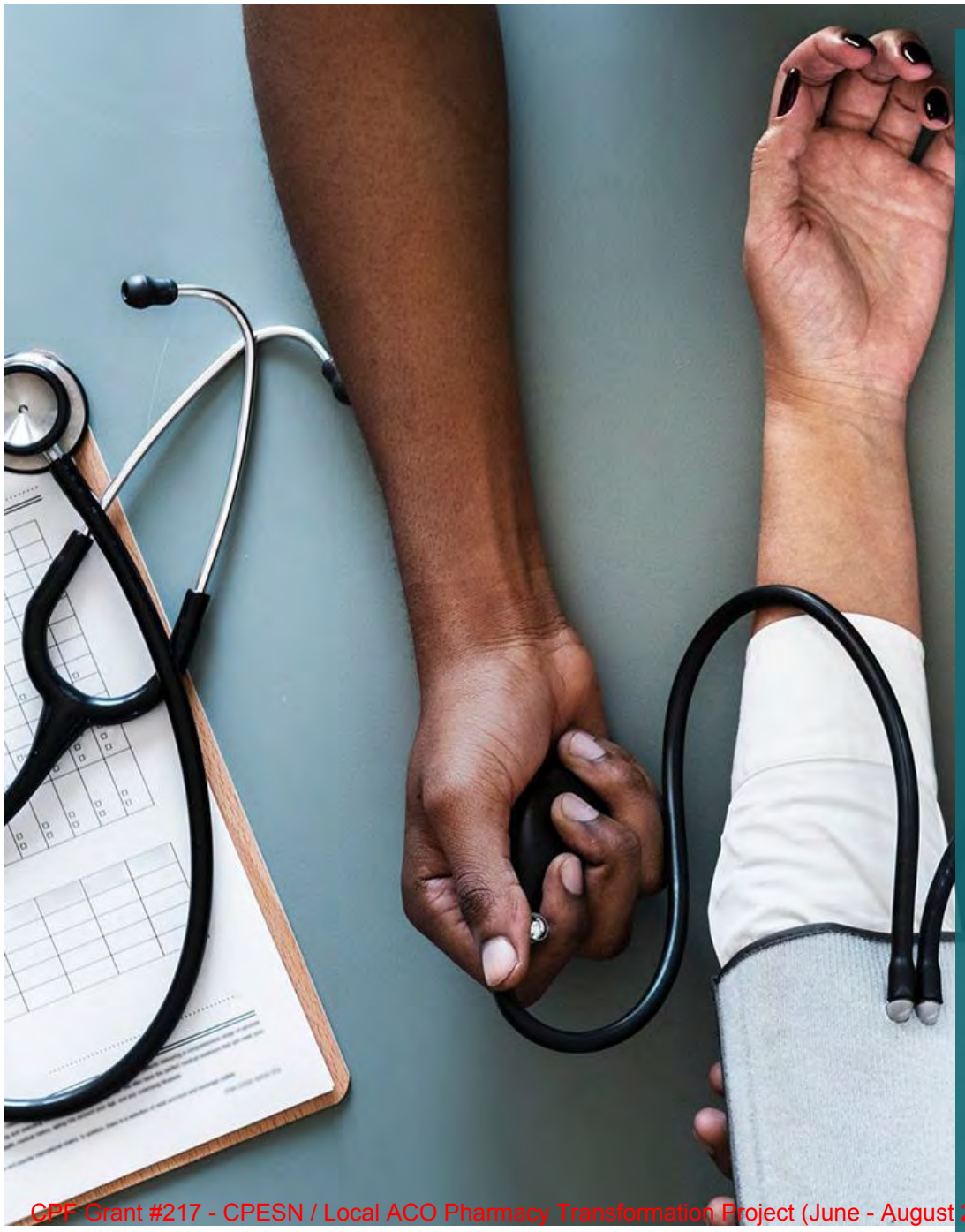
Conclusion

- 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)



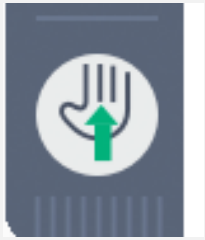
Webinar 5 : *Project Update*

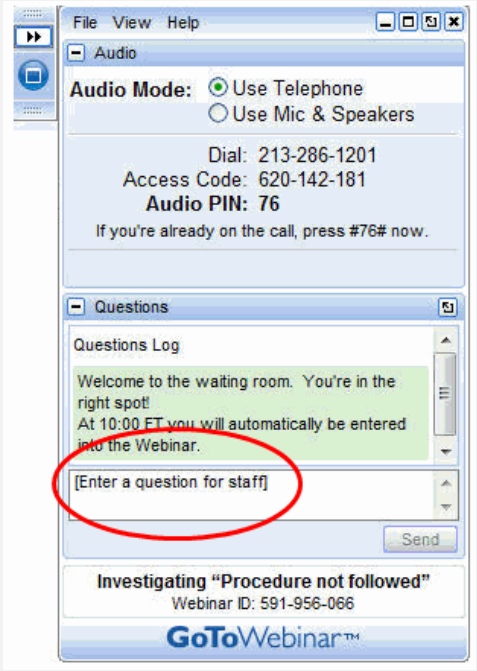
NETIPC PRACTICE TRANSFORMATION

July 12, 2019

CPF Grant #217 - CPESN / Local ACO Pharmacy Transformation Project (June - August 2019). Training Materials.

Chat or Raise Hand
for Comments and Questions





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Today's Speakers

Randy McDonough, PharmD

Practice Transformation Coordinator/Expert

Towncrest Pharmacy

Jessica Robinson, PharmD

Practice Transformation Coach

UNC Eshelman School of Pharmacy

Cody Clifton, PharmD

Coordinator of Quality Assurance and Best Practices

CPESN-USA

Rebecca Wagers, CPhT

Network Facilitator; Project Coordinator

CPESN-NETIPC

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 (flipthepharmacy)
- 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

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- 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

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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

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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
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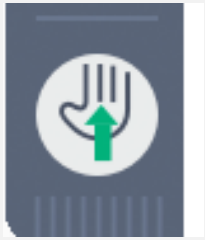
Webinar 6 : *How to be Successful in Practice Transformation*

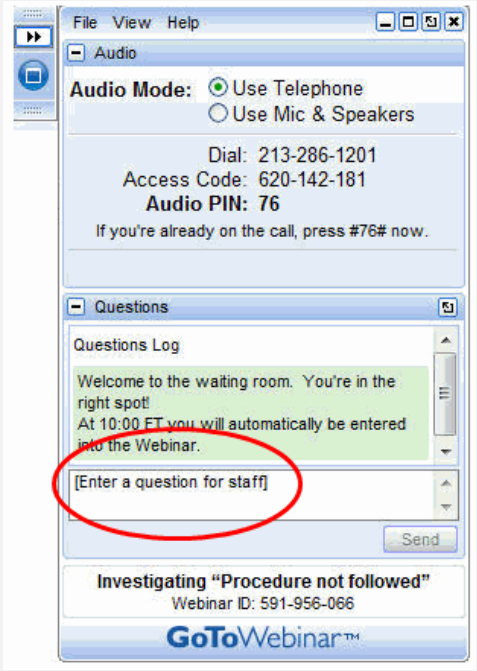
NETIPC PRACTICE TRANSFORMATION

July 19, 2019

CPF Grant #217 - CPESN / Local ACO Pharmacy Transformation Project (June - August 2019). Training Materials.

Chat or Raise Hand
for Comments and Questions





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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

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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

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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

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Changing Our Mindsets

"Transforming our practices requires us to transform how we view them"

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

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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?

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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

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Strategic Planning Process

1. Determine mission
1. Situational Assessment
   - SWOT analysis
   - Internal/External evaluation
2. Establish goals and objectives
3. Developing the business plan
4. Implement plan and evaluate results

Example: Towncrest Pharmacy SWOT Analysis

Strengths	**Weaknesses**
Clinical expertise of pharmacists Diverse service offerings Developed processes for patient care services High service image Solid financial condition	Workflow issues Teamwork issues Site Re-engineering not completed Time
Opportunities	**Threats**
Collaboration with key physician groups and health systems Sizeable patient population with diverse drug therapy needs	Other providers providing similar services Managed care disease state management programs Turf issues with other providers Reimbursement issues Lack of integration with other providers

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

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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

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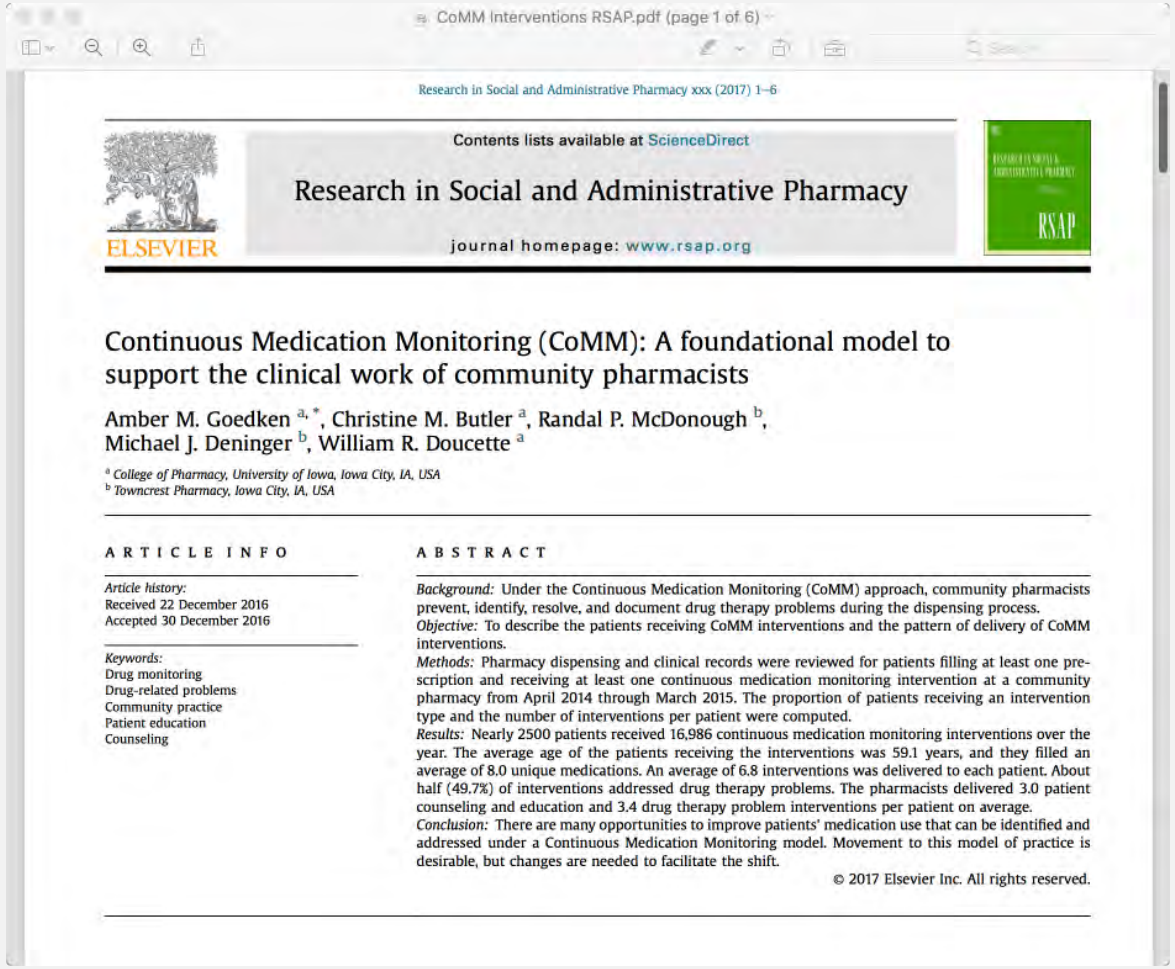
Monitoring Performance Metrics

- 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

Practice Change Impact



CoMM Interventions RSAP.pdf (page 1 of 6)

Research in Social and Administrative Pharmacy xxx (2017) 1–6

Contents lists available at ScienceDirect

Research in Social and Administrative Pharmacy

journal homepage: www.rsap.org

Continuous Medication Monitoring (CoMM): A foundational model to support the clinical work of community pharmacists

Amber M. Goedken [a,*], Christine M. Butler [a], Randal P. McDonough [b], Michael J. Deninger [b], William R. Doucette [a]

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ARTICLE INFO

Article history:
Received 22 December 2016
Accepted 30 December 2016

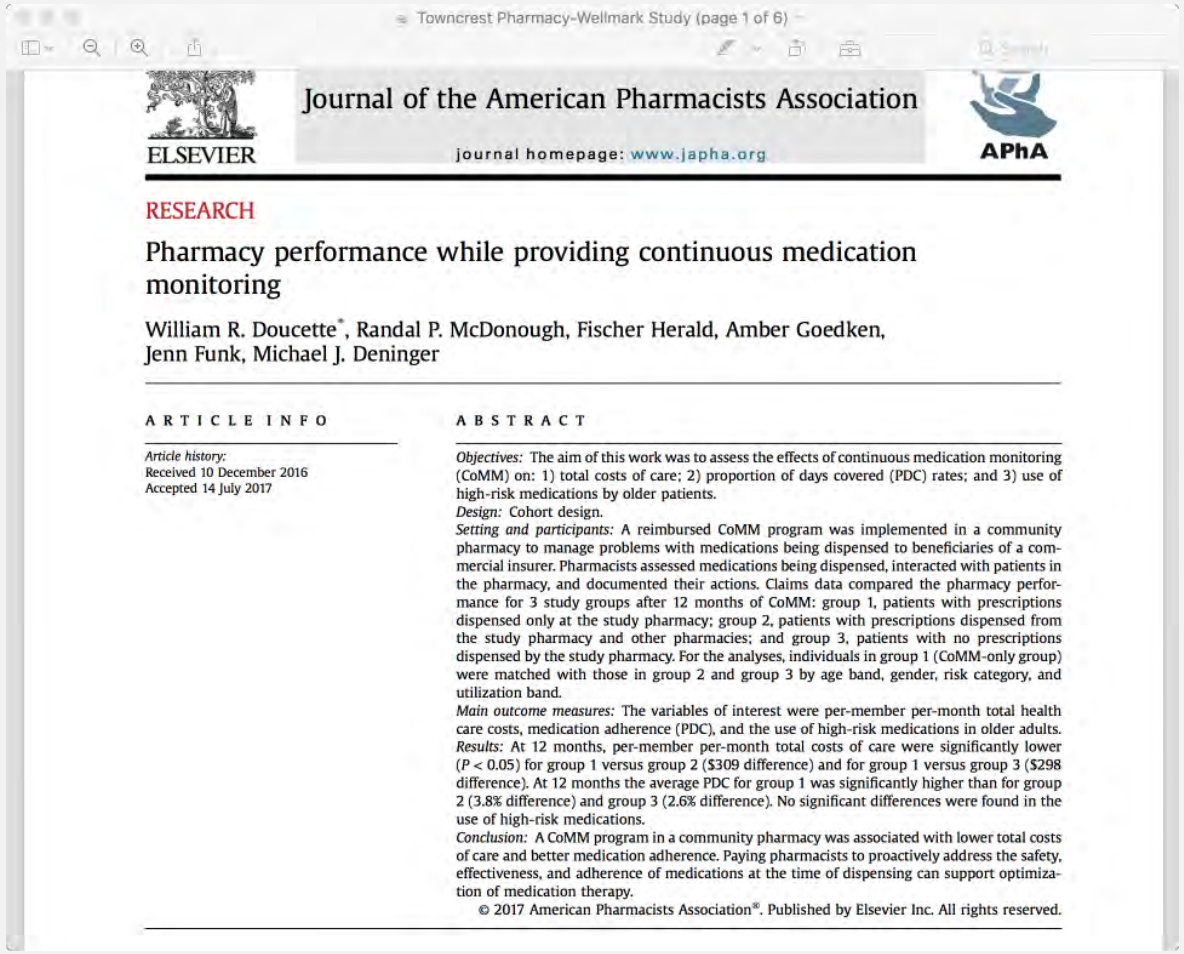
Keywords:
Drug monitoring
Drug-related problems
Community practice
Patient education
Counseling

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 2500 patients received 16,986 continuous medication monitoring interventions over the year. The average age of the patients receiving the interventions was 59.1 years, and they filled an average of 8.0 unique medications. An average of 6.8 interventions was delivered to each patient. About half (49.7%) 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.
Conclusion: 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 desirable, but changes are needed to facilitate the shift.

RSAP 2018;14(1):106-111

Leads to New Opportunities



Towncrest Pharmacy-Wellmark Study (page 1 of 6)

ELSEVIER

Journal of the American Pharmacists Association

journal homepage: www.japha.org

APhA

RESEARCH

Pharmacy performance while providing continuous medication monitoring

William R. Doucette*, Randal P. McDonough, Fischer Herald, Amber Goedken, Jenn Funk, Michael J. Deninger

ARTICLE INFO

Article history:
Received 10 December 2016
Accepted 14 July 2017

ABSTRACT

Objectives: The aim of this work was to assess the effects of continuous medication monitoring (CoMM) on: 1) total costs of care; 2) proportion of days covered (PDC) rates; and 3) use of high-risk medications by older patients.
Design: Cohort design.
Setting and participants: A reimbursed CoMM program was implemented in a community pharmacy to manage problems with medications being dispensed to beneficiaries of a commercial insurer. Pharmacists assessed medications being dispensed, interacted with patients in the pharmacy, and documented their actions. Claims data compared the pharmacy performance for 3 study groups after 12 months of CoMM: group 1, patients with prescriptions dispensed only at the study pharmacy; group 2, patients with prescriptions dispensed from the study pharmacy and other pharmacies; and group 3, patients with no prescriptions dispensed by the study pharmacy. For the analyses, individuals in group 1 (CoMM-only group) were matched with those in group 2 and group 3 by age band, gender, risk category, and utilization band.
Main outcome measures: The variables of interest were per-member per-month total health care costs, medication adherence (PDC), and the use of high-risk medications in older adults.
Results: At 12 months, per-member per-month total costs of care were significantly lower ($P < 0.05$) for group 1 versus group 2 ($309 difference) and for group 1 versus group 3 ($298 difference). At 12 months the average PDC for group 1 was significantly higher than for group 2 (3.8% difference) and group 3 (2.6% difference). No significant differences were found in the use of high-risk medications.
Conclusion: A CoMM program in a community pharmacy was associated with lower total costs of care and better medication adherence. Paying pharmacists to proactively address the safety, effectiveness, and adherence of medications at the time of dispensing can support optimization of medication therapy.

JAPhA 2017;57(6):692-7

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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"

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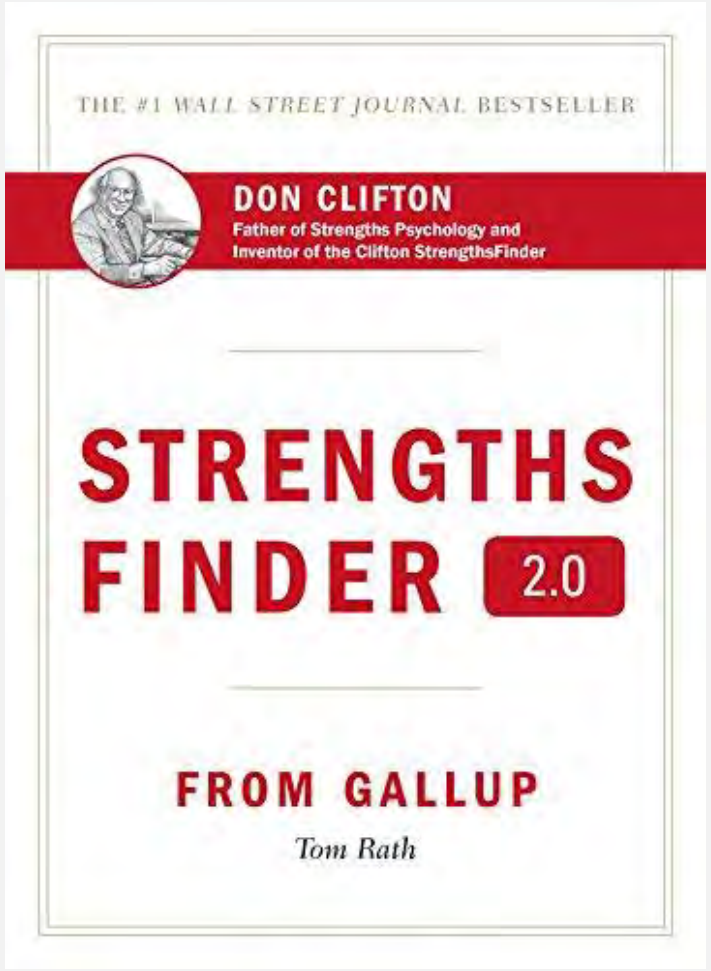
Identifying Individual Strengths



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.

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Your CliftonStrengths by Domain

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

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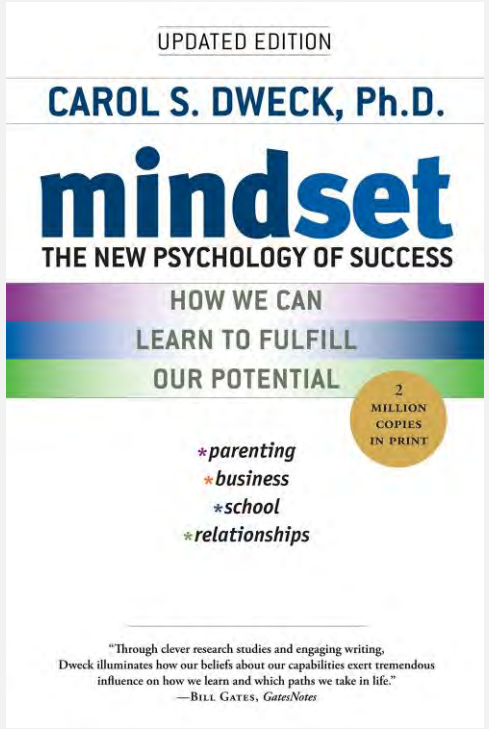
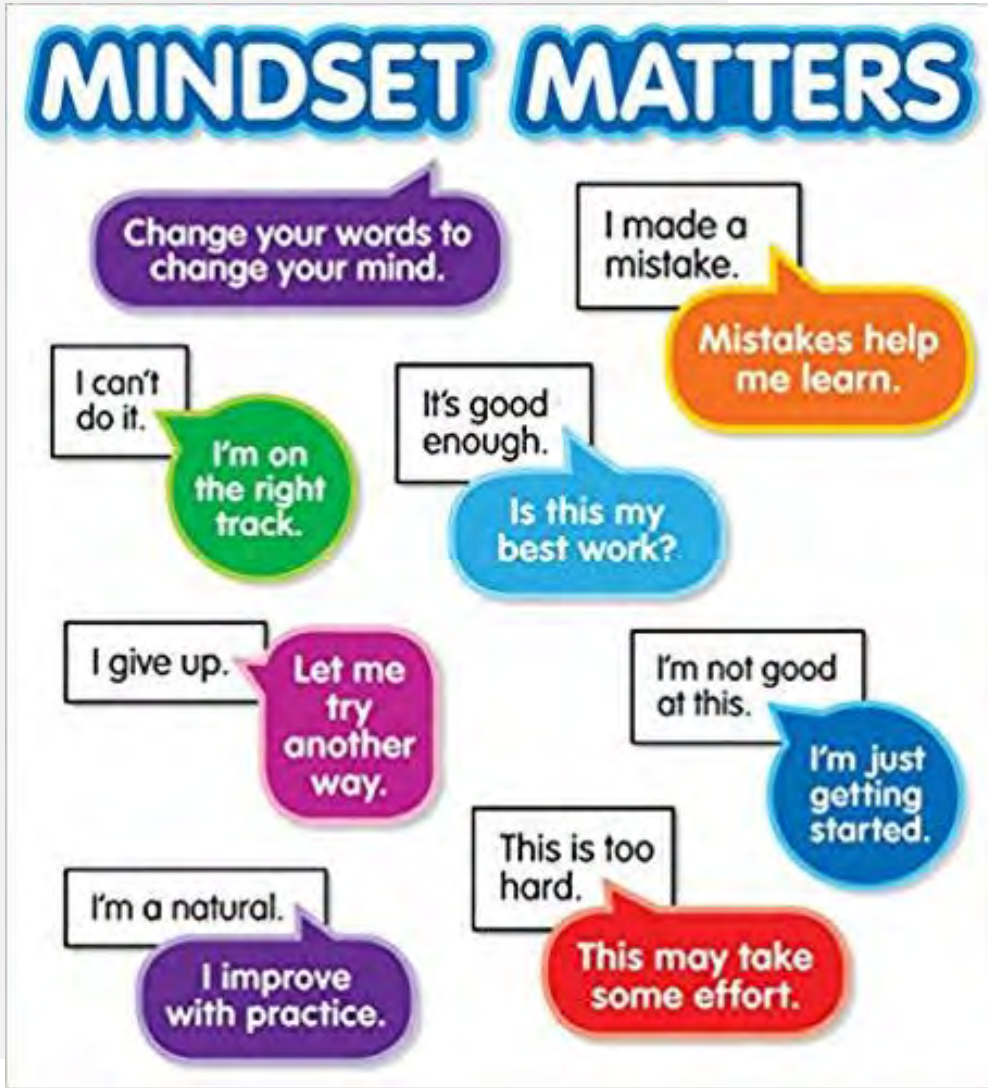
Developing a Growth Mindset

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

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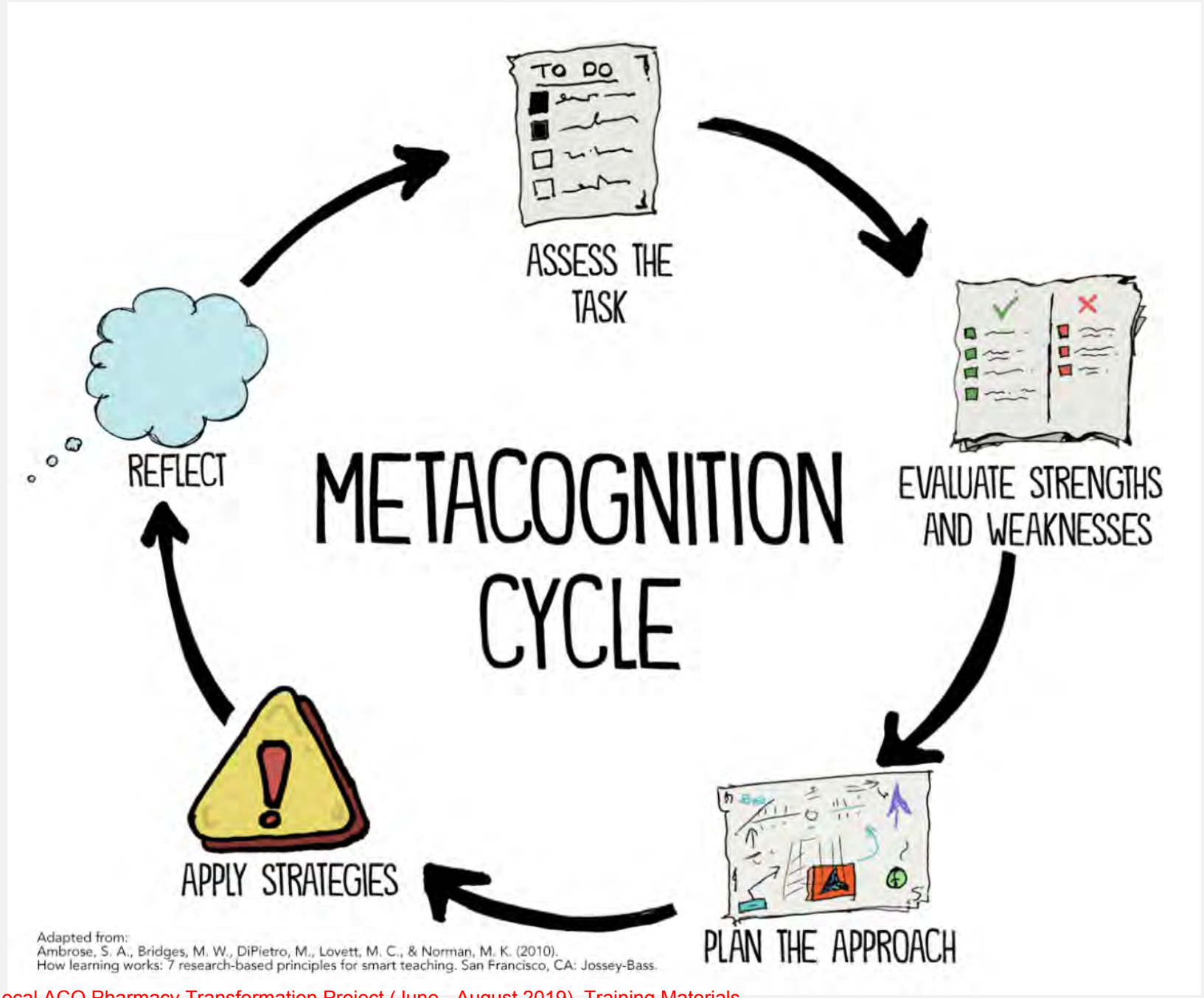
TO DO
ASSESS THE TASK
EVALUATE STRENGTHS AND WEAKNESSES
PLAN THE APPROACH
APPLY STRATEGIES
REFLECT
METACOGNITION CYCLE
Adapted from:
Ambrose, S. A., Bridges, M. W., DiPietro, M., Lovett, M. C., & Norman, M. K. (2010).
How learning works: 7 research-based principles for smart teaching. San Francisco, CA: Jossey-Bass.

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

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Questions?

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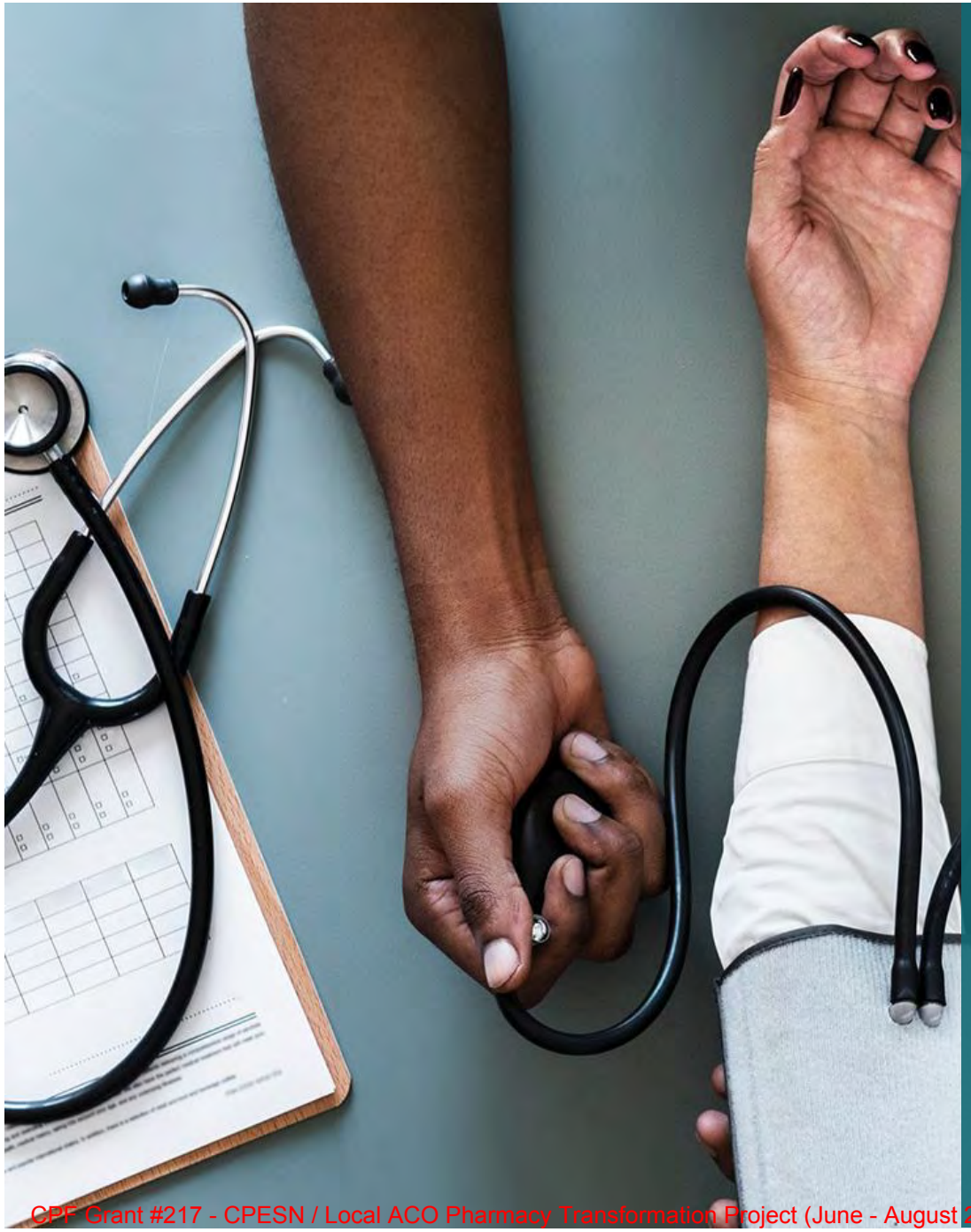
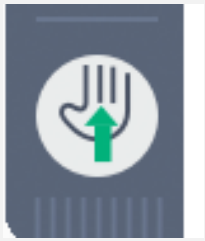


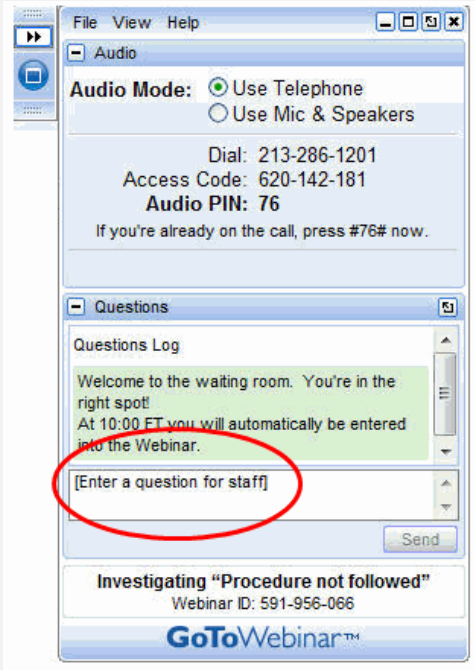
Engaging and Communicating with Patients and Other Providers

Webinar 7: July 26, 2019

CPF Grant #217 - CPESN / Local ACO Pharmacy Transformation Project (June - August 2019). Training Materials.

Chat or Raise Hand
for Comments and Questions





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Today's Speakers:

Randy McDonough, PharmD, MS, BCGP, BCPS, FAPhA

Practice Transformation Coadinator

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)

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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.

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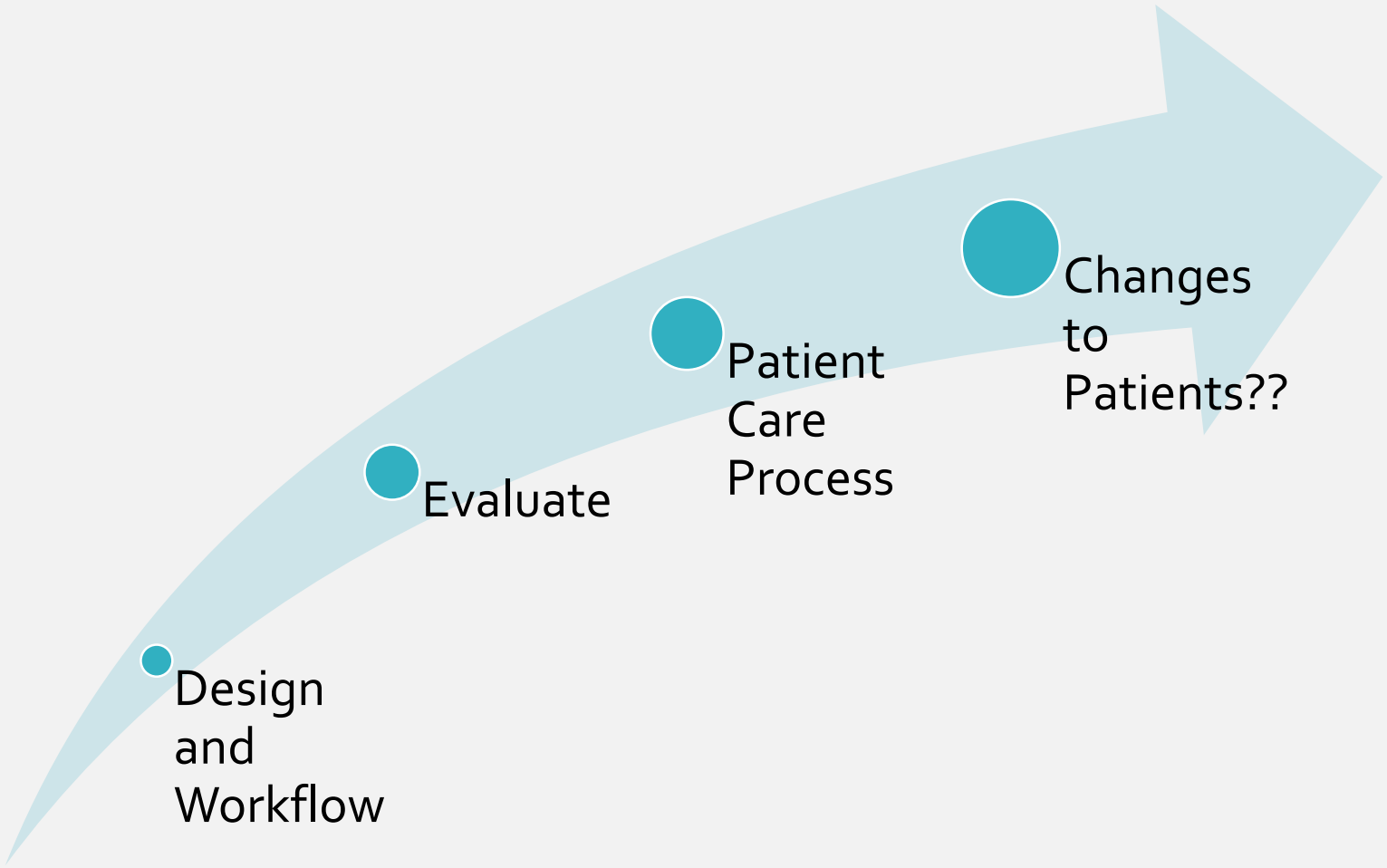
Pharmacy Changes



Pharmacy team

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

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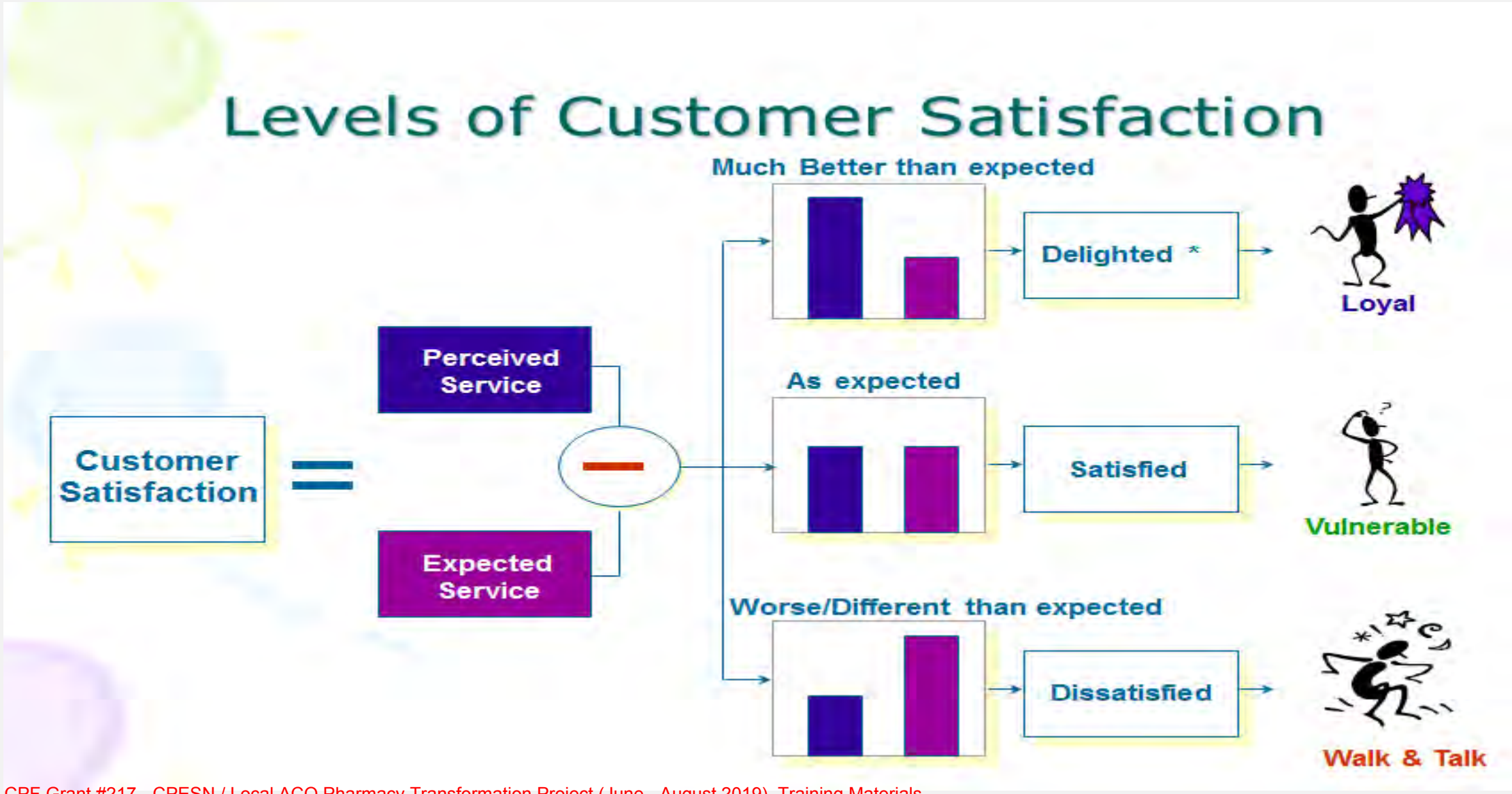
Patient Expectations



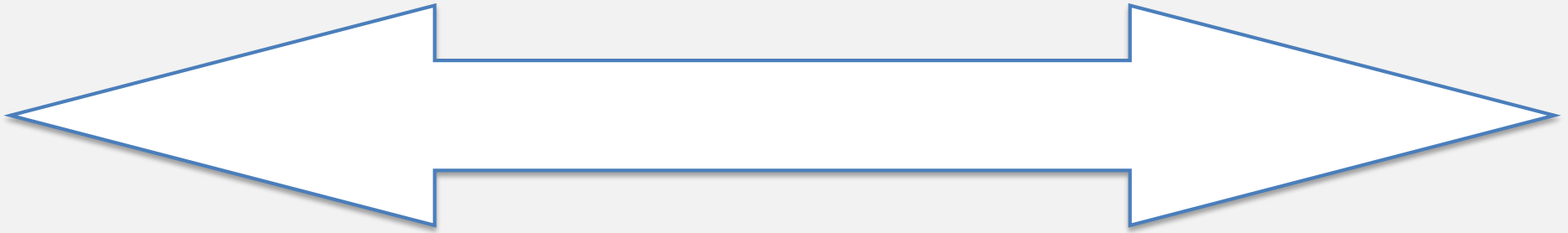
Changing Patient Perceptions
Resetting expectations

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 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

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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.

Drug Intell Clin Pharm 1988;22:63-7.

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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 to low*
  - *Unnecessary drug therapy*
  - *Non-adherence*
  - *Drug-drug interactions*
  - *Side effects*

Resolving Medication-Therapy Problems

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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

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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

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Motivational interviewing

is a collaborative conversation style for strengthening a person's own **motivation** and **commitment** to change.

Miller W. & Rollnick S. *Motivational Interviewing*: *Helping People Change*, 3rd Edition. *New York,* NY: Guilford Press; 2013.

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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

Berger B, Vallaume W. Motivational Interviewing for Health Care Professionals: A Sensible Approach. Washington, DC: American Pharmacists Association; 2013.

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Core Skills Involved in Motivational Interviewing

- Asking Open-Ended Questions
- Reflective Listening

Miller W. & Rollnick S. Motivational Interviewing: Helping People Change, 3rd Edition. New York, NY: Guilford Press; 2013. . P. 36

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Open- vs. Closed-Ended Questions

OPEN	CLOSED
What concerns do you have about your medication?	Are you concerned about your medication?
Tell me about how the past month has gone with taking your medication…	Did you remember to take your medication the past month?
What are you willing to do with regards to exercise?	Are you willing to exercise for 30 minutes each day?
What would it mean to you to make this happen?	Would it make you happy if this happened?

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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…"

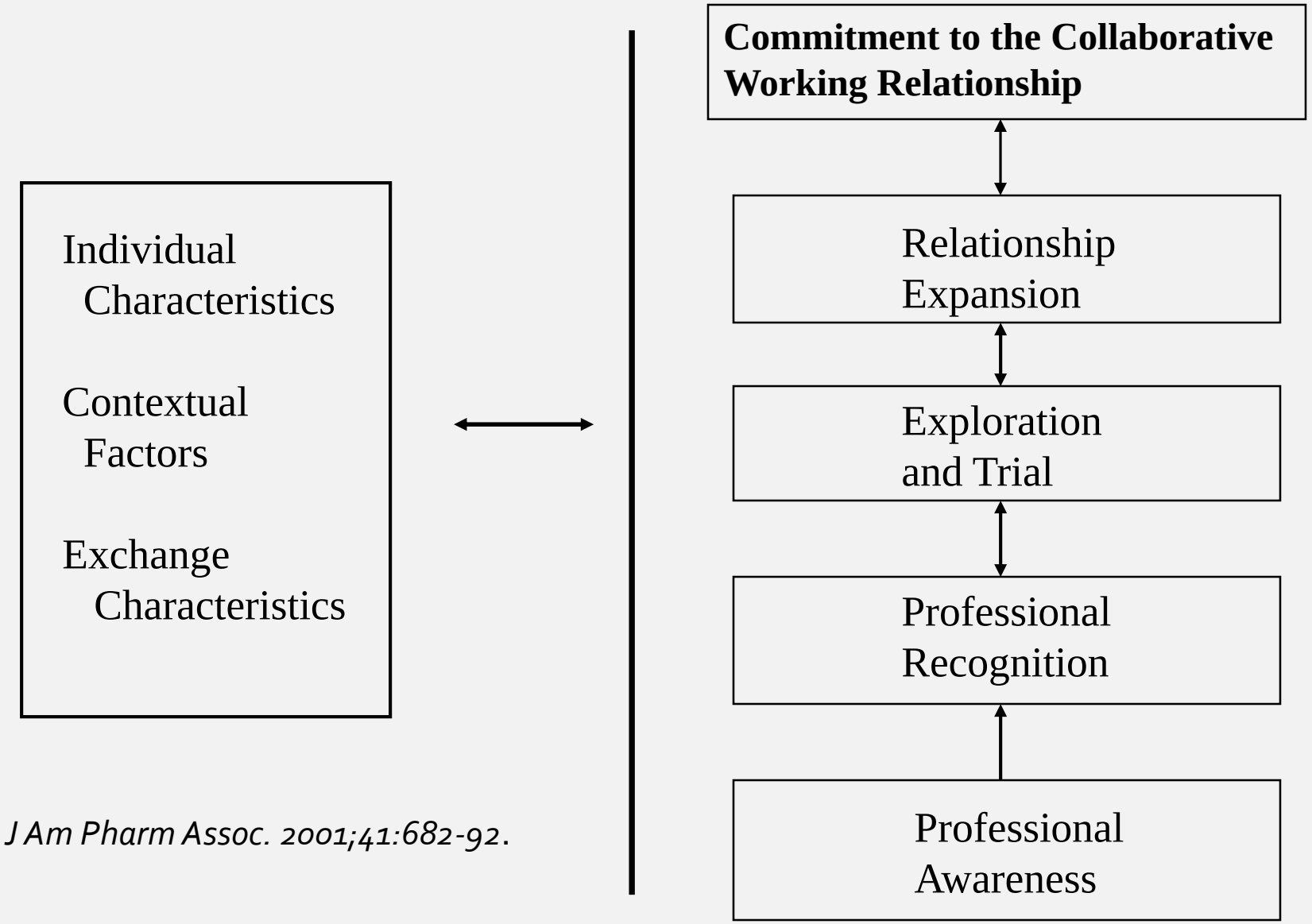
PHYSICIAN ENGAGEMENT

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)



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.

• 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)

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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**

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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**

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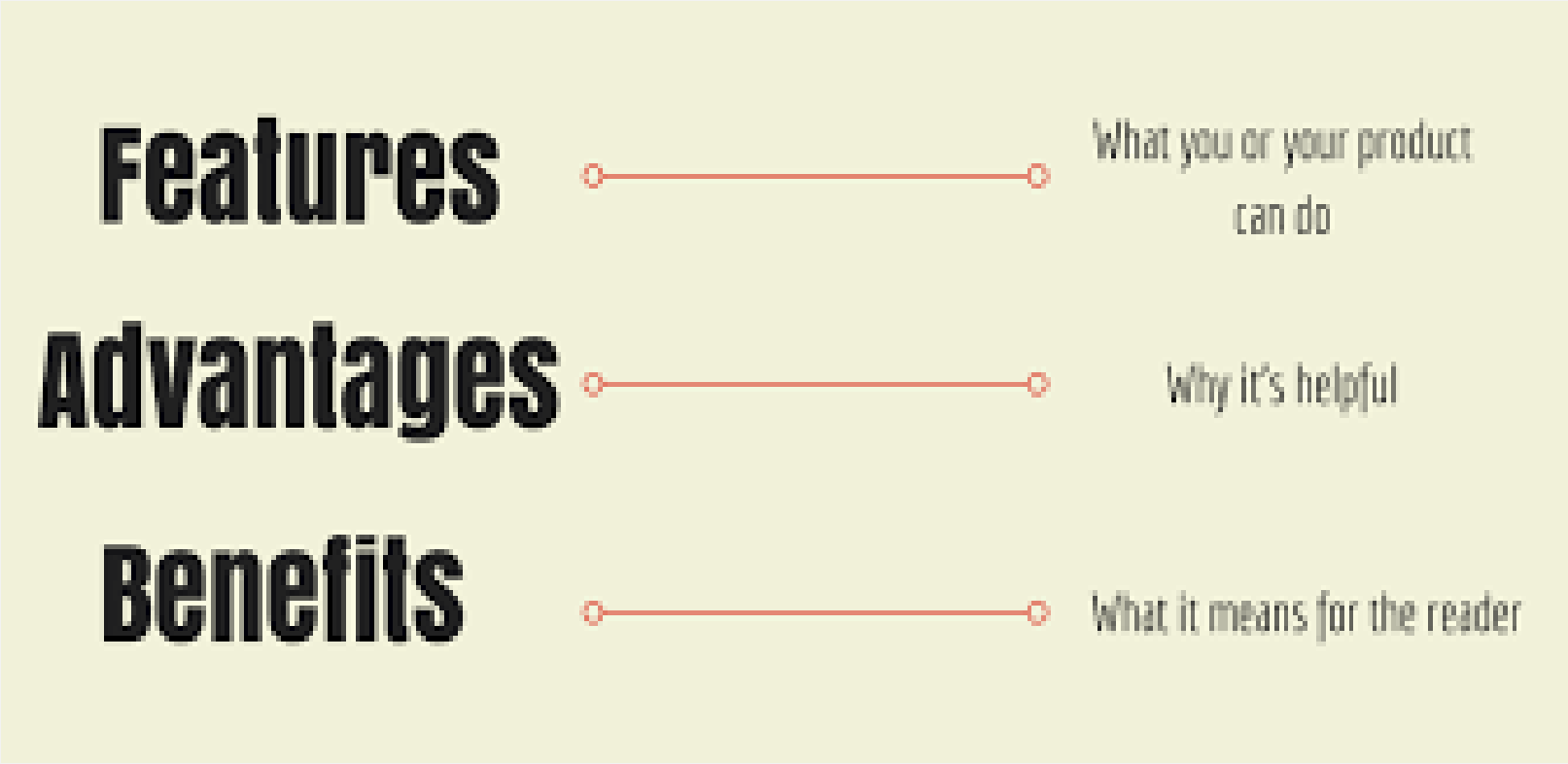
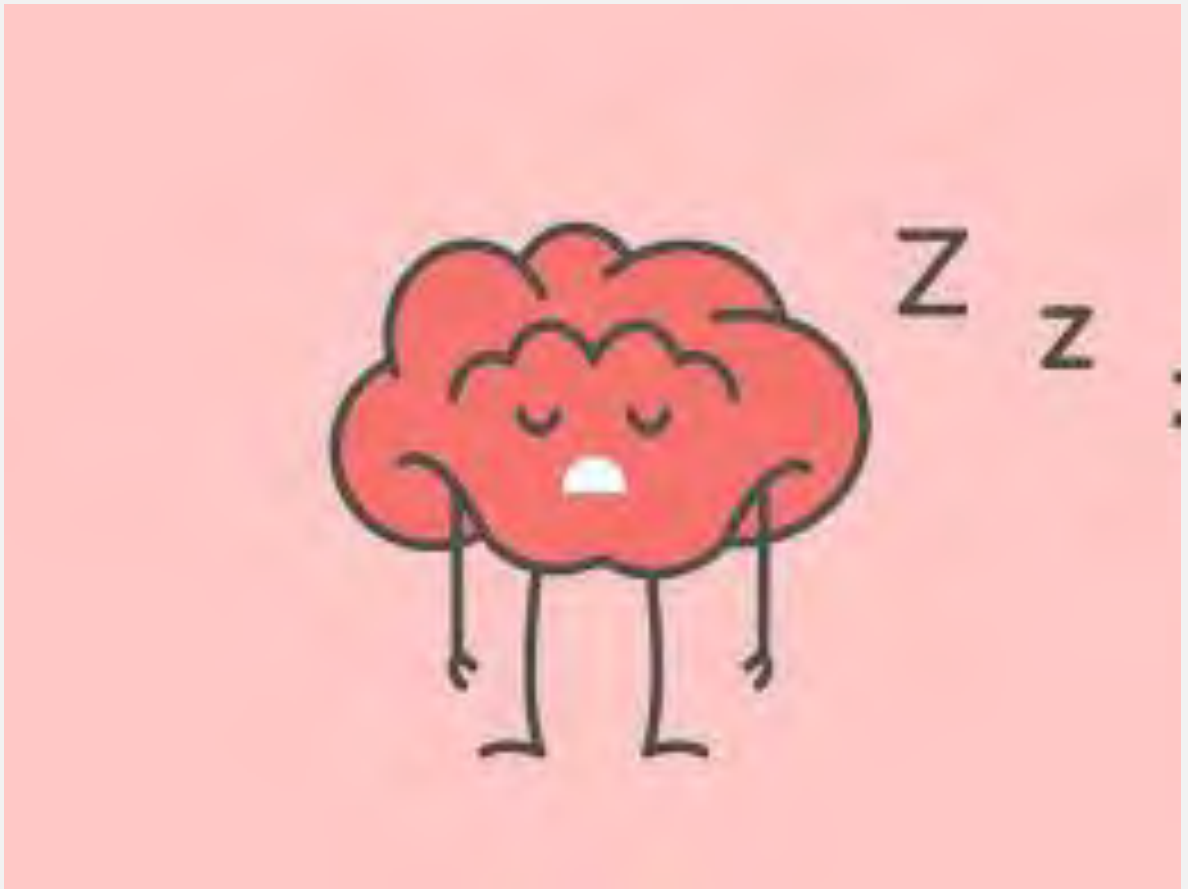
Practical Quick Tips

- 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

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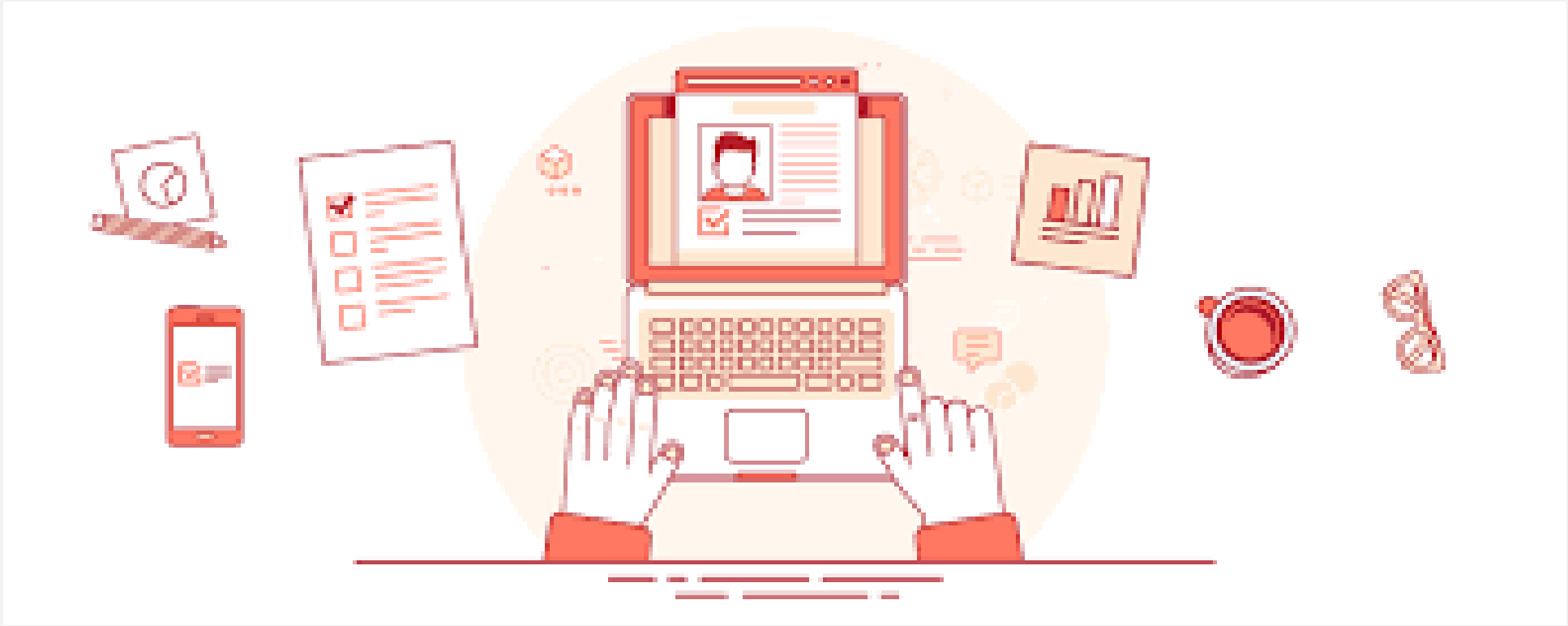
Practical Quick Tips

- Prepare for physician visit



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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

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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

Subjective

- Obtained from patient or caregiver
  - Patient's chief complaint or reason for patient encounter
  - Patient's HPI
  - Family history (FH)
  - Social history (SH)
  - Allergies
  - Previous adverse drug reactions
  - Review of systems (ROS)

Objective

- Data collected about the patient that can be measured objectively
  - Vital signs
  - Lab results
  - Immunizations
  - Findings from other tests (e.g. seizure log, BM log, weekly wts, etc)
  - Physical examination from a trained examiner

A Practice Guide to Pharmaceutical Care 2nd Ed. 2003

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

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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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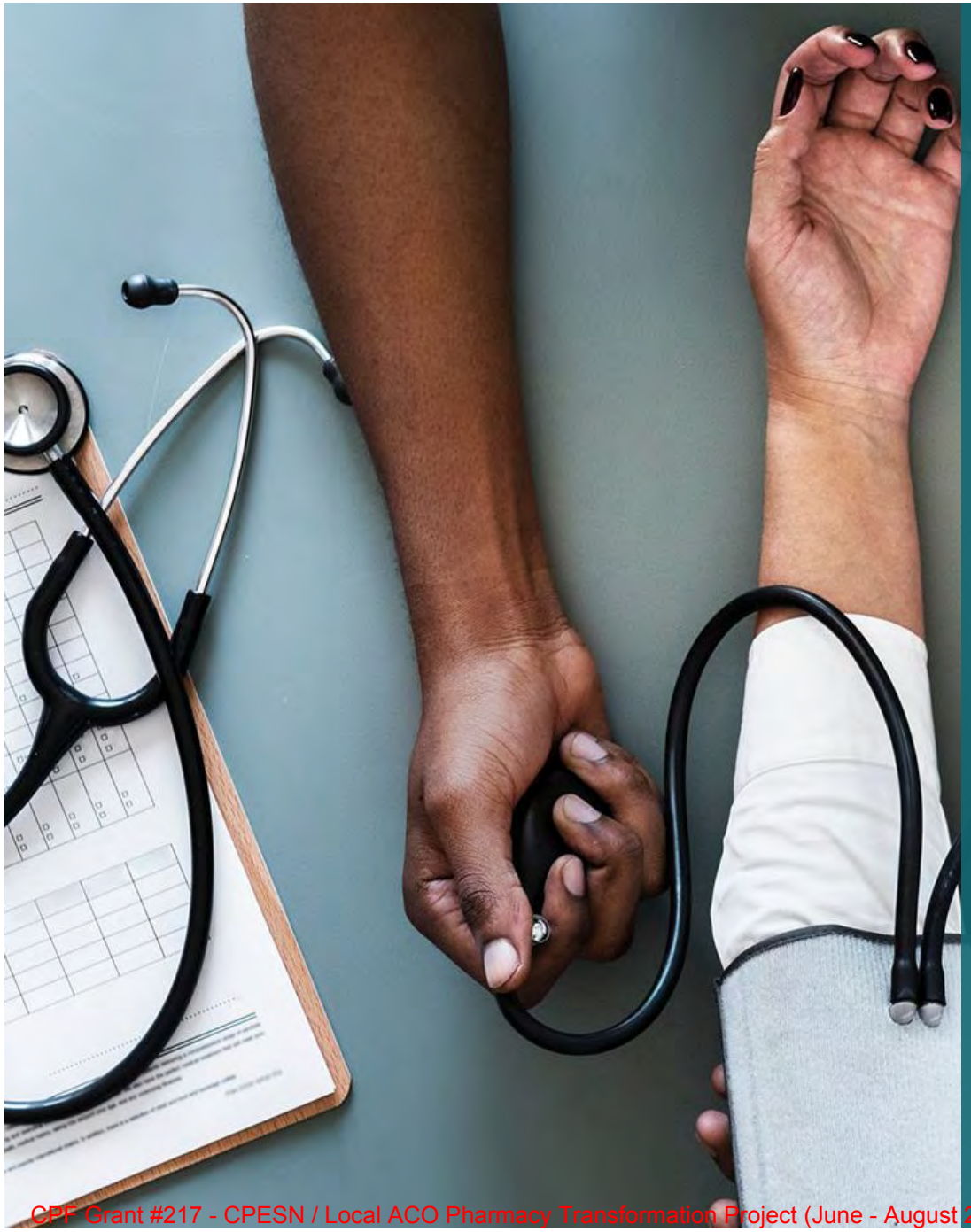
Questions?



Accomplishments and Moving Forward

Webinar 8: August 2, *2019*

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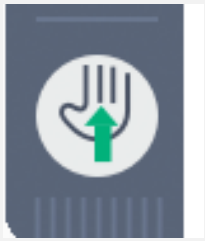
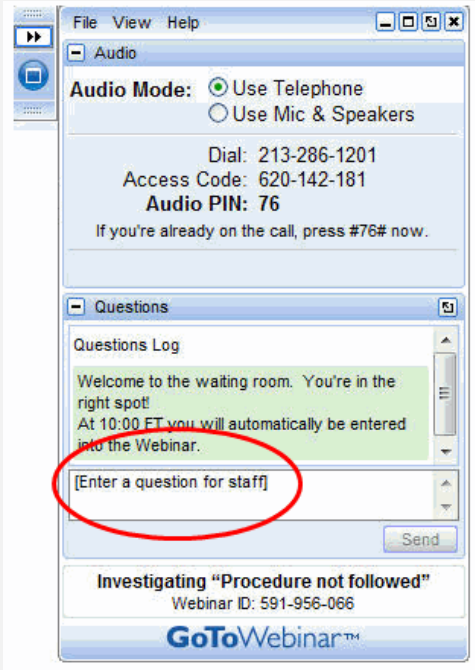
Chat or Raise Hand
for Comments and Questions





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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

Jan – April 2019	May 2019	June 2019	July 2019
51	28	49	199

Encounter Type	Number of Care Plans
Initial	252
Follow-up	24
Total	276

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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

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Quality of Care Plans – Medication Therapy Problems

	May 2019	June 2019	July 2019
Total MTPs Submitted	20	85	328
Actual MTPs	3	23	80
Supposed to be an Intervention	2	1	61
Supposed to be a Health Condition	15	61	187

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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

Quality of Care Plans – Interventions

	May 2019	June 2019	July 2019
Total Interventions	15	79	324
Total Interventions Submitted as Interventions	15	79	324
Total Interventions if including Interventions + **MTPs** documented as interventions	17	80	385
Total Interventions if including Interventions + **MTPs** + **goals** documented as interventions	39	93	475

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

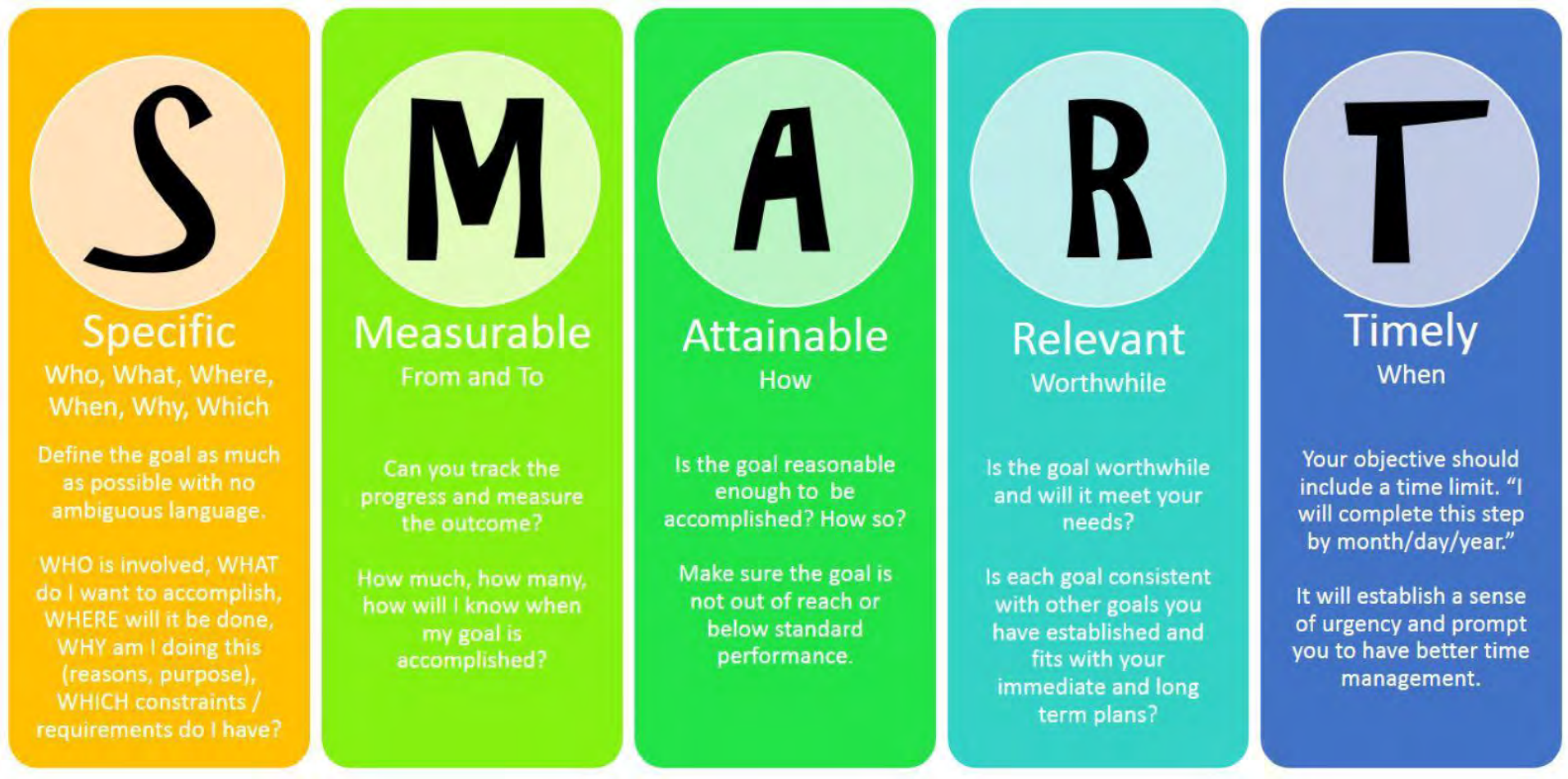
	May 2019	June 2019	July 2019
Total Goals Submitted	33	42	226
Actual Goals	14	9	113
Supposed to be interventions	22	13	90
Supposed to be MTPs	0	6	23

Submitted Patient Centered Goals

Appropriate

- Medication compliance
- Monitoring
- Healthy eating
- Decrease cholesterol in diet
- Weight
- Being Active

Patient Centered Goals



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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

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CPESN® USA Resources

General SNOMED CT Code Document

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Medication Therapy Problem	SNOMED CT Code	Medication Therapy Intervention	SNOMED CT Code
Medication therapy unnecessary (finding)	429621000124102	Drug therapy discontinued (situation)	274512008
		Recommendation to discontinue medication	4701000124104
Needs additional medication therapy	428981000124101	Over-the-counter medication started (situation)	432851000124100
		Prescription medication started (situation)	432861000124103
Not up to date with immunizations (finding) - Problem observation	171239000	Administration of substance to produce immunity, either active or passive (procedure)	127785005
		Influenza vaccination (procedure)	36198006
		Pneumococcal vaccination (procedure)	12866006
		Vaccine refused by parent (situation)	921000119109
		Vaccine refused by patient (status)	591000119102
Medication not effective	435501000124106	Medication therapy changed (situation)	432701000124107
		Drug therapy discontinued (situation)	274512008
		Medication dosage form changed (situation)	432841000124102
		Recommendation to discontinue medication	4701000124104
		Discussed with doctor (situation)	394696007
Medication dosage too low	448152000	Medication therapy changed (situation)	432701000124107
		Medication course duration changed (situation)	432811000124101
		Medication dose changed (situation)	432751000124106
		Medication dose increased (situation)	432761000124108
		Medication dosing interval changed (situation)	432781000124103
		Medication education (procedure)	967006
		Prescribed medication education (procedure)	386465007
		Discussed with doctor (situation)	394696007
Adverse medication interaction with medication	448178009	Medication therapy changed (situation)	432701000124107
		Medication dose changed (situation)	432751000124106
		Drug therapy discontinued (situation)	274512008
		Recommendation to discontinue medication	4701000124104
		Recommendation to start prescription medication (procedure)	428821000124109
Medication dosage too high	448089004	Medication course duration changed (situation)	432811000124101
		Medication dose changed (situation)	432751000124106
		Medication dosing interval changed (situation)	432781000124103
		Drug therapy discontinued (situation)	274512008
		Recommendation to discontinue medication	4701000124104
		Discussed with doctor (situation)	394696007

Updated 6/11/2019

Health Condition Specific Documents: Initial and Follow-up

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Questions?