

Community Pharmacy Foundation Project

Community Pharmacy Change Package

Integrating Comprehensive Medication Management Services Into Community Pharmacy Practice

Kroger Pharmacy J-909
CarePro Health Services
Meyer Pharmacy
Towncrest Pharmacy
Apple Discount Drugs
Goodrich Pharmacy
HealthPartners
SUPERVALU Pharmacies
Walgreens
CareSouth Carolina

Cohort Learning Coach: Josh Feldmann, PharmD



Intent

Transformation: This document is a working design of how community pharmacy organizations can step beyond the medication dispensing role to become providers of effective clinical pharmacy services. The community pharmacist would become part of an integrated delivery system. They would provide integrated medication management services within a team accountable for the patient health status being at goal.

Leadership role: The community pharmacist is playing a leadership role by envisioning this new delivery system, by calling it into existence, and by securing commitments and agreements from other necessary players.

This document will capture the evolutionary process by distinguishing three types of progress.

- Creating conditions that need to be in place for the new service delivery system to emerge and thrive (context)
- Best practices that are defining parts of an effective and sustainable integrated delivery system (blue print)
- Opportunities to further develop and advance the delivery system model (challenges to address)

Opportunity: Community pharmacists represent a special asset in the community's health care system. They have a unique and personal relationship with the patient. They have frequent encounters with the patient. They have the professional training to optimize medication therapy. They are positioned to play a provider role that can dramatically improve quality and lower costs.

Objective: Prepare and disseminate an experienced based guide - *Change Package* - for community pharmacists. It shows them how to become part of a delivery system that assures high risk patients have their health status at goal.

Framework: The work is organized around five strategies that the AIMM experience shows are necessary and sufficient to realize the goal.

1. Leadership Commitment: Develop organizational culture and relationships that promote safe medication use systems and optimal health outcomes.
2. Demonstrate Measurable Improvement- Achieve change using the value and power of data-driven improvements. Community pharmacist's acknowledge role and in achieving health outcomes.
3. Integrated Care Delivery - Build an integrated health care system across providers and settings that produce safety and optimal health outcomes. Create "system partnerships" with community providers that promote development of a community integrated care delivery.
4. Safe Medication Use Systems: Develop and operate by safe medication-use practice
5. Comprehensive Patient Centered Care: Build a patient-centered medication-use system (integrated comprehensive medication management system).

Design:

This document is organized as three tables:

- **Table 1 is the Blueprint for a Service Delivery System** – this table includes practice strategies employed by community pharmacies that define the nature of the integrated delivery system they envision. Each strategy is supported by a best practice and examples from various site perspectives.
- **Table 2 is the Context within which the Service Delivery System must operate** – this table includes the conditions necessary and concepts on how to create them to promote success of the service delivery system. Each condition is supported by examples from the cohort participants.
- **Table 3 is the Summary of Challenges that can be addressed through a Quality Improvement Process** – this table highlights major opportunities that can improve the model delivery system. It describes potential solutions and thoughts and insights from the cohort participants.

The authors hope that community pharmacists find the information contained below helpful in bringing high-risk patients in their practice to goal in each of their health conditions.

Table 1. Blueprint for Service Delivery System

Best Practice that define a high performing integrated delivery system with community pharmacists delivering medication therapy management services.

<i>Practice Strategies That Define The Nature of the Integrated Delivery System Envisioned by Community Pharmacy</i>	<i>Best Practice: (Defining elements and performance principles)</i>	<i>Leading Sites Demonstrating the Best Practice</i>
<p>1. Leverage the personal relationships developed between the Community Pharmacists & Patients/Family</p>	<p>Move Pharmacists from dispensing role to providing education interaction with customer/patient.</p> <p>Encourage pharmacist’s engagement of each patient and provide tools to further develop motivational interviewing skills. (Meyer)</p>	<p>We have good relationships with our patients and use patient “Communication Slips” to communicate dose changes, questions, clarifications, and specific consult notes. We also document day-to-day interventions electronically in our dispensing system, although do not have a good way to quantify the interventions yet. (Meyer Pharmacy)</p> <p>We have pharmacists removed from workflow dedicated to completing educational sessions with patients. Beyond our personal patient care standards we utilize our dispensing team to recruit for our appointment bases services. (SUPERVALU)</p> <p>Encourage DSME class attendees to invite family members and close friends who are part of their support system to the classes. (Apple Discount Drugs)</p>
<p>2. Free up Pharmacists time to best utilize skills and education</p>	<p>Focus Pharmacists work on: 1) achieving therapeutic outcomes; 2) safe therapy & 3) effective therapy.</p> <p>Further train and integrate the use of technicians so that pharmacist’s will have more time to focus on clinical intervention and review. (Meyer)</p>	<p>Use robotics in the pharmacy to help streamline workflow and train technician staff to practice at the top of their license. (SUPERVALU)</p>

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3. Create mechanism for natural documentation of interventions accessible by healthcare team	Document interventions in shared electronic medical records	<p>Pharmacy communicates with the rest of the healthcare team through the electronic medical record. In addition to using this means to clarify prescriptions and make recommendations, pharmacists document assessments of patients' diabetes management. (HealthPartners)</p> <p>We have an integrated system to document DTPs and facilitate communication with local providers. Further, we provide providers with a summary their patients appointment-based services. (SUPERVALU-)</p>
4. Review on the therapeutic endpoints so that all pharmacists can feel updated with new guidelines	Review JNC 8 and ADA endpoints so as to ensure pharmacists feel confident about the therapy management and interventions needed	We purchased the ACCP Therapeutics Review CE for each of our pharmacists to stay updated on new guidelines and recommendations. (Meyer Pharmacy)
5. Create relationships with providers to demonstrate value	Provide sound recommendations that matter to patient and provider outcomes and values	<p>Communicate with local providers. Conduct provider outreach. Utilize student developed, resident edited newsletter to provide clinical updates to the providers. (SUPERVALU)</p> <p>Bi-annual newsletter sent to providers highlighting outcomes, services provided, and recent research of interest on pharmacy being an active member of the patient care continuum. (Apple Discount Drugs)</p>
6. Developing relationships with providers in the community	Reach out to local clinic groups explaining what pharmacy can do to help them out and how they	We have met with some of the primary practices in our community to share more about the

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	are already helping improve the health of their patients.	<p>services that we currently offer to improve our patient's care and the clinical program we hope to grow moving forward. (Meyer Pharmacy)</p> <p>Pharmacists-in-Charge attend clinic provider meetings to stay updated on clinic initiative and explain to providers what pharmacy can offer. (HealthPartners)</p> <p>Communicate with local providers. Conduct provider outreach. Utilize student developed, resident edited newsletter to provide clinical updates to the providers. (SUPERVALU)</p>
7. Defined service with defined goals- get everyone in the pharmacy on board with the plan	Ensure that everyone that talks to patients in the pharmacy knows what services the pharmacy can offer and who might benefit from these services.	
8. Create an environment <u>within</u> the community pharmacy that emphasizes quality service and promotes clinical intervention to improve patient outcomes.	<p>Provide continuing education, training, and review workshops to build a strong foundation for staff to further engage patients and provide quality clinical service.</p> <p>Actively involve pharmacy staff and share organizational goals to reinforce the vital role that community pharmacists and technicians can play in improving clinical outcomes.</p>	We purchased the ACCP Therapeutics Review CE for each of our pharmacists to stay updated on new guidelines and recommendations. (Meyer Pharmacy)
9. Creating a new paradigm within the community pharmacy	<ol style="list-style-type: none"> 1. Changing job descriptions 2. Changing responsibilities 	

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practice with staff engagement to move to a new model of patient care	3. Redesigning the pharmacy to support patient care	
10. Delivering a different model of patient care within the community pharmacy	<ol style="list-style-type: none"> 1. Changing work flow 2. Technician driven dispensing process 3. Pharmacists providing continuous medication monitoring (prospective DUR) services 4. Pharmacist documenting their care. 	<p>We are currently deciding how to restructure our workflow process to free up for pharmacist time for clinical review and interventions but have not implemented anything yet. (Meyer Pharmacy)</p> <p>Currently document significant interventions in real time as part of the patient profile in a specific “MTM” field that will flag if not completed or follow up is needed. Also able to document lab values that have been reported and can be followed to identify trends. (Meyer Pharmacy)</p> <p>Now including depression and sleep apnea screenings into DSME to facilitate identification of high risk patients to achieve better outcomes and total patient health. (Apple Discount Drugs)</p>
11. Marketing the “new type” of practice to patients and key stakeholders	<ol style="list-style-type: none"> 1. Patient discussions/counseling sessions. 2. Sending faxes to physicians with clinical interventions/recommendations 3. Meeting with physicians/prescribers to discuss the changes occurring in the pharmacy 	<p>Developed a standard form to communicate interventions and drug therapy problems to providers by fax. Developed a standardized form to request specific lab values by fax. (Meyer Pharmacy)</p>

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	<p>4. Meeting with other key stakeholders (e.g. health systems, ACOs, long-term care organizations, visiting nurses, etc.) to discuss the changes occurring in the pharmacy</p>	<p>Have met with local providers to make aware of our goal to improve our patient’s outcomes by taking a more active role in their care and discuss some of the initiatives of our clinical focused program. (Meyer Pharmacy)</p> <p>Use our med synchronization program as a selling point to patients and then promote and discuss the more in depth monitoring and clinical service we are able to offer them as part of that. The sync process creates value for the patient because it takes some of the refill responsibility from them and gives us an opportunity to complete a CMR and med review to get started. (Meyer Pharmacy)</p> <p>Utilizing our pharmacy staff to promote services locally and utilizing our clinical leadership team to market services and develop/expand clinical services with other community leaders. (SUPERVALU)</p>

Table 2. Context

Creating conditions that need to be in place for the new service delivery system to emerge and thrive

<i>Conditions that must be in place for the new service delivery system to form</i>	<i>How those conditions are created</i>	<i>Site demonstrating the strategy to create the required conditions</i>
1. Partnerships with other community organizations	<p>Identify common goals and aims and assertively solicit other organizations to join in achieving them.</p> <p>Create value by focusing on the unique position that community pharmacy holds to engage patients and evaluate adherence data, a key piece to successful outcomes.</p>	<p>We have used our dispensing software’s ability to create an “Adherence Report Card” that evaluates refill data and Medication Possession Ratio as a talking point in our meetings with potential partners. (Meyer Pharmacy)</p> <p>Community outreach utilizing pharmacy teams to collaborate and develop opportunities to educate communities and increase competencies to prevent medication errors and promoting proactive healthcare. Find common ground, commit, and execute. (SUPERVALU)</p> <p>Work with the local school of pharmacy as well as multiple local charitable healthcare organizations within the community. (Apple Discount Drugs)</p>
2. Support and engagement from pharmacy team	Encourage input from all staff on the design and workflow of services	<p>Staff provided input on the process of flagging our patients with asthma during workflow. Pharmacists were showed how to extract information out of the medical record (ACT scores & asthma management plans) to use as a counseling tool at the window. (Health Partners)</p> <p>Train and solicit feedback from all staff members. (SUPERVALU)</p>
3. Technological support at an inter-store level	Creating a standard excel sheet or other program which can be accessed at the store and does not need Wi-Fi (Internet service) to access.	

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4. Build project into standard of care incorporating goals and objectives of the project as outlined above	Staff should have objectives in standard of care given to all patients to ensure it is completed in a consistent fashion.	
5. Leverage technology and innovation to free pharmacist time	Automated dispensing, tech-check-tech	We use central fill and medication synchronization to attempt to streamline our process in the pharmacy. (HealthPartners) Blocking off clinical pharmacist time for meeting with patients in the context of MTM, DSME, etc. (Apple Discount Drugs)
6. Support from pharmacy management	Discuss importance of service with management. Secure payment for services that shows the value.	Lobby ideas and new opportunities to the leadership team. If it's a good idea, they'll support it and guide us to the appropriate resources. (SUPERVALU)
7. Creating a defined process so that each pharmacist/student performing the service is providing the same comprehensive patient care	Defining protocols for services, developing documentation templates, implementing a quality improvement process to ensure that everyone is functioning at the same high level.	Create service outlines and train staff accordingly. (SUPERVALU) All clinical services are defined by written policies and procedures compiled on the company web. (Apple Discount Drugs)
8. Effective means of communicating between healthcare settings.	Develop effective and efficient ways of communicating between health settings and transitions of care.	Have developed standardized fax forms to communicate to providers about clinical interventions. Automatically receive fax discharge orders from the local hospital's pharmacy department when a patient is released. (Meyer Pharmacy)

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		<p>Pharmacy communicates with the rest of the healthcare team through the electronic medical record using provider In-Basket messages. (HealthPartners)</p> <p>Utilize service customized forms to follow up and communicate with other members of the patient’s healthcare team. (SUPERVALU)</p>
<p>9. Work place environment suitable to meeting with patients for appointments and in depth counseling.</p>	<p>Create a work space away from the primary dispensing functions where pharmacists can review profiles and meet with patients without being interrupted by daily retail pharmacy actions.</p> <p>Provide a secure and welcoming environment conducive to counseling and clinical review. (This change can help alter the “patient’s perspective” of how retail pharmacy is viewed)</p>	<p>Current remodel of our pharmacy has created a private consultation room that is ideal for a scheduled meeting with patients. Also will allow a patient to feel more comfortable because they aren’t in the middle of the busy pharmacy. (Meyer Pharmacy)</p> <p>Many pharmacies have private consultation rooms to meet with patients away from the pharmacy window. (HealthPartners)</p> <p>Build clinical areas in remodels and make do with what you have before the remodels. Most of our pharmacies utilize privacy screens in low traffic areas. (SUPERVALU)</p>
<p>10. Utilization of support staff with the goal to free up the pharmacist</p>	<ol style="list-style-type: none"> 1. Technician driven dispensing 2. Depending on state law: Tech-check-Tech dispensing models 3. Pharmacists are freed up to provide prospective DUR services also called continuous medication monitoring (CMM) 4. Staff acceptance 	<p>Train and develop staff to practice at the top of their license. Leverage the relationship the teams have with the community to achieve program success. (SUPERVALU)</p>

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11. Utilization of Technology with the goal to free up the pharmacist	<ol style="list-style-type: none"> 1. Use of robots to provide automated dispensing functions 2. Staff acceptance 	<p>Utilize a ScriptPro robot for dispensing. (Meyer Pharmacy)</p> <p>Scheduling tools, scheduling services, etc. (SUPERVALU)</p>
12. Utilizing dispensing strategies to create efficiencies in the pharmacy with the goal to free up the pharmacist	<ol style="list-style-type: none"> 1. Providing medication synchronization services 2. Identifying and recruiting patients who are good candidates for med sync. 3. Staff acceptance 	<p>Sync program active for about 1 year. Need to use technicians during this process a little more. Also offer a Med Packaging service that is pretty popular. (Meyer Pharmacy)</p> <p>We use central fill and medication synchronization to attempt to streamline our process in the pharmacy. (HealthPartners)</p> <p>Automation and central fill (SUPERVALU)</p>
13. Efficient documentation systems that communicate with dispensing systems	<ol style="list-style-type: none"> 1. Working with vendors of dispensing systems to find better solutions for documenting clinical activities 2. At the very least, create a paper based system to document patient care activities 	<p>Have contacted our software vendor to suggest a SOAP note based documentation update, but do not have anything like that yet. (Meyer Pharmacy)</p>
14. Strengthen communication between interdisciplinary workers within the pharmacy. (I.e. surgical, respiratory, pharmacy, infusion). Interdisciplinary professionals see patients with in the pharmacy for a variety of health needs. Be sure that effective communication skills are	<ol style="list-style-type: none"> 1. Host interdisciplinary continuing education on site. 2. Communicate appropriate clinical data between departments. 	

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present to ensure that patient care is continuous between departments.		

Table 3. Challenges to address through PDSA process. Opportunities to further develop and advance the delivery system model		
<i>Major opportunities that will improve the model delivery system</i>	<i>Possible solutions to test.</i>	<i>Sites currently pursuing the opportunity in a systematic way with method and discipline</i>
1. Create read/write capability with local provider Electronic Health Records	Local hospitals, insurance companies, primary care physicians	Our system can auto fax notes, but we are not truly integrated. (SUPERVALU-)
2. Expand focus to more comprehensive care from disease-specific focus	Test addressing currently targeted patients more comprehensively.	Rather than a specific PoF we are approaching patients that appear to be high risk or in need of additional service in general and more comprehensively. This allows us to reach more of our patient population and we try to do a more complete review during our daily functions. Because of our smaller community we know many of our patients and are able to identify which ones may benefit from additional monitoring. (Meyer Pharmacy) Complete comprehensive reviews billable through a variety of platforms. (SUPERVALU-)

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3. Ability to get patients to adhere with scheduled time for service	Scheduling functionality not available, but would be helpful. Incentives to ensure patients would attend scheduled sessions/appts. (i.e. a control group with incentive)	Utilize support staff and automation to make personalized reminder calls. We've studied this and determined the pharmacy team to be most effective at reducing the no-show rate. (SUPERVALU)
4. Time and adaptation by other pharmacists	Create and develop a model where the objectives are incorporated in daily functions of staff, but no more work is required.	
5. How to interest providers in beginning CPS if not already in place	<ul style="list-style-type: none"> • Tailor the "ask" to providers' time and interest level • Begin providing services to the patients of a specific provider then approach with actual data/interventions of value • Leverage available resources (i.e.: QIN-QIO) to see in what area(s) a provider needs help then approach with interventions specific to their needs 	We have been documenting our interventions that we often make on a daily basis with a hope to use them as an example when we meet with providers again. Initially we tried to set up a system directly with the physician from the beginning but there wasn't much interest so we simply started documenting and suggesting interventions and will use this information to further develop our program moving forward.
6. Reliable payment for services	Provider status, contracting with physician groups, insurance companies, etc.	<p>Goodrich said it all. Provider status is not required to bill for our services (SUPERVALU)</p> <p>Recognized by Care First as a preferred primary provider for diabetes education on the Eastern Shore and they are actively referring into our program. (Apple Discount Drugs)</p>
7. Effective patient recruitment	Different types of outreach, different phrasing when speaking to patients	<p>Utilize pharmacy staff to leverage relationships. Utilize referrals from PBMs and other healthcare entities. (SUPERVALU)</p> <p>Using our marketing director to remind providers about our clinical services that can</p>

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		augment the PCP services. (Apple Discount Drugs).
8. Explore different way to generate revenue from a clinical pharmacy service.		
9. Test payment strategies with payers that emphasize patient care/outcomes	<ol style="list-style-type: none"> 1. Pay for performance 2. Prospective payments for care and retrospective shared cost savings 3. Development of high-performing pharmacy networks 	<p>Met with a commercial payer to negotiate prospective payment for service/improving patient outcomes in a pay for performance model (per patient/per month) next year as part of a high-performing pharmacy network. (Meyer Pharmacy)</p> <p>Review contracts closely to find opportunities to be reimbursed for patient care. (SUPERVALU)</p>
10. Create new partnerships with health systems and ACOs	<ol style="list-style-type: none"> 1. Sharing patient information 2. Community pharmacists integrated into patient care delivery systems. 3. Pharmacists providing clinical interventions 4. Measuring patient outcomes 	<p>Recently worked with the hospital pharmacist directly and home health to complete a med rec on a very high risk patient that we have been trying to help for several months. Actively counseled and plan to follow up regularly now. Going to pursue working directly with the hospital <u>pharmacy</u> when patients are discharged for future complex cases to help decrease the risks of readmission. (have not met with health center to discuss future collaboration yet). (Meyer Pharmacy)</p> <p>Reach out to other healthcare entities and find common ground to develop relationships and new initiatives. (SUPERVALU)</p>