Farm Bureau PCM
Program Training

January 24, 2006  January 25, 2006
7:00 a.m. to 9:00 a.m.  1:00 p.m. to 3:00 p.m.

Introductions
Agenda

- Web Conference Instructions
- ScriptSave Dialogue
- Program Overview
- Claims and Data Submission
- Care Coordination
- Evaluation
- Questions

Web Conferencing Instructions

**Hand Raise**

If you have any questions during our session, please raise your hand by clicking on the hand in the upper left of the Tool Panel.

**Feedback**

When a question is asked, feedback can be given using the answers provided in this section of the Tool Panel.

**Text Chat**

You can also send text chat to the leader or publicly by typing in the box and clicking on ‘Send’. To send a private message to the leader, check the ‘Private’ box prior to clicking ‘Send’.
ScriptSave Partnership

Mark Walsworth
Senior Vice President, Sales

Farm Bureau PCM Program

Program Overview
Program Objectives

- Build upon success of the Iowa Medicaid Pharmaceutical Case Management
- Evaluate the success of the PCM model of care in the private sector
- Supported by grant funding from the Community Pharmacy Foundation
- Improve outcomes for select patients

Partners

- Community Pharmacy Foundation
- Iowa Pharmacy Association
- The University of Iowa College of Pharmacy
- Iowa Farm Bureau Federation
- Wellmark Blue Cross and Blue Shield of Iowa
Iowa Pharmacy Association

- Obtained CPF funding
- Manage pharmacy network
- Coordinate partnership
- Collect interim data

The University of Iowa College of Pharmacy

- Guide data collection of partners
- Conduct evaluation of the program
- Report findings to Community Pharmacy Foundation and other partners
- Publish and/or present findings
Iowa Farm Bureau Federation

- Farm Bureau member outreach
  - Letters to eligible patients
  - *The Spokesman* newsletter
- Program oversight and support

Wellmark Blue Cross and Blue Shield of Iowa

- Develop patient eligibility process
- Determine patient eligibility pool
- Share pharmacy and medical claims data with evaluation team
- Facilitate coordination with other Wellmark programs
- Communicate program to physicians
  - *Blue Ink* article
Iowa Medicaid vs. Farm Bureau

- Care processes are essentially the same.
- Differences in administrative processes:
  - Patients will be notified of their eligibility
  - Physicians are not paid for participation
    - Wellmark is considering policy changes to facilitate this payment
  - Different billing process will be used
  - Coordination with other care management programs in place

Pharmacist Participation

- All currently eligible PCM pharmacist providers for the Iowa Medicaid program are eligible for participation.
- The addition of new pharmacist providers at new pharmacy locations may be considered after implementation.
Patient Selection – Risk Selection

- Wellmark staff modeled the eligibility process used for the Iowa Medicaid PCM program implementation to determine patient eligibility.
  - 4 or more chronic medications
    - scheduled, nontopical
  - 1 or more select disease states
    - CHF, AF, HTN, Ischemic heart disease, Dyslipidemia, Osteoarthritis, GERD, PUD, Depression, Diabetes, Asthma, COPD

Patient Selection – Provider Access

- At-risk patients’ prescription history was matched to determine access to a PCM pharmacist provider.
  - If 50% or more of a patient’s prescriptions were dispensed at a PCM pharmacy, the patient was assigned to that pharmacy for PCM services.
  - If no PCM pharmacy dispensed 50% or more, patient was assigned to the control group.
Patient Selection – Pharmacist Notification

- Eligible pharmacists were notified of the opportunity to participate in the project.
- Upon agreement, each pharmacist reviewed their eligible patient list and accepted patients to whom they could provide PCM services.

Patient Notification

- Once accepted by the pharmacist, patients were mailed a letter from Farm Bureau encouraging participation and indicating potential eligibility. Patient is asked to contact their pharmacist.
- Pharmacists received draft letters and a telephone script to recruit eligible patients.
Patient Letter

- Sent to potentially eligible patients on Farm Bureau letterhead
- No patient specific information on the letter

Pharmacist-to-Patient Communications

- Available on IPA website (www.iarx.org)
- Letter to Eligible Patients from Pharmacist
  - Informs patients of PCM eligibility
  - Encourages them to set appointment
- Telephone Script
  - Suggested language for recruiting patients via the telephone or in person
  - Answers to commonly asked questions
Notice in *The Spokesman*

- Weekly Periodical Sent to All Farm Bureau Members

Notice in *Blue Ink*

**Attention: Iowa Providers**

**Farm Bureau/IPA Pilot Program to Review Medication Use**

Starting February 1, 2006, Farm Bureau and the Iowa Pharmacy Association (IPA) will pilot a program to provide pharmaceutical case management (PCM) to patients at high risk for problems related to medication. The program is modeled on the successful Iowa Medicaid Pharmaceutical Care Management program, and involves many of the same pharmacists.

Pharmaceutical Case Management allows pharmacists to support physicians by tracking the prescriptions filled by members, who may be receiving drug therapy from more than one provider. If a patient presents a prescription which reacts with medications already being taken, the pharmacist notifies the prescribing physician(s) and may offer suggestions for alternatives which fit into the physician's plan of care.

Approximately 250 Iowaans with Wellmark Blue Cross and Blue Shield health coverage through Farm Bureau were selected for PCM services. Patients identified will receive a letter from Iowa Farm Bureau inviting them to join the pilot program. Their primary pharmacist will then contact the patient to set up an appointment.

The goal of PCM is to prevent drug therapy complications by monitoring for adverse drug reactions and seeking ways to optimize medication therapy. If review of a patient’s medications reveals potential problems, the pharmacist will alert the prescribing physicians. All care provided will be coordinated with the patient’s primary physician.

We would appreciate your cooperation in this one-year pilot program. If you have any questions, contact Wellmark at 800-302-2218.
Patient Assessment Types

Same assessment types as Iowa Medicaid
- Initial Assessment
- Follow-up Assessment
- New Problem Assessment
- Preventative Assessment

Initial Assessment

- Reimbursement Amount - $75
- Reimbursement Limit – One per lifetime
- Pharmacist MUST:
  - Create an initial medication list
    - Rx, OTC, herbal, supplement, etc.
  - Ask and document two health status questions
  - Create an action plan
  - Plan a follow-up assessment
Initial Assessment Activities

- Take a medication history – create initial medication list
- Determine the indication for each medication and record progress toward achieving treatment goals
- Assess patient compliance
- Detect any side effects or side effect risks that can be reduced
- Assess the need for regimen change, patient self-management education, and administration and monitoring device training
- Create an action plan and make recommendations to the physician as necessary
- Coordinate interventions with other Wellmark programs if applicable

Potential Action Plan Elements

- Changes in medication regimen
- Focused patient or caregiver education
- Periodic assessment for changes in the patient’s condition
- Periodic monitoring of the effectiveness of medication therapy
- Patient self-management training
- Provision of patient-specific educational and informational materials
- Compliance enhancement
- Reinforcement of healthy lifestyles
Follow-Up Assessment

- Reimbursement Amount - $40
- Reimbursement Limit – 4 per 12 months
- Pharmacist MUST:
  - Update the medication list
  - Ask and document two health status questions
  - Update the action plan
  - Plan a follow-up assessment

Follow-Up Assessment Activities

- Update the medication list
- Assess progress toward achieving objectives of the action plan
- Update the action plan as necessary
- Assess for new drug therapy problems
- Make recommendations to the physician as necessary
- Coordinate interventions with other Wellmark programs if applicable
New Problem Assessment

- Reimbursement Amount - $40
- Reimbursement Limit – 2 per 12 months
- Pharmacist MUST:
  - Update the medication list
  - Ask and document two health status questions
  - Update the action plan
  - Plan a follow-up assessment

New Problem Assessment Activities

- Update the medication history
- Identify aspects of new or adjusted medications that increase risk of side effects, compliance problems, or difficulty in achieving treatment goals
- Make recommendations to the physician as necessary
- Coordinate interventions with other Wellmark programs if applicable
Preventative Assessment

- Reimbursement Amount - $25
- Reimbursement Limit – One per 180 days

Pharmacist MUST:
- Update the medication list
- Ask and document two health status questions
- Update the action plan
- Plan a follow-up assessment

Preventative Assessment Activities

- Update the medication history
- Assess patient compliance
- Assess progress toward achieving treatment goals
- Reinforce desired self-management behaviors
- Detect new risk factors
- Assess the need for regimen change and new patient education
- Make recommendations to the physician as necessary
- Coordinate interventions with other Wellmark programs if applicable
Optional Medication List Form

Health Status Questions

**Must be asked at each assessment**

“Overall, how would you rate your health in the past month?”

“Overall, how would you rate your health in the past month compared to others your age?”

- Excellent
- Very Good
- Good
- Fair
- Poor
Claims and Data Submission

IPA website offers a mechanism to submit claims
- www.iarx.org

Other systems may be used if the system allows transfer of the required data elements to IPA for processing

For any special needs, see IPA staff
IPA Website – www.iarx.org

- Sign in using your Pharmacist ID and your password
- Obtain password from the IPA staff
Select the pharmacy practice site
Most pharmacists will only have one option to select
Pharmacists who are eligible to provide services at different pharmacy location will have multiple sites to select
Once you have selected the pharmacy, you may:

- Proceed to enter a claim
- View a reminder screen
Welcome to the Farm Bureau Pharmaceutical Case Management Program. Your associated pharmacies are listed in the drop down box below. Please choose the pharmacy you will be working with and proceed to enter data. Thank you for your cooperation.

**Pharmacy:**
- Boulder Pharmacy Inc - 723-4566

- **Click Here to Enter a New Claim**

**Assigned Patients sorted by Next Assessment Date**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Next Assessment</th>
<th>Last Assessment</th>
<th>Reset</th>
<th>Next Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patel</td>
<td>Pune</td>
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<tr>
<td>Upah</td>
<td>Andy</td>
<td>1/20/2006</td>
<td>1/12/2006</td>
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**IPA Website – www.iarx.org**

- Select patient from the drop down list
- Only your assigned patients are listed
IPA Website – www.iarx.org

- Select using drop down menu or date picker:
  - Date of Assessment
  - Assessment Type
  - Date of Next Encounter
  - Health Status Answers
Records drug therapy problem information identified at the assessment

NOT a documentation system – does not replace your patient charting

Information is recorded in a database and is no longer available to you
IPA Website – www.iarx.org

- Type of drug therapy problem
  - Drop down menu
  - May repeat types
  - Up to 9 entries
- Medication/problem
  - Up to 20 characters of free text
- Resolved?
  - Down down menu
  - Yes, no, or pending

IPA Website – www.iarx.org

- Drug therapy problem types
  - Unnecessary drug therapy
  - Wrong drug
  - Dosage too low
  - Adverse drug reaction
  - Dosage too high
  - Inappropriate compliance
  - Need additional drug therapy
  - None
IPA Website – www.iarx.org

- Hit Submit button
- Direct any claims problems to IPA staff
Reminder Screen - Patient List
- Upcoming assessments
- Overdue assessments
- Action available: May change date of next assessment

Reminder Screen – Drug Therapy Problems
- Pending drug therapy problems
- Action available: May change “Resolved” field to yes or no
IPA Website – www.iarx.org

- Resources available from links at the top of all screens
- “Study Documents”
  - Forms
  - Instructions
- “Contact Us”
  - Email contact to IPA
Claims and Data Submission

- Optional Claims and Data Form
  - For use during patient assessment
  - Facilitates website entry by other pharmacy staff
  - Not intended as a documentation system
**Care Coordination**

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**Form Bureau FCM Project**

<table>
<thead>
<tr>
<th>Assessment type</th>
<th>Date of assessment</th>
<th>Date of next encounter</th>
<th>Pharmacist’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Assessment</td>
<td></td>
<td></td>
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<tr>
<td>Problems Follow-Up Assessment</td>
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<tr>
<td>New Problem Assessment</td>
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<tr>
<td>Preventative Follow-Up Assessment</td>
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</table>

**Health Status Questions:**
1. Overall, how would you rate your health in the past month?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

2. Overall, how would you rate your health in the past month compared to others your age?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

**Drug Therapy Problems:**
Document DTP type, medication, and problem (up to 25 characters), and status of DTP (resolved, not resolved, or pending). Document up to 9 DTPs using three charts and back of form.

<table>
<thead>
<tr>
<th>DTP type</th>
<th>Medication/ problem</th>
<th>Resolved/Unresolved/Pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorrect Drug Therapy</td>
<td>R       U       P</td>
<td></td>
</tr>
<tr>
<td>Wrong Dose</td>
<td>R       U       P</td>
<td></td>
</tr>
<tr>
<td>Dosage too low</td>
<td>R       U       P</td>
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<tr>
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</tr>
<tr>
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<td>R       U       P</td>
<td></td>
</tr>
<tr>
<td>Inappropriate compliance</td>
<td>R     U     P</td>
<td></td>
</tr>
<tr>
<td>Need additional drug therapy</td>
<td>R   U    P</td>
<td></td>
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</tbody>
</table>

Note:

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Note:
Care Coordination

- Wellmark’s existing patient care programs
  - Performance Rx
    - Caremark therapeutic substitution program
  - Recognize and Reward Best Practices (RRBP)
    - Physician clinic-based incentive program
  - Case Management
    - Internal Wellmark program
  - Wellmark’s BluePrints for Health Disease Management Program
    - Administered by American Healthways

Performance Rx

- Pharmacists providing PCM should continue to utilize the Caremark Performance Rx program as appropriate.
- When detected during a PCM assessment, recommended changes to generic and therapeutic alternatives may be entered as a “wrong drug” drug therapy problem.
RRBP

- Physician-directed reporting on clinical outcomes
  - Based on national guidelines for standards of care
  - Often involve chronic disease parameters
  - Financial incentive for demonstrated improvement
  - Potential ways for physicians to benefit from PCM

Case Management

- Episodic in nature; 6 month average placement
- Patient selected due to high-risk or high-dollar events or potential events
  - Repeated ER or hospital admission
- Determination of service needs and set goals
- Coordination of care and support systems
- Depression screening and referrals
- Telephonic intervention
  - Education, goal setting, coaching
Disease Management

- Chronic disease care
  - Diabetes, Asthma, CHF, COPD, Cardiovascular
- Protocol-driven telephonic educational intervention and coaching
  - Healthy lifestyle, disease-specific education, goal setting
- Patient receives workbook
- Liaison shares information with physicians
- Medication list provided to primary care provider twice yearly

Coordination

- Performance Rx: no coordination activities needed.
- RRBP: no coordination activities currently available.
- Case Management & Disease Management: Approximately 34% of the patients identified for PCM are in either of these programs.
Coordination

- Pharmacists will be notified if their PCM patients are in either case management (CM) or disease management (DM).
  - Last two columns on your patient list
- CM and DM staff will be notified of patients who are PCM eligible.
- IPA, CM, and DM staff will meet weekly to share information related to mutual patients.
  - Process already in place for CM and DM
- IPA will share pertinent information between the CM and DM staff and the pharmacists.

Coordination

- Ways to share information:
  - Website (www.iarx.org)
    - Date of next assessment
    - Drug therapy problems identified
    - Drug therapy problems pending resolution
    - Health status answers
  - Email (kpuetz@iarx.org) or telephone (515.270.0713)
    - Referrals to CM or DM
    - Unique problems
Evaluation

- Interim data will be collected via the claims and data submission on the IPA website
- Formal evaluation by the University of Iowa will begin after 12 months of services
- Research process will be similar to that used for the Iowa Medicaid PCM evaluation
Evaluation

- Research will examine
  - Medical claims data (Wellmark)
  - Pharmacy claims data (Wellmark)
  - Drug therapy problems (IPA)
  - Health status (IPA)
  - Pharmacist recommendations (Pharmacists)
  - Physician responses (Pharmacists)
  - Medication Appropriateness Index (Pharmacists)

Evaluation

- Evaluation team will extract data from patient charts in the pharmacies
- Evaluation Needs from Pharmacists
  - Beginning and ending medication list
    - List should be updated in the last 60 days of the program evaluation (Plan an assessment for December 2006 or January 2007)
  - Progress notes for recommendations, physician responses, and other pertinent information
Next Steps

Check List

- Contact IPA to:
  - Complete business associate agreement
  - Obtain your patient list
  - Update contact information
  - Obtain password for the website
  - Accept the patients who you will provide PCM services

- Contact patients to:
  - Set up initial assessment
IPA Staff

- Contact IPA staff for:
  - Any questions
  - Resources to assist you
  - Referrals to CM or DM

- IPA staff will contact you with:
  - Pertinent information on CM or DM patients
  - Performance reminders
  - Monthly payments for your services!

Optional Q & A Session

- IPA staff will be available at the IPA Educational Expo
  - January 27-29, 2006
  - Marriott Downtown Des Moines

- Optional Q & A session will be held after the law review session on Sunday
  - January 29, 2006 at approximately 2:00pm
IPA Staff Contacts

Kate Puetz  
515.270.0713  
kpuetz@iarx.org

Cheryl Clarke  
515.270.0713  
cclarke@iarx.org

IPA website  
www.iarx.org

Under “Resources”  
Under “Farm Bureau Pharmaceutical Case Management”  
Select “Contact Us”

Questions?

Thank you for attending this training session. Your attendance is appreciated as we know your time is valuable.