Patient Care Services
Pearls – Part 1

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CPE Information and Disclosures

The American Pharmacist Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

Beverly A. Morrow, Jennifer Evans, Jeannie Hong, and Robin John declare no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

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CPE Information

Target Audience: Pharmacists and Technicians
ACPE#: 0202-0000-15-222-L04-P/T
Activity Type: Knowledge-based

Learning Objectives

• Describe examples of successful pharmacy activities in innovative patient care scenarios.
• Explain how pharmacists and technicians have overcome challenges to deliver care in interdisciplinary settings such as medical homes.
• Describe successful examples of the expanded role of pharmacy technicians in clinical pharmacy and medication refills.

Prescription Synchronization

Beverly A. Morrow, BS, PharmD
Madigan-Puyallup Community Based Medical Home

Learning Objectives for Pearl Session

• Describe examples of successful pharmacy activities in innovative patient care scenarios.
• Explain how pharmacists and technicians have overcome challenges to deliver care in interdisciplinary settings such as medical homes.
• Describe successful examples of the expanded role of pharmacy technicians in clinical pharmacy and medication refills.
Self-Assessment Question 1

Question: Prescription Synchronization ... 
  a. Improves patient adherence to medication regimen 
  b. Enhances workflow within the pharmacy 
  c. Is beneficial to clinic staff (to include physicians) 
  d. All of the above

Prescription Synchronization

- Innovative process introduced 20 years ago, recently recognized by the American Pharmacist Association (APhA) as a very effective component of the Appointment Based Model (ABM).
- Utilization of the ABM has allowed pharmacists to provide additional services to their patients while still performing distributive functions (i.e. dispensing medications).1,2
- Following a comprehensive review of the medication profiles for patients with 8 or more active orders
  - Questionable or inappropriate polypharmacy were reported to their Primary Care Provider.
  - Case Managers were informed, when needed.
  - Duplicate medication discontinued
  - Prescriptions synchronized to ensure adherence

Triple Aim Achieved with Prescription Synchronization

- Improved population health.
  - HEDIS: composite scores increased from 40% to 74.3%.
- Improved patient experience and satisfaction.
  - APLSS scores for clinic visit over 93% with an average of 97.2%.
  - Decreased wait time from 6.1 to 5 minutes.
  - Average time to serve reduced to 2 minutes.
- Per capita costs:
  - Decreased average number of prescriptions per patient.
  - Decreased # of patient calls and pharmacy visits.
  - Fewer pending prescription (first-fill failure rates).
  - Reduced ED and urgent care visits.
  - Improved inventory management.
  - Reduced medication disposal and destruction

More recent news on Prescription Synchronization

- APhA released White Paper on the Appointment Based Model (ABM) which included Prescription Synchronization to improve adherence to medication regimens
- Following a Fiscal Accountability and Recovery Mission (FARM) visit in January 2014, our Community Based PCMH was asked to prepare an Information Paper (IP) on Prescription Synchronization.
- Legislation in 2014 required health plans to support the process of refill synchronization,
  - A few states (seven) have even passed bills to ensure authorization for adjustments (pro-rating partial fills & changing quantities on prescriptions).

Implementing Synchronization

- Identify polypharmacy patients in MPCMH.
  - High-risk rounds and report for patients with 8+ active prescriptions.
- Inform multidisciplinary PCMH teams.
  - Coordinate with Providers, Nurses, Case Managers.
  - Identify patients for synchronization with the focus on wellness and prevention of disease/exacerbation.
  - Schedule refills (qty 90 x 3 refills, qty 30 x 11 refills).
- Educate and invite identified patients.
  - Design and distribute synchronization brochure.
  - Coordinate with patients and healthcare teams to synchronize prescriptions.
- Evaluate the process.
  - Continuous Process Improvement (CPI).

MPCMH Metrics

<table>
<thead>
<tr>
<th></th>
<th>Mar to Sep 2012</th>
<th>Mar to Sep 2013</th>
<th>Jan to Dec 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment (Average)</td>
<td>5713</td>
<td>6997</td>
<td>7401</td>
</tr>
<tr>
<td>Prescriptions filled per month</td>
<td>2588</td>
<td>3333</td>
<td>3401</td>
</tr>
<tr>
<td>Number of refills processed each month (percentage of total):</td>
<td>608 (24%)</td>
<td>1022 (31%)</td>
<td>1116 (33%)</td>
</tr>
<tr>
<td>Average Number of prescriptions discontinued per month</td>
<td>129</td>
<td>85.5</td>
<td>106</td>
</tr>
<tr>
<td>Criteria used:</td>
<td>NEMOCO Policy 19-078</td>
<td>8+ active orders &amp; clinical decision</td>
<td>8+ active orders</td>
</tr>
<tr>
<td>Composite Health Data</td>
<td>40-42.9%</td>
<td>42.9-54.2%</td>
<td>45.7 to 74.3%</td>
</tr>
</tbody>
</table>
MPCMH Metrics (continued)

<table>
<thead>
<tr>
<th>Mar to Sep 2012</th>
<th>Mar to Sep 2013</th>
<th>Jan to Dec 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy Wait time, average (range during months data reviewed)</td>
<td>5.01 minutes Reduced (6.1min to 4.8 min)</td>
<td>6.15 minutes Increased (8.0 to 7.2min)</td>
</tr>
<tr>
<td>Pharmacy Serve time, average</td>
<td>3.58</td>
<td>3.17</td>
</tr>
<tr>
<td>Pharmacy Transaction time</td>
<td>8.59</td>
<td>9.32</td>
</tr>
<tr>
<td>Average RX/pt on reports (MEDCOM criteria or 8+)</td>
<td>4.8 (max 14) to 4.4 (max 17)</td>
<td>9.9 (max 20) to 9.9 (max 27)</td>
</tr>
<tr>
<td>Army Provider Level Satisfaction Survey (APLSS) Score for Pharmacy Visit</td>
<td>100% August 2012</td>
<td>87.4% average March to July 2013</td>
</tr>
</tbody>
</table>

Pharmacy Transaction Times (2012 - 2014) (Wait Time + Serve Time = Transaction Time)

Between August 2012 and December 2014, the transaction time decreased as workflow was improved.

Key Points

- The Community Based Medical Home that utilizes the Core Concepts of the PCMH Model is an ideal environment for Prescription Synchronization.
  - Patient-centered = patients engaged
  - Prevention and wellness focused
  - Team approach facilitated (prescription synchronization)
  - CPI* and NCQA standards utilized
- Aligns with Triple AIM so Improvements are measurable and attainable.
  - Improved Population Health (HEDIS)
  - Improved Patient Experience (APLSS)
  - Reduced Per Capita Costs
  - Cost avoidance and reduction

Answers To Self-Assessment Questions

Question: Prescription Synchronization ...
  a. Improves patient adherence to medication regimen
  b. Enhances workflow within the pharmacy
  c. Is beneficial to clinic staff (to include physicians)
  d. All of the above

References


Closing Remarks

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Clinical Pharmacy Implemented Asthma Group Visits
Jennifer L. Evans, PharmD, BCACP, C-TTS
Kimbrough Ambulatory Care Center, Fort Meade, Maryland

Self-Assessment Question 2
All of the following are potential advantages to clinical pharmacist group visits EXCEPT:

A. Management of medication-related HEDIS measures, strengthening role on medical home team.
B. Utilize clinical pharmacy technicians in a traditional dispensing role.
C. Simultaneously extend care, medication education, and promote self-management to multiple patients with similar disease state.

Kimbrough Ambulatory Care Center, Fort Meade, MD

• Army MTF, serving all military branches
  – 24,000 beneficiaries
  – 5 medical home clinics
  – 2 outpatient pharmacies (6,000 prescriptions/week)
• Embedded Clinical Pharmacy Team
  – 3 FTE clinical pharmacists
  – 1 FTE clinical pharmacy technician

HEDIS Quality Metrics
• Health Effectiveness Data and Information Set (HEDIS), maintained by National Committee for Quality Assurance (NCQA)
  – Preventative health process measures
  – Define ratings and indicators for quality of care
• Clinical pharmacy role in medication-related HEDIS measures:
  – Asthma
  – Diabetes
  – Cholesterol
  – Coronary Artery Disease
  – Depression
  – Immunizations

Asthma HEDIS Measure
• Asthma is a reversible condition, managed with trigger avoidance and medication
• Asthma-associated medical costs in the United States
  – $56 billion in 2007, 6% increase from 2002
  – 479,300 hospitalizations, 1.9 million emergency visits in 2009
• GOAL: Reduce asthma exacerbations, and asthma-related emergency visits and hospitalization.

Asthma Group Visit - Preparation
• Multidisciplinary Team
  – Clinical Pharmacy (Team Lead)
  – Population Program Health Manager
  – Immunization Clinic
  – Nursing
  – Providers (Pediatrics, Primary Care, Internal Medicine)
• Developed visit objectives, agenda, and process
• Prepared standardized teaching format and educational materials
• Confirmed location, equipment, staff
• Use of CarePoint Healthcare Application Suite to identify MTF patients not meeting the asthma HEDIS goal
• Advertised to medical staff and through social media
• Scheduled identified patients

Use of Appropriate Medications for People With Asthma
• The percentage of individuals identified as having persistent asthma
• Appropriately prescribed medication during the measurement year
Asthma Group Visit

Medical Staff:
• 2 Clinical Pharmacists
• 1 Clinical Pharmacy Technician / Student
• 1 Population Health Program Manager
• 2 Medical Assistants

Asthma Assessment
Vitals
Peak Flow Readings
Vaccination Administered

Asthma Education
Inhaler Technique
Medication Dispense

Medication Reconciliation with Clinical Pharmacist

Check-In

Asthma Group Visit - Outcomes

21 August 2013

Pediatrics
2:00pm

• 6 (of 7) attendance
• 86% show rate
• Age range: 7-17yrs

Refills processed: 2 patients (8 medications)

Asthma Education

Inhaler Technique
Medication
Dispense

Medication Reconciliation with Clinical Pharmacist

Challenges and Lessons Learned

Patient Contact:
• Medical chart review prior to patient contact
• Unexpected contact

Visit Flow:
• Allow time for set-up and between visits
• Set limitation on visit capacity
• Schedule according to patient population
• Billing codes: 98960 [1 patient], 98961 [2-4 patients], 98962 [4+ patients]

Pearls:
• Processing prescriptions during visit
• Pre-screening for immunizations
• Providers available for any urgent medical concerns

Key Points

• Clinical pharmacists, as part of the medical home, can utilize medication-related HEDIS measures to strengthen role and impact on team.
• Clinical pharmacy technicians, in an expanded role, are vital for implementing, scheduling, arranging clinical pharmacy group visits.
• Group visits offer a method to simultaneously extend care and education to multiple patients with a similar disease state within a limited time.

Answer To Self-Assessment Question 2

All of the following are potential advantages to clinical pharmacist group visits EXCEPT:

A. Management of medication-related HEDIS measures, strengthening role on medical home team.
B. Utilize clinical pharmacy technicians in a traditional dispensing role.
C. Simultaneously extend care, medication education, and promote self-management to multiple patients with similar disease state.
Closing Remarks

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Pharmacy Technician
Initiated Medication Refill Process

LT Jeannie Hong USPHS

Self-Assessment Question 3

Which of the following describes currently available education/training programs for pharmacy technicians?
A. Certificate and Degree Programs
B. College of Pharmacy Associated Programs
C. Employer-sponsored Programs
D. High School Programs
E. Military Training Programs
F. Certification Review Courses
G. All of the Above

Let’s Visit Parker Indian Health Center

• Rural, critical access hospital with 2 satellite clinics serving 5000 actively enrolled American Indian/Alaska Native patients in the tristate area
  • Daily average of 800 scripts
  • Pharmacy-based specialty clinics
  • 5 Pharmacists and 3 pharmacy technicians

Survey Results

Survey Results Cont’d
Survey Results Cont'd

Pharmacy Workforce Challenges

- Growing complexity of medication use
- Growing number of population with polypharmacy
- Continued focus on medication quality and safety
- Increased public visibility and accountability
- Expanded scope of pharmacists' practices and increased need for assistance from well-qualified pharmacy technicians


Survey Results Cont'd

Roles and Responsibilities of Pharmacy Technicians: Current and Emerging

- Indigent care prescription
- Sterile and non-sterile
- Compounding
- Quality assurance and quality improvement
- Patient care initiatives
- Performing medication therapy management

How does Parker Indian Health Center (PIHC) process prescription refills?

Let's review the pharmacy technician-initiated prescription refill process at PIHC.
Step 1: Create a Visit

Step 2: Choose “Refill”

Step 3: Choose Method of “Pick Up”

Step 4: Refill Ready for RPh Review

Step 5: RPh Adds Self to Visit

Step 6: Choose RPh as Provider for Visit
Step 7: RPh Shown as Provider

Step 8: Process Pending Refill

Key Points

• Concurrent with the legislative efforts to recognize pharmacists as providers and to support their clinical roles, there is a strong need for expanded roles of well-educated and highly skilled pharmacy technicians in pharmacy teams

• Safe and effective medication-use processes depend on the competency of pharmacy technicians which is possible through education, training and assessments

• Implement strategies for pharmacy technicians to fill traditional duties such as prescription refills while redistributing pharmacists’ abilities for patient-centered activities to show cost-effectiveness (e.g. quality of healthcare, reduced errors, increased efficiency, etc.)

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Closing Remarks

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Patient Care Services Pearls

Robin John, RPh, CDE
Yakama Indian Health Service Healthy Heart Program
Learning Objectives

• Describe examples of successful pharmacy activities in innovative patient care scenarios.
• Explain how pharmacists and technicians have overcome challenges to deliver care in interdisciplinary settings such as medical homes.
• Describe successful examples of the expanded role of pharmacy technicians in clinical pharmacy and medication refills.

Self-Assessment Question 1

What key elements and target groups may be utilized in implementing a successful clinical pharmacy program?

[Note: Questions should be designed to assess participant learning during the presentation. Ideally, attendees will not know the answer at the beginning of the presentation, but will know the answer at the end of the presentation. Questions should tie back to session Learning Objectives.]

Yakama IHS Healthy Heart Program

- 15,000 user population
- 26,000 patient visits
  - 1,242 Patients with Type 2 Diabetes
  - Average 750-1,000 prescriptions/day

Identification of Improvement Needs

1. Diabetes Program
2. Pharmacist Retention
3. Medical Provider Workload
4. Patient Perceptions

 Implemented SDPI Healthy Heart (Special Diabetes Program for Indians)

- Empanel patients with Clinical Pharmacist Case Managers
- Provide Services through Collaborative Practice Agreements
- Serve as the Director/Coordinator of the Yakama IHS Diabetes Program

Medical Target Groups

• Medical Providers
  - Identify how it would benefit providers
  - Reduce Workload
  - Improve Quality of Care
• Pharmacist
  - Improve Retention
  - Job Satisfaction
  - Licensure and Training
  - Career Advancement
**Patient & Community Target Groups**

- Gate Keepers
- Motivated & Compliant
- Community Leaders
- Provider Recommended

**Typical Yakama Healthy Heart Visit**

- Treatment Collaborative Practice Agreements Medication Ordering Lab Monitoring Self-Management Education
- Evaluation Blood Pressure Weight Foot Exams Immunizations JVN Goals
- Coordination Primary Care Provider Referrals Dental, Optometry, Mammograms, Fitness, Cardiac Specialists, Mental Health, Home Health, Nutrition

**Clinical Data Comparison**

- DM: A1c Good Glycemic Control <8 (GPRAMA)
- DM: BP <140/90
- DM: LDL Low <100

**Diabetic Exams**

- Dental Access
- DM: Retinal Evaluation
- DM: Foot Exam

**Other Standards of Care Data**

- Colorectal Cancer Screening
- Mammogram Rates
- Tobacco Cessation
- Influenza 18-64
- Pneumovax 65+
**Diabetic Standards of Care Trends**

**Standards of Care Diabetes Audit 2002 - 2015**

- A1c<7%
- BP < 130/80
- LDL < 100

**Diabetic Exam Rates**

**Standard of Care Exam Rates 2002 - 2015**

- Retinopathy Accessed
- Dental Exam
- Foot Exam

**Exercise for Life**

**Kick Diabeties**

**Huckleberries**

**Yakima Healthy Heart**

**Be your Best Advocate**

- Landmark Legislation Paves Way for Pharmacists to Improve Patient Care
- The Washington State Pharmacy Association (WSPA) announced today that Governor Inslee signed into law ESSB 5557. This landmark law is the first of its kind in the nation to require health insurance carriers to include pharmacists as network providers.

- Publications
- Presentations
- Recognition
Key Points

- Integrate program within medical home using team approach
- Build support for your program through participants and stakeholders
- Bill for services
- Develop partnerships with multiple entities
- Provide support and expertise to providers and community
- Be flexible and creative so you can adapt to changes
- Continuous Improvement

Answers To Self-Assessment Questions

What key elements and target groups may be utilized in implementing a successful clinical pharmacy program?
- Participant “Gate Keepers”
- Medical Provider Buy-In
- Data Driven Results
- Program/Patient/Community Advocacy
- Partnerships

Closing Remarks

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