CHC Expert Session # 2

Bringing Pharmacy Into the Fold: Focus on Emerging Models of Clinical Integration

**Moderator:** Sue Veer, MBA
President and CEO
*Carolina Health Centers, Inc.*
Statement of Conflicts of Interest

• Sue Veer has no actual or potential conflict of interest in relation to this presentation
Let me introduce our expert panelists:

David W. Christian
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Central Virginia Health Services, Inc.
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Brett R. Gingrich, PharmD
Director of Pharmacy Services,
Cherry Health Heart of the City Health Center
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Madgi Awad, PharmD
Director of Pharmacy, AxessPointe Community Health Center
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Today’s Agenda

During this session we are going to:

• Explore a range of models for integrating clinical pharmacy into the health center medical home;

• Understand how these models expand the scope of practice and enable pharmacists to perform at the top of their license;

• Recognize the demonstrated impact of clinical integration of pharmacy on prescribing patterns, patient adherence, quality outcomes, and cost effectiveness; and

• Identify barriers that must be addressed and strategies for doing so.
CE Question

Which of the following represents an integrated service within the scope of practice for a clinical pharmacist?

A. In-clinic consultations
B. Administering sedation during screening colonoscopies
C. Participation in transition of care teams
D. All of the Above
E. Only A and C
Let’s revisit the paradigm shift suggested in CHC Expert Session # 1
Notable Pioneers

- The Asheville Project
  - 24.3% increase in patients with optimal A1c
  - Decreased cost of care by $1,079 per patient

- The Minnesota Project
  - 22% more patients met Healthcare Effectiveness Data and Information Set (HEDIS) criteria for cholesterol
  - Decreased cost of care by $3,778

- Everett Clinic
  - 15% increase in blood pressure (BP) control
  - Avoided $450,000 in hospital costs

- Penobscot Health Center
  - Prevented >300 readmissions
  - > $1.4 million in savings to system

- Central VA Health Services, Inc.

Emerging Models of Integration

- Clinical Pharmacist Practitioners
- Annual Wellness Visits
- Transitions in Care teams
- Pharmacists in telehealth
- Controlled Substance Initiatives

Barriers to Overcome

- Knowledge, awareness and priorities
- Reimbursement
- Policy limitations
- System perspective
- Coalition building
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Emerging Models of Clinical Pharmacy Integration

The Integrated Service Model at CVHS

David W. Christian, Pharmacy Director
Central Virginia Health Services, Inc.
Statement of Conflicts of Interest

• David Christian has no actual or potential conflict of interest in relation to this presentation
Today’s Agenda

During this session we are going to:

• Discuss a model for integrating clinical pharmacy into the health center medical home consistent with the scope and resources of the health center; and

• Review challenges and lessons learned in the evolution of the clinically integrated model.
Facts About CVHS Health Centers

• 6 urban sites (two in Charlottesville and Petersburg, Hopewell, and Fredericksburg); 11 rural sites
• All CVHS sites were created in response to a community need
• 8 sites offer medical, dental, and behavioral health; 3 offer medical and dental; 1 offers medical; 4 offer medical and behavioral health; and 1 children’s only dental practice (Milford)
• Our in-house pharmacies fill an average of 634 prescriptions a day; 165,000 prescriptions filled in 2019
• State of the art fitness facility and outdoor track, digital mammography and x-ray services offered at our Buckingham site
CE Question

• Can pharmacy collaboration increase positive patient outcomes?
  A. Yes, but only with medication compliance
  B. Yes, by being a resource for the patient and provider
  C. No, it can be done but there is no demand for the service
  D. No, it is just too hard
CVHS Health Services

- Pharmacy collaboration with other services
  - Annual Wellness Visits
  - Hepatitis C
  - Diabetic Counseling
  - Pre-diabetic Counseling
  - Chronic Care Management
  - Behavioral Health
CVHS Health Services (Cont’d)

• Pharmacy collaboration with other services
  • Annual Wellness Visits
  • Hepatitis C
  • Diabetic Counseling
  • Pre-diabetic Counseling
  • Chronic Care Management
  • Behavioral Health
Becoming a Resource

• Medicare Annual Wellness Visits (AWV) are conducted by pharmacist
• Diabetic and pre-diabetic patients are referred to the pharmacy for counseling and tracking
• Once a patient is under the care of the pharmacist the following occurs:
  • Intense patient counseling and tracking
  • Pharmacist follow up to make sure all of the Uniform Data System (UDS) measures for the patient are achieved
• Hepatitis C is a pharmacy run program. Our clinical pharmacists train our new providers, suggest appropriate treatment, complete Prior Authorizations and track and counsel patients
• New program has begun where the pharmacy has a technician embedded in behavioral health one day a week
  • The technician has a Masters in Mental Health Counseling
CE Question

Can pharmacy collaboration increase positive patient outcomes?

A. Yes, but only with compliance
B. Yes, by being a resource for the patient and provider
C. No, it can be done but there is no demand for the service
D. No, it is just too hard
Additional Questions?

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Pharmacists Practicing at the Top of their License

Brett Gingrich PharmD, Director of Pharmacy Services
Cherry Health, Grand Rapids, MI
Statement of Conflicts of Interest

• Brett Gingrich has no actual or potential conflict of interest in relation to this presentation
Today’s Agenda

• Cherry Health Background

• Cherry Health Clinical Pharmacy Services
  • How
  • Reason why
  • Sustainability
  • Pharmacist training needed
CE Question

Graduating Pharmacists are all trained to be doctors and will receive a PharmD degree. With a doctorate degree they will already have a high level of training to practice at the top of their license.

What Pharmacy Services require additional special privileging or a training certificate?

- Immunizations
- Spirometry
- Board of Pharmacy Specialty Certificate
- All of the above
Cherry Health Background

• One of the largest federally qualified health centers (FQHCs) in Michigan
  • More than 20 sites serving over 70,000 patients

• Pharmacy Services
  • 1 Retail Pharmacy – Heart of the City Pharmacy
    • Immunizations/ Naloxone standing order/Blood Pressure Cuff Loaner Program
  • College of Pharmacy – Ferris State University
    • Faculty – Clinical Pharmacist in Adult Medicine Clinic
    • Pharmacy resident and PharmD students on rotation
  • Clinical Pharmacy Services
Clinical Pharmacy Services

• Clinical Pharmacist embedded in the clinic
  • *Faculty College of Pharmacy – Clinical Pharmacist in Adult Medicine*
    • HOW?
      • Collaboration with College of Pharmacy
    • REASON?
      • Integration – Pharmacist and students part of the team
      • Drug information questions and consults
      • Disease Management – Chronic Obstructive Pulmonary Disease (COPD)/Asthma/Spirometry
    • SUSTAINABLE?
      • Co-visits with providers – Referrals to Pharmacy and warm handoffs
      • Bill through Provider’s National Provider Identified (NPI)
  • PHARMACIST TRAINING?
    • Residency required
Clinical Pharmacy Services (Cont’d)

- Clinical Pharmacist embedded in the clinic
  - Part-time Staff/Clinical Pharmacist – Durham Clinic
    - HOW?
      - 8 hours staffing/ 12 hours in clinic
    - REASON?
      - Durham is our most integrated clinic
      - Complex patients
    - SUSTAINABLE?
      - Outcomes Medication Therapy Management (MTM)/ Medicaid MTM (Michigan)
      - Bill with Pharmacist’s NPI
      - Insurance incentive payments
    - PHARMACIST TRAINING?
      - RPH/PharmD Degree/residency can be preferred
      - MTM training certificate/Board of Pharmacy Specialty Certificate training
Outpatient Billing of Pharmacist Services


*Figure 1. Commonly Used Codes for Outpatient Billing of Pharmacists’ Services*

Where does the pharmacist provide services?

**Location: Pharmacy**
- CCM—99487, 99489, 99490
- TCM—99495, 99496

**Location: Physician Office**
- E/M—99211-215
- CCM—99487, 99489, 99490
- TCM—99495, 99496
- AWV—G0438, G0439
- DSMT—G0108, G0109

**Location: Hospital Outpatient Clinic**
- "Facility Fee"—G0463
- CCM—99487, 99489, 99490
- TCM—99495, 99496
- AWV—G0438, G0439
- DSMT—G0108, G0109

Pharmacist is NOT a recognized provider
(Physician or NPP bills under their NPI)

Pharmacist is a recognized provider
(Physician or pharmacy bills under their NPI)

MTMS—99605, 99606, 99607
E/M—99211-215
DSMT*—G0108, G0109

MTMS—99605, 99606, 99607
E/M—99211-215

MTMS—99605, 99606, 99607
E/M—99211-215

* DSMT can be billed by a pharmacy (not a pharmacist). The pharmacy must furnish other services covered by Medicare Part B and be accredited by a CMS-approved accreditation organization.

AWV = Annual Wellness Visit (page 23); CCM = Chronic Care Management (page 21); DSMT = Diabetes Self-Management Training (page 26); E/M = Evaluation and Management (page 16); Facility Fee (page 18); MTMS = Medication Therapy Management Services (page 25); TCM = Transitional Care Management (page 19).
Clinical Pharmacy Services (Cont’d)

• Clinical Pharmacists embedded in the Retail Pharmacy
  • Full-time/part-time Pharmacists
    • HOW?
      • Pharmacists are clinically trained
    • REASON?
      • Pharmacists most accessible health provider
    • SUSTAINABLE?
      • Immunizations
      • Naloxone Standing Order
      • Hepatitis C/ HIV-PrEP Programs
      • Outcomes MTM/Medicaid MTM billing
      • Point of Care Testing
Clinical Pharmacy Services (Cont’d)

- Tracking Performance
  - 340B capture rate
  - Insurance MTM incentive payments
  - Outcomes MTM / Medicaid MTM billing
  - Immunizations
  - Cherry Health Foundation- donations to Pharmacy projects
  - Free Naloxone Distribution through Direct Relief

- 340B Savings Use
  - Blood Pressure Cuff Loaner Program
  - Hepatitis C and HIV PrEP programs
CE Question

New Graduating Pharmacists are all trained to be doctors and will receive a PharmD degree. With a doctorate degree they will already have a high level of training to practice at the top of their license.

What Pharmacy Services require additional special privileging or a training certificate?

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Additional Questions?

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Academic Detailing
Delivering Value

Madgi Awad, PharmD, Director of Pharmacy
AxessPointe Community Health
Magdi Awad, MSA, PharmD
Associate Professor of Pharmacy Practice, Northeast Ohio Medical University (NEOMED)
Director of Pharmacy, AxessPointe Community Health Centers
Statement of Conflicts of Interest

- Magdi Awad has no actual or potential conflict of interest in relation to this presentation
Today’s Agenda

During today’s session we plan to:

• Explore the development of an academic detailing service in the health center; and

• Discuss the impact on clinical outcomes and organizational performance.
CE Question

Which of the following strategies has shown to be consistently effective in improving prescribing practices?

1. Formulary restrictions
2. Clinical decisions support systems
3. Traditional educational programs
4. Academic Detailing
The effect of an interprofessional pain service on nonmalignant pain control

Cindy P. Coffey, Ph.D., B.C.O.C.T.®, Timothy R. Wickel, Pharm.D., Kristen Buchman, Ph.D., Magdolila A. Arnao, Pharm.D.

American Journal of Health-System Pharmacists, Volume 66, Issue Supplement 2, 1 June 2020, Pages 590-594
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Emerging Practices in Diabetes Prevention and Control: Working with Pharmacists

PREVENTING CHRONIC DISEASE
PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY

Pharmacists in Federally Qualified Health Centers: Models of Care to Improve Chronic Disease
US Prescribing Patterns

• Medical providers in the US tend to prescribe more expensive medications compared to providers in Europe and Canada

• Community practices in the US adopt evidence-based recommendations slowly and incompletely

Academic Detailing (AD)

AD is an interactive, tailored, one-on-one educational outreach by an experienced healthcare professional to improve clinical outcomes and reduce costs.

Small-Group AD

Reports + Common Drug Therapy Problems (DTP)

Tailored messages

In-service + Focused intervention

Evaluation mechanism

Metformin Utilization in Relation to T2DM In-services

# Opioids Use

<table>
<thead>
<tr>
<th>Order</th>
<th>2012</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Metformin</td>
<td>Lisinopril</td>
</tr>
<tr>
<td>2</td>
<td>Gabapentin</td>
<td>Atorvastatin</td>
</tr>
<tr>
<td>3</td>
<td>Lisinopril</td>
<td>Hydrochlorothiazide</td>
</tr>
<tr>
<td>4</td>
<td>Hydrochlorothiazide (HCTZ)</td>
<td>Fluticasone nasal spray</td>
</tr>
<tr>
<td>5</td>
<td>Lisinopril-HCTZ</td>
<td>Ventolin</td>
</tr>
<tr>
<td>6</td>
<td>Hydrocodone-APAP</td>
<td>Gabapentin</td>
</tr>
<tr>
<td>7</td>
<td>Cyclobenzaprine</td>
<td>Metformin</td>
</tr>
<tr>
<td>8</td>
<td>Amlodipine</td>
<td>Levothyroxine</td>
</tr>
<tr>
<td>9</td>
<td>Metoprolol</td>
<td>Omeprazole</td>
</tr>
<tr>
<td>10</td>
<td>Ibuprofen</td>
<td>Cetirizine</td>
</tr>
</tbody>
</table>
CE Question

Which of the following strategies has shown to be consistently effective in improving prescribing practices?

1. Formulary restrictions
2. Clinical decisions support systems
3. Traditional educational programs
4. Academic Detailing
Additional Questions?

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