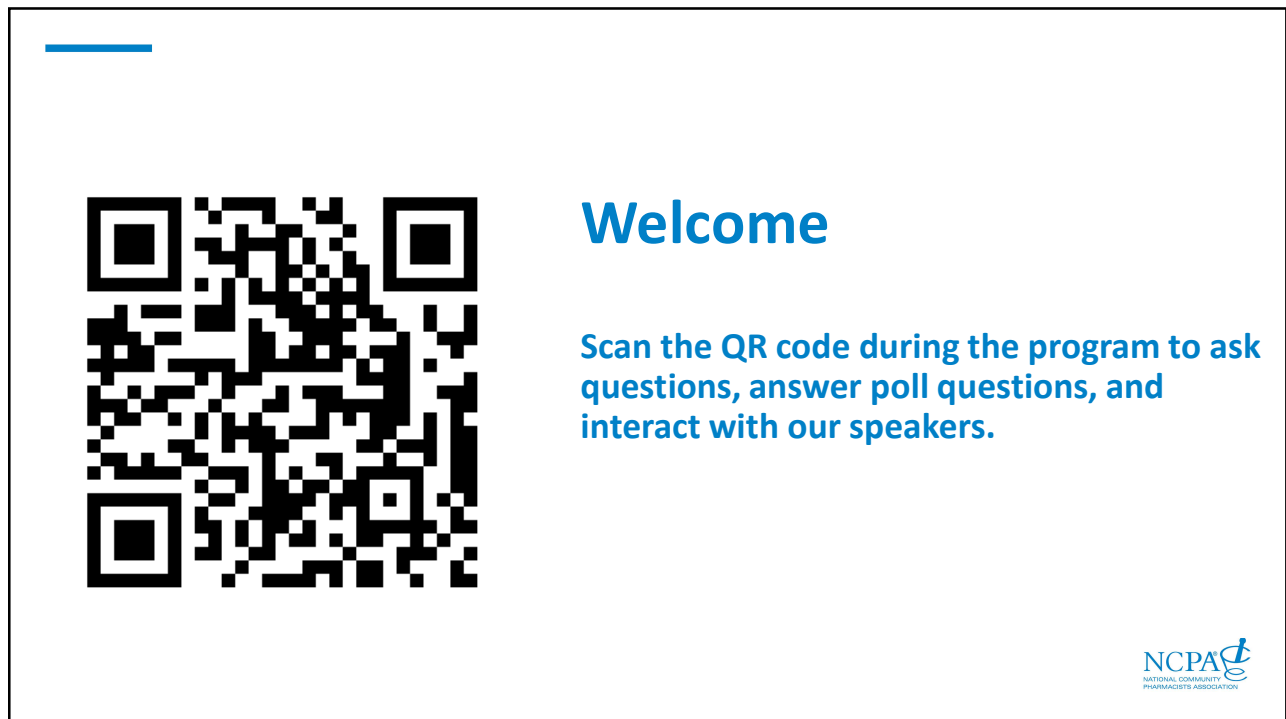
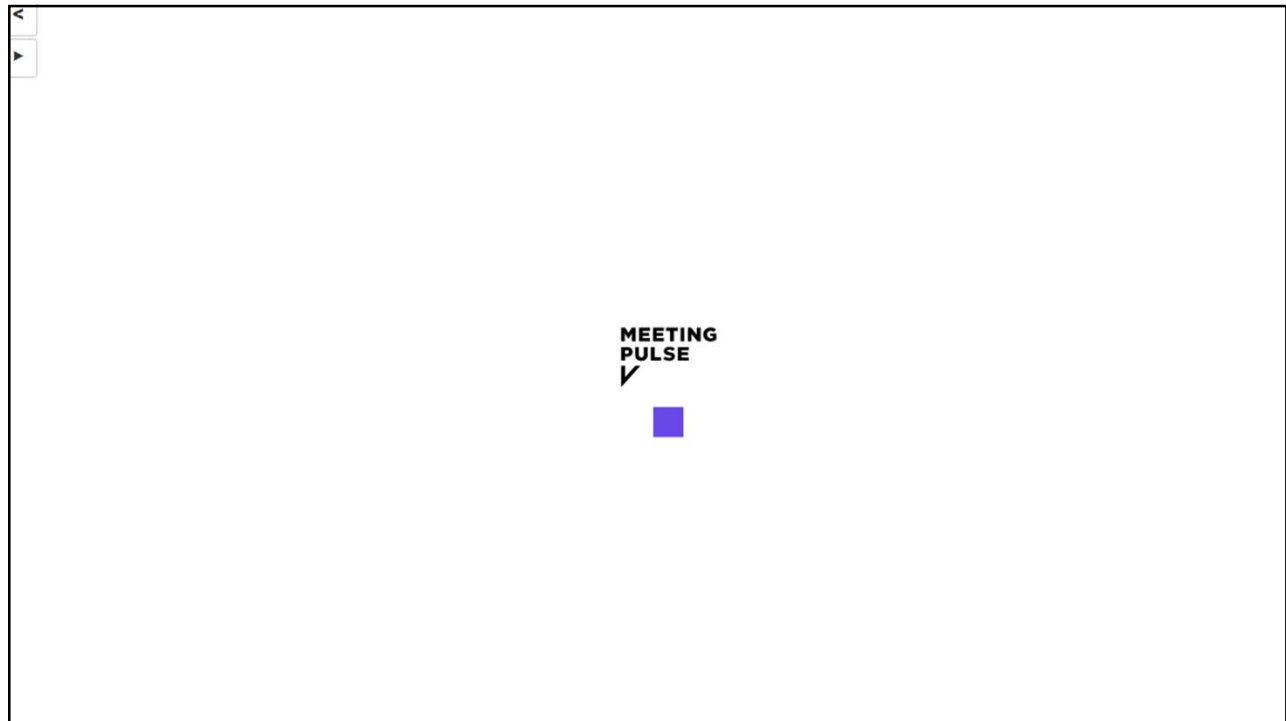




1



2




3

A blue presentation slide with white and yellow text. In the top-left corner, there is a small white horizontal line. The main text is centered and reads: 'Introduction—What is the Opportunity?' in white, followed by 'Enhanced Services Boot Camp' in yellow. Below that, in white, is 'Joe Moose, PharmD, CPESN® USA and Moose Pharmacy'. In the bottom-right corner, there is a logo for NCPA (National Community Pharmacists Association) which includes the text 'NCPA' and 'NATIONAL COMMUNITY PHARMACISTS ASSOCIATION' with a stylized 'g' icon.

4

Vote now at: meet.ps/esbc21


PEOPLE ONLINE:  0

Is your pharmacy a participating CPESN pharmacy?

Yes	0%
No	0%
What is CPESN?	0%

No one has voted yet

5



Pharmacist and Technician Learning Objectives

- Discuss common characteristics of pharmacies in a community pharmacy enhanced service network.
- Discuss the role of community pharmacy in providing medication management resources to the highest risk populations.
- Discuss clinical service opportunities brought about by the COVID-19 pandemic.



6



The [Oath of a Pharmacist](#) states: “I will accept the lifelong obligation to improve my professional knowledge and competence.”



7



The Reason We Are Here

Halethorpe Pharmacy closing after more than a century: 'The entire community pharmacy sector is under siege'



“More and more often, we are paid at or below our cost when we fill your prescriptions”

- George Garmer quoted in Baltimore Sun



8

BUSINESS

Amazon Buys Online Pharmacy PillPack for \$1 Billion

Retail giant outbid Walmart for startup that gives it nationwide access to prescription business

Microsoft and Walgreens join forces to take on Amazon in health care

BUSINESS

CVS Completes \$70 Billion Acquisition of Aetna

Combined company faces challenges in integrating its sprawling business entities

MARKETS | DEALS

Cigna Agrees to Buy Express Scripts for More Than \$50 Billion

Deal expands portfolio of health services

9

Loehle Pharmacy closes after 136 years in business

Lyons Pharmacy closes its doors after 142 years | Business ...
www.cecildaily.com

ELKTON — Lyons Pharmacy closed its doors Wednesday after 142 years in business due to continued financial pressures on the store.

**Final prescription: Historic Hillsboro pharmacy closes after 137 years of**

10

BUSINESS

CVS to Buy Target's Pharmacy Business for \$1.9 Billion

Deal includes about 1,700 pharmacies within Target stores

Walmart Trims Pharmacy Jobs as Company Mulls Health Strategy**CVS buying Ohio pharmacy chain, closing all but three**

BUSINESS

Walgreens Again Trims Deal for Rite Aid But Finally Gains Approval

Walgreens will now buy 1,932 Rite Aid stores for \$4.38 billion

11

- *"Anyone having the feeling that independent pharmacy is in the state of crisis and we need CPR now. I am thinking it is time that everyone act as a single unit to bring instant change"*

- Pharmacy Owner from Texas

- *"Does anyone think we can actually survive if nothing changes?"*

- Pharmacy Owner from Colorado



12

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BUSINESS

CVS to Close 900 Stores Over Three Years

Pharmacy chain says it will add **health services** to other locations, book roughly \$1 billion restructuring charge

[NEWS > ONLINE RETAIL](#)

CVS, Rite Aid up the ante in same-day delivery

CVS CarePass members get free Shipt delivery of prescriptions, Rite Aid taps DoorDash for non-Rx deliveries

Russell Redman | May 11, 2021

With the pandemic pulling many Americans into the online shopping realm, drugstore chains CVS Pharmacy and Rite Aid are serving up more same-day delivery options.

CVS on Tuesday unveiled an upgrade to its CarePass customer benefits program that gives members free same-day delivery of prescriptions through Shipt. Meanwhile, Rite Aid has partnered with DoorDash for same-day delivery of non-prescription health, wellness and convenience products.

13

Opportunity

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Guidance

Office of the Secretary

Office of the Assistant Secretary for Health
Washington, D.C. 20201

U.S. Department of Health & Human Services
Office of the Assistant Secretary for Health
September 3, 2020

Guidance for Licensed Pharmacists and Pharmacy Interns Regarding COVID-19 Vaccines and Immunity under the PREP Act

On January 31, 2020, the Secretary of Health and Human Services [declared](#) that, effective January 27, 2020, the 2019 novel coronavirus (COVID-19) is a public-health emergency for the United States. The United States Department of Health and Human Services (HHS) is the lead agency for the federal government's response to the COVID-19 pandemic.

A key component of that response will be access to a COVID-19 vaccine across the United States. Pharmacists, in partnership with other healthcare providers, are well-positioned to increase access to vaccinations—particularly in certain areas that have too few pediatricians and other primary-care providers, or that are otherwise medically underserved.¹ As of 2018, nearly 90 percent of Americans lived within five miles of a community pharmacy.² Pharmacies often offer extended hours and added convenience. What is more, pharmacists are trusted healthcare professionals with established relationships with their patients. Pharmacists also have strong relationships with local medical providers and hospitals to refer patients as appropriate. For example, pharmacists already play a

14



Opportunity

- Most states and the District of Columbia have passed laws that allow pharmacists to dispense the emergency opioid overdose reversal treatment, naloxone, under a standing order, which takes the place of an individual prescription. Additionally, some states have given pharmacists direct authority to prescribe and sell naloxone to consumers.
- As of April 2019, [13 states and the District of Columbia](#) allow pharmacists to prescribe certain types of hormonal contraceptives, which is now a growing trend across the country.

Top Pharmacy Regulations for 2020: What Pharmacists Should Know

January 3, 2020

[Jennifer Gershman, PharmD, CPh](#)

MHE Publication, MHE January 2020, Volume 30, Issue 1



15



Opportunity

Monoclonal Antibodies

- Licensed pharmacists are authorized by the Department of Health and Human Services (HHS) to order and administer COVID-19 therapeutics that the Food and Drug Administration (FDA) has approved, authorized, cleared, or licensed.



16



Opportunity

HHS Expands Access to Childhood Vaccines during COVID-19 Pandemic

The U.S. Department of Health and Human Services (HHS) [issued a third amendment - PDF*](#) to the Declaration under the Public Readiness and Emergency Preparedness Act (PREP Act) to increase access to lifesaving childhood vaccines and decrease the risk of vaccine-preventable disease outbreaks as children across the United States return to daycare, preschool and school.

"Today's action means easier access to lifesaving vaccines for our children, as we seek to ensure immunization rates remain high during the COVID-19 pandemic," said HHS Secretary Alex Azar.

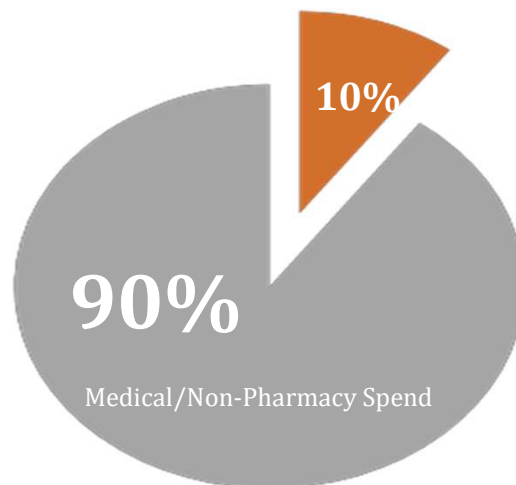
"The Trump Administration has worked to allow pharmacists—alongside all of America's heroic healthcare workers—to practice at the top of their license, empowering the public with more options to protect their health and well-being."

The amendment authorizes State-licensed pharmacists (and pharmacy interns acting under their supervision to administer vaccines, if the pharmacy intern is licensed or registered by his or her State board of pharmacy) to order and administer vaccines to individuals ages three through 18 years, subject to several requirements:

17

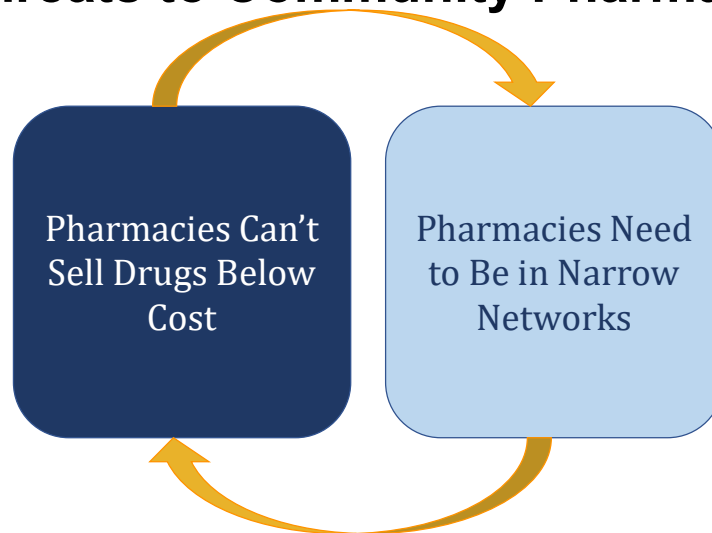
Healthcare Spend in America

Outpatient Medication/Pharmacy Spend



18

Threats to Community Pharmacy



19

Leveraging Frequent Patient “Touches” to Improve Medication Management



20

Leveraging Care Team Collaboration to Improve Medication Management

Pharmacists assist primary care physicians, care managers and others within the patient's care team with patient engagement, patient management, and to:

- Remove barriers preventing optimal medication adherence such as health literacy or cognitive deficits
- Offer specialized medication-related services such as non-English labeling or specialized packaging
- Support the patient's understanding of medication administration and special storage instructions

98% of patients utilizing North Carolina enhanced services pharmacies felt that their care was coordinated amongst their various providers

21

Leveraging Enhanced Services to Improve Medication Management

All pharmacies are capable of providing the following core services:

- **Face-to-Face Access:** Providing each patient receiving a dispensed medication from the participating pharmacy ready access to unscheduled face-to-face meeting(s) with a pharmacist employed by the participating CPESN pharmacy during operational hours.
- **Medication Reconciliation:** Comparing a patient's medication orders to all of the medications the patient has been taking to avoid medication errors during care transitions when they are vulnerable to medication errors
- **Clinical Medication Synchronization:** Aligning a patient's routine refills to be filled at the same time each month and in conjunction pharmacist's clinical disease state management and monitoring, to progress toward desired therapeutic goals



22

Leveraging Enhanced Services to Improve Medication Management

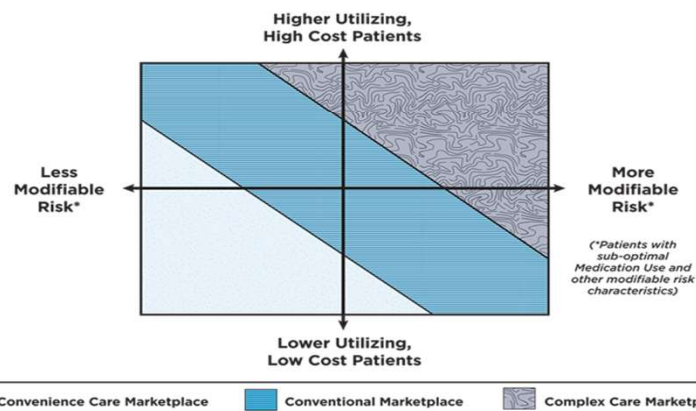
- **Immunizations:** Screening patients for ACIP recommended immunizations, educating patients about needed immunizations, and providing immunizations or referring to other health care providers
- **Comprehensive Medication Reviews:** Providing a systemic assessment of medications to identify medication-related problems, prioritize those problems, and create a patient-specific plan to resolve them working with the extended healthcare team
- **Personal Medication Record:** Creating a comprehensive list of current patient medications manually or from dispensing software



23

Importance of Targeting and Channeling Patients to High Performing Pharmacies

A Bifurcating Marketplace for Pharmacy-Site Products and Services Delivery



24

Community-Based, High-Performing Pharmacies

- All pharmacies are not the same
- Some pharmacies only focus on the prescription and filling it fast as they can... with little patient interaction
- Other pharmacies focus on patients
- These pharmacies have strong relationships with the patient and members of the patient's local care team
- These pharmacies provide enhanced services that have proven to improve the health of complex patients



25

Types of Enhanced Services

Medication Synchronization

Adherence Packaging

Home Delivery

Home Visits

Point-of-Care Testing

Collection of Vital Signs

Nutritional Counseling

Smoking Cessation

Compounding

Long-Acting Injections


24-Hour Emergency Services

Multi-Lingual Capabilities



26

Service Set Standards

	CPESN USA Enhanced Service Set Standard	Medication Reconciliation
	Original Implementation Date	April 18, 2019
	Revised Date	N/A
Medication Reconciliation Service Set Standard		
Definition		
<ul style="list-style-type: none"> The process of comparing a patient's medication orders to all of the medications that the patient has been taking (active, chronic, as needed and OTC including herbal) to avoid medication errors. This process should be done at every transition of care, and other times as applicable. Pharmacists should assess for discrepancies, communicate with other providers/health-systems, and work closely with the patient to ensure that their current medications are intended and appropriate. Pharmacists will document that they performed the medication reconciliation, identified any discrepancies, and communicated with other providers as necessary. 		
Description		
<ul style="list-style-type: none"> The Medication Reconciliation Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer Medication Reconciliation as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional Medication Reconciliation standards for their network. 		
Medication Reconciliation Service Set Prerequisites and Services		
Prerequisite(s)		
<ul style="list-style-type: none"> Maintain competency for the medication reconciliation process 		
Minimum Requirements		
<ul style="list-style-type: none"> Collect and obtain medication lists for the patient from the pharmacy, the patient, the providers (i.e., primary care provider, specialists, and possible discharge summary). Lists should include all prescription medications, over-the-counter medications, and nutritional supplements. Compare the collected medication lists. Make clinical decisions (dosages, administration times, frequency, routes, interactions and discrepancies) based on the comparison of the lists. Collaborate with provider(s) to make any necessary medication changes. Ensure patient is taking all medications that are on the final medication list. If patients are unsure of medication statuses, assess availability of prescription (i.e., fill history, remaining refills, and barriers to initial fill/refill). Assess the patient's understanding of the disease process, medications, and possible adverse effects. Educate the patient as necessary. Communicate the new complete medication list to patient, caregiver(s), any relevant care team members and primary care provider. Document medication reconciliation activities. 		
Revision History		

- Medication Reconciliation
- Community Pharmacy Care Management
- Chronic Care Management
- Diabetes Management and Education
- Asthma Management and Education
- Heart Failure Management and Education
- HIV Support
- Opioid Safety
- Opioid Patient Support
- Opioid Provider Education
- Long-Acting Injectable Antipsychotics
- Tobacco Cessation
- Hospice
- Pharmacogenomics
- Personalized Medication Delivery



27

A Clinically Integrated Network of Pharmacy Providers



Community Pharmacist

Provide medication optimization activities and enhanced services for patients



Care Teams

Collaborate with the extended care team to improve patient health



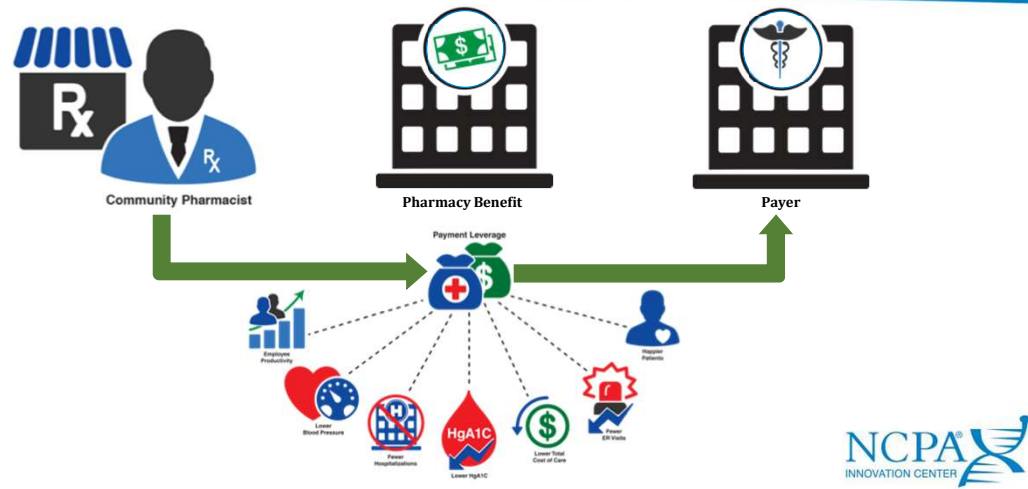
Fewer Hospitalizations

Focus on interventions that change patient behavior lead to better health



28

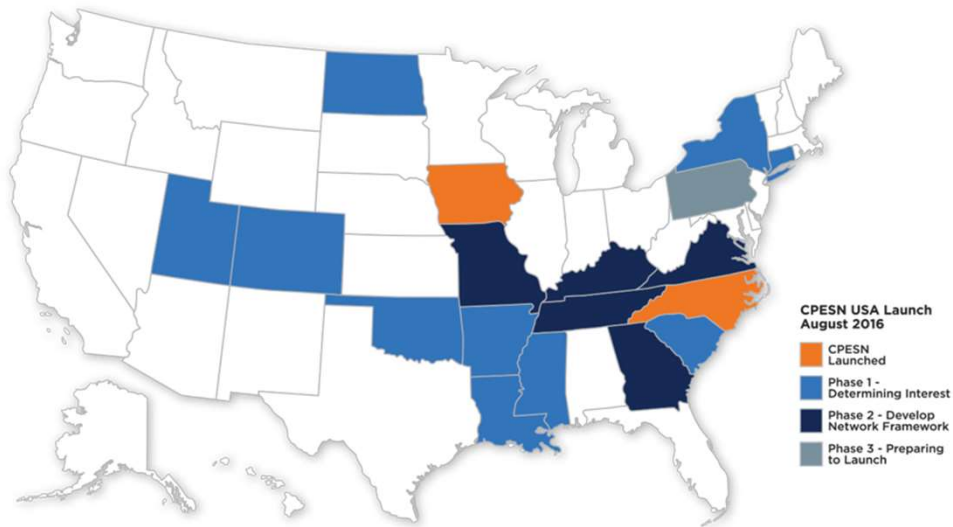
A Clinically Integrated Network of Pharmacy Providers



29

Local Network Growth by Launch Phase

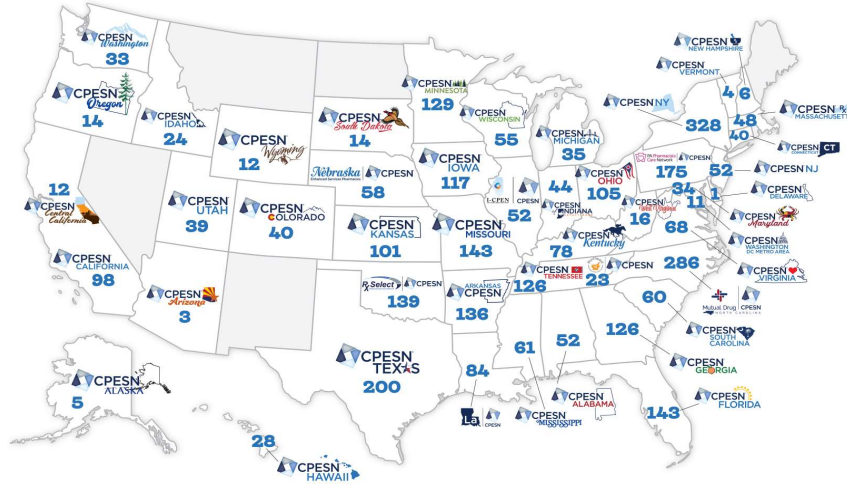
August 2016



30

Pharmacy Reach

3,460 Pharmacies; **50** Networks; **44** States plus DC



31

CPESN Networks — Over 70 Contracts with Plan Sponsors & Payers



32

CPESN® Pharmacies are Not Just Delivering Medication, but Results



33

127 Total programs in our CIN history (62 complete)

Programs by Year

2018	2019	2020	2021	TOTAL
9	15	35	68	127

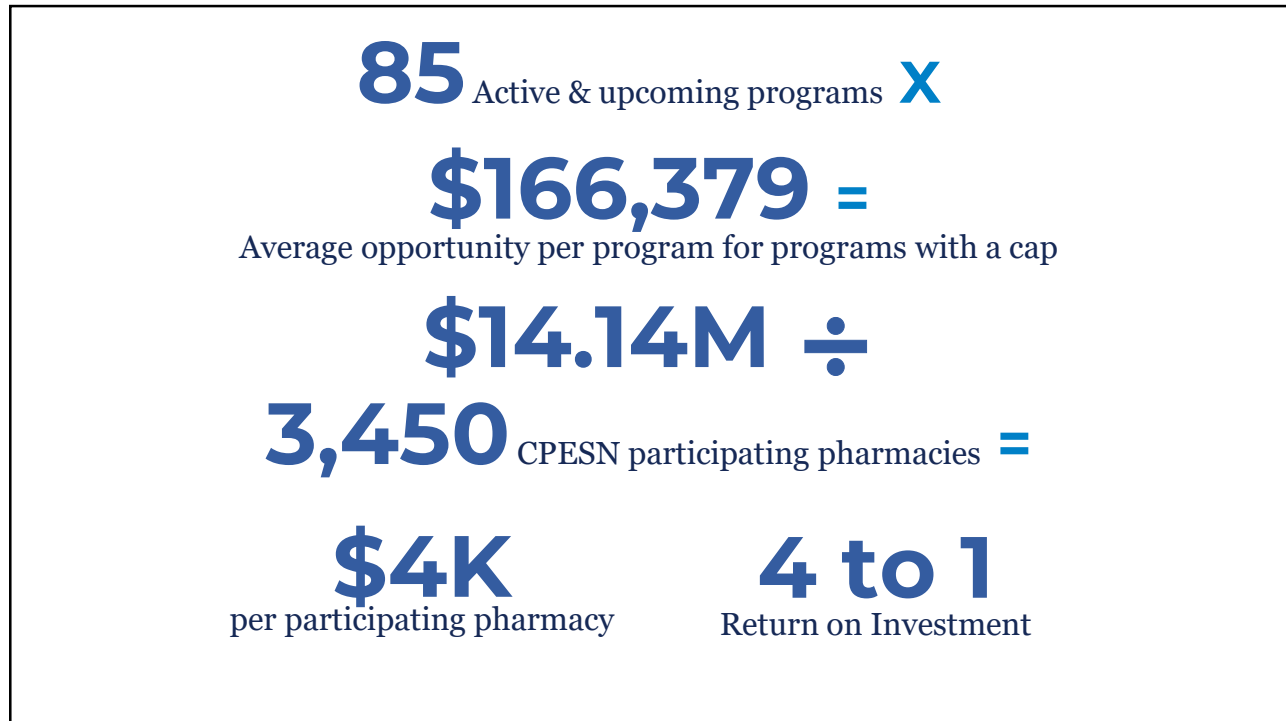
65 Active programs

20 Potential programs in “contracting” portion of our lead pipeline

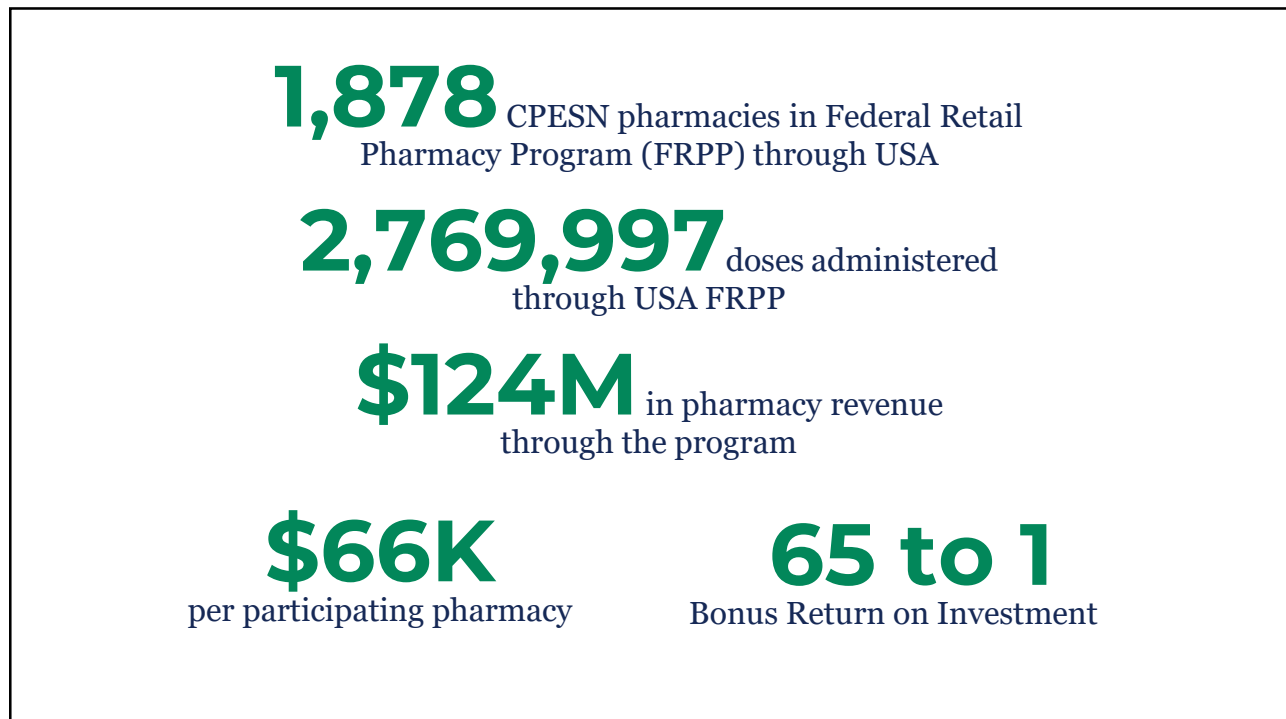
\$166,379

Average opportunity per program for programs with a cap

34



35



36



CPESN: Next Generation Pharmacy Reimbursement Model



37

Breadth and Variation of Payer Contracts with CPESN® Networks

Payer & Partner Types	Program Types	Payment Model Types
<ul style="list-style-type: none"> ▪ Medicaid Managed Care Organizations ▪ Medicare Advantage Plans ▪ Commercial Health Plans ▪ Medicare Part D Enhanced MTM programs ▪ Accountable Care Organizations ▪ Health Systems/Hospitals ▪ Individual Physician Practices ▪ Grants or Demonstration Projects with state-based entities (such as public health departments) 	<ul style="list-style-type: none"> ▪ Pharmacy care management programs ▪ Disease state focused programs (e.g., heart failure, behavioral health, tobacco cessation) ▪ Chronic care management agreements (potentially combined with Medicare annual wellness visits and/or transitional care management) ▪ Transitional care programs ▪ Enhanced service bundles such as med sync + adherence packaging 	<ul style="list-style-type: none"> ▪ Traditional fee for service ▪ Per member per month for a targeted high risk population <ul style="list-style-type: none"> ○ Tiered PMPM based on patient risk ○ Flat PMPM ▪ Performance incentive bonus <ul style="list-style-type: none"> ○ Traditional pharmacy-side measures (e.g., medication adherence) ○ Medical side measures (e.g., HEDIS) ○ Process measures (e.g., engagement and follow up rates)



Updated June 2019

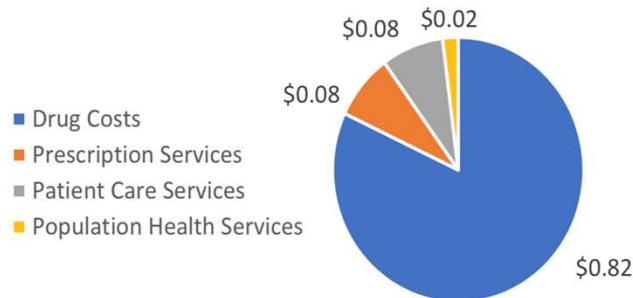
38

Next Generation Pharmacy Reimbursement Model

Pharmacy Reimbursement is broken down into a four part structure:



Cost Breakdown for Every Dollar Paid to Pharmacies



39

Care Team Collaboration (Physician, Care Manager, Pharmacist)

- Joint home visits may be a way to establish a coordinated care plan for complex patients
- Pharmacies can assist care managers with patient engagement and longitudinal management
- Care managers and pharmacies can work together to address:
 - Barriers preventing optional medication adherence
 - Health literacy challenges, cognitive deficits, or lack of caregiver support that require pill box fills, special packaging, or special labeling
 - Other specialized medication-related needs that could be fulfilled by a pharmacy
 - Patient understanding of special instructions for administration or storage



40

Pharmacist eCare Plan Basics

- It is a data repository and transmission standard
- It contains the latest clinical data for a given patient (*Active medication list, drug therapy problems, lab results, vitals, health concerns, patient goals, and much more*)
- It is not a platform
- It is not a clinical documentation system
- It is impartial to vendor (*Can work with any system adopting it*)
- It is an “open” standard (*Specifications are published*)
- It is not a CPESN USA construct; It is an industry standard



41

Pharmacist eCare Plan Functionality Active in the Marketplace



42

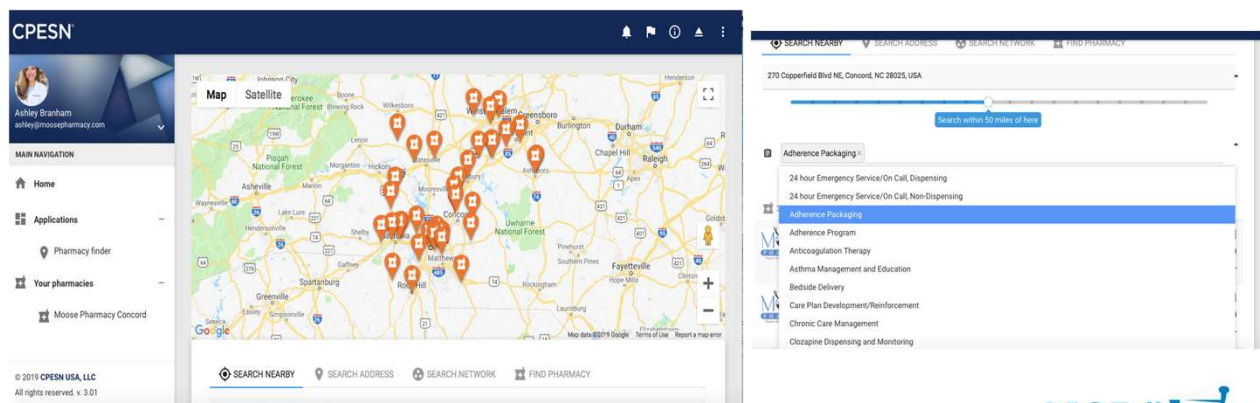
Care Planning Resources

- Updated List of Care Plan Vendors:
<https://ecareplaninitiative.com/software-solutions>
- Workflow Wednesdays (CPESN participating pharmacies): Vendor-provided Instructional videos/content released every other Wednesday sharing ideas and “how to” steps with care plan submission



43

Connecting a Network of CPESN Pharmacies



44

Enhanced Services Pharmacy Assessment Tool



The screenshot shows the NCPA website with the title "Enhanced Services Pharmacy Assessment Tool". The NCPA logo is in the top left, and the tagline "The Voice of the Community Pharmacist®" is next to it. A search bar and social media icons are in the top right. A navigation menu includes links for About NCPA, Advocacy, Meetings, Newsroom, Innovation Center, LTC, Bookstore, CE, Students, and Join/Renew. The "Innovation Center" menu is open, showing options like Ownership Resources, Front-End Overhaul, Adherence/Simplify My Meds, Diversified Revenue Opportunities, Front-End Marketplace, Education Opportunities, NICE Awards, and Pharmacy Self-Assessment. The main content area features the NCPA and CPESN logos, the title "Pharmacy Self-Assessment", and a paragraph explaining the tool's purpose. A button at the bottom says "Click here to take the Assessment Now!".

45



Kyle Lomax, PharmD
CEO, Southern Pharmacy
CPESN-Arkansas

The image shows a man with glasses and a dark blue polo shirt standing in a pharmacy. The background is a solid blue color with the NCPA logo in the bottom right corner.

46

Questions?

www.cpesn.com info@cpesn.com

Sign Up

<http://join.cpesn.com>

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CPESN


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47




Scan the QR code during the program to ask questions, answer poll questions, and interact with our speakers.



48

▶ Ask your question at: **meet.ps/esbc21**

PEOPLE ONLINE:  0

49



—
The *voice* of the
community pharmacist.

www.ncpa.org

Follow us on social media


NCPA
NATIONAL COMMUNITY
PHARMACISTS ASSOCIATION

50

Streamlining Your Workflow

Enhanced Services Boot Camp

Joe Moose, PharmD, CPESN® USA and
Moose Pharmacy



51



Pharmacist and Technician Learning Objectives

- Outline staffing/workflow considerations needed for enhanced service delivery.
- Discuss how a clinical medication synchronization program can positively affect pharmacy operations and health care quality.
- Review a strategic approach to growing enhanced services, while ensuring quality patient care.



52



Workflow Operations in a Value-Based Payment System

- We need to **re-engineer** our practices to align with new payment models
- Technology should support us all moving to **work at the top** of our abilities



53

Different Approach to Payment and Delivery

Fee for Service

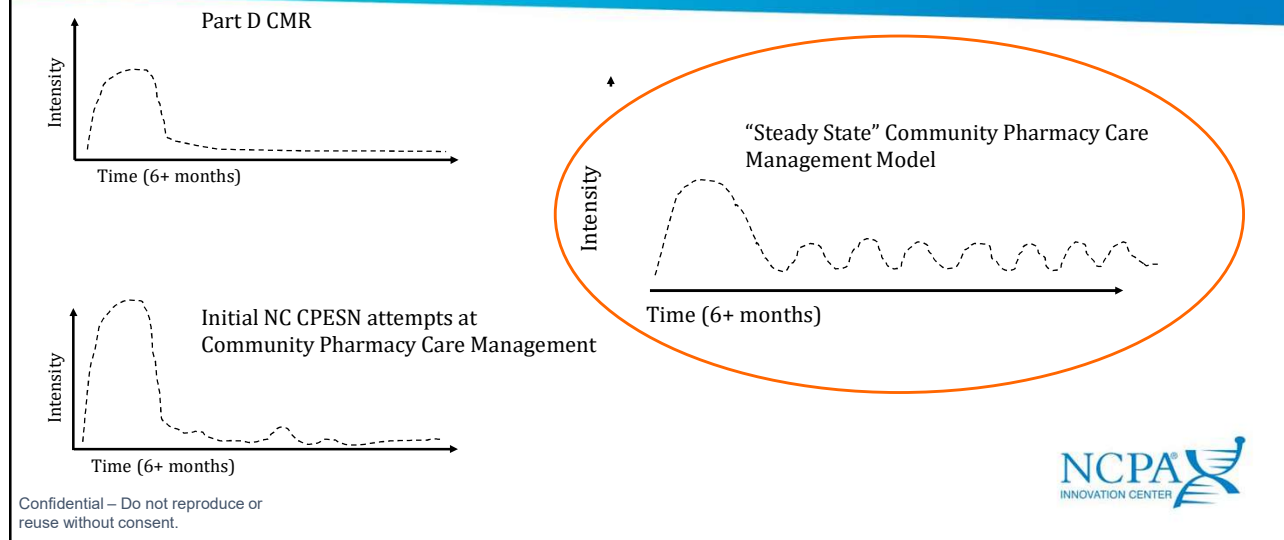


Population Health Management



54

Transformational Change in Frequency & Nature of Clinical Patient Interactions



55

Community Pharmacy Care Management

- Services provided locally by a community pharmacy in close coordination with other care team members, including other care managers that focus on optimal drug use.
- The objective of Community Pharmacy Care Management is to procure, update and re-enforce a team-based, patient-centered pharmacy care plan over time. This service line is *longitudinal and coordinated* with the rest of the care team.



56

Evaluate Gaps in Pharmacy Workflow Operations

- **Lack of Care Coordination**
 - Limited to no f/u with new patients, antibiotic use, Prior Authorizations
- **Inventory Management**
 - Out of critical medications on a routine basis, actual counts do not match inventory in computer
- **Limited to no access to pharmacist**
 - Constantly busy to be accessible to patients
- **Medication is not ready at promised time of pick up**
 - Unable to locate the medicine, still in Aprogress
- **Customer Service**
 - Phone Rings and Rings...and Rings
 - Who greets the customer?
 - Problem Resolution
- **Internal Communication Barriers**
 - “Who talked to Ms. Jones earlier today?”



57

Evaluate Opportunities in Your Service Population

- **Trends of poor adherence**
 - Primary non-adherence
 - Routine non-adherence
- **Formulary issues**
 - patients unable to acquire medication
- **Lack of Care Coordination**
 - Patients unable to navigate the health care maze
- **Complex medication regimens**
- **Transportation**
 - Patients struggle with acquisition of meds
- **Lack of communication among providers**
- **Limited continuity of care**
 - Treatment often stops once the patient walks out of the clinic
- **Literacy challenges**
- **Frequent visits to pharmacy**
- **VIP Patients**



58

Workflow Consideration Test

- Does adding this step(s) contribute to the good of our patients?
- Does adding this step(s) contribute to profitability or revenue producing?
- Will adding this step(s) be something that my staff will perceive as valuable?
- Is this sustainable?

If the Answer is No, Do Not Force It. Revise Your Plan



Slide Content authored by Tripp Logan

59

The Appointment-Based Model

Appointment-Based Model (ABM):

Coordinating all of a patient's prescription medications to be picked up on the **same date** each month, coupled with communications from the pharmacy.



60

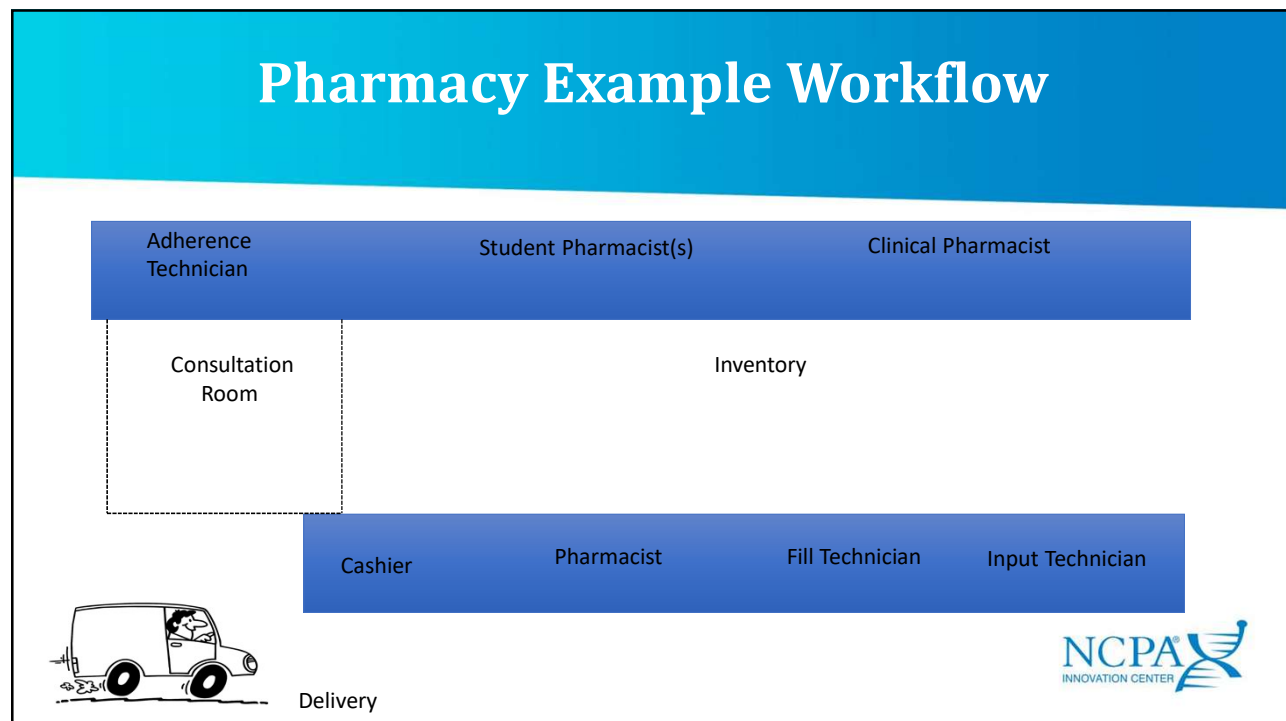
The Case for Synchronization

- What you can expect:
 - Streamlined workflow
 - Predictable workload
 - Decreased delivery runs
 - Better inventory control
 - Healthier bottom line
 - **More time for enhanced services**
- What you won't miss:
 - "Manic Mondays"
 - Frequent flyers
 - Waiting for patients to remember to call in a refill
 - Last-minute call-ins on Friday afternoons or before holidays
 - Patients who run out of pills



61

Pharmacy Example Workflow



62

What is the Difference Between Med Sync (ABM) vs Clinical Med Sync?



63

Clinical Med Sync 7-10 Days Prior to the Appointment/Sync Date

- Call patient to review medications
- Assess adherence
 - Have you been to the doctor in the last month?
 - Have you been in the hospital in the last month?
 - Are you taking any new prescription or over-the-counter medications?
 - Are there any other changes we need to be aware of at this time?



64

Meet Karrie- Adherence Specialist



"We take a **proactive** approach for our patients. We start the process **by calling them each month** and finding out what medications they need, what has changed and what concerns they may have...

They feel like they know me and they feel like they have **a connection** with our pharmacy. They know when they call Moose Pharmacy, they are more than a refill number."



65

Adherence Program Example Workflow

Adherence Technician

Adherence Technician



Key Responsibilities

- Call patients on monthly basis
- Point of contact for medication changes during the month (Transition of Care)
- Handle Referrals from Provider(s)
- Determine medication lists to be sent to packaging machine



66

Clinical Med Sync

3-7 Days Prior to the Appointment/Sync Date

- Initiate refill requests, PAs; contact prescribers as needed
- Update the patient profile in the pharmacy management system
- Pharmacist reviews orders and resolves any drug therapy problems identified by the program manager



67

Scripts for Technician Touch Points

HEART FAILURE:

Yes	No	• Do you weigh yourself every morning? → Instruct to weigh themselves every morning before breakfast and after urinating
Yes	No	• Have you gained >2 lbs in one day or >5 lbs 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 fluid drinking to no more than 4-6 (8-oz.) glasses of per day (ALL liquids including 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?



68

Red – route to pharmacist for review

MONTHLY "CLINICAL" MEDICATION SYNCHRONIZATION CALLS:

N/A	N/A	What new medicines, either prescription or over the counter, have you started taking in the past month?
Yes	No	Have you been to the doctor in the past month? If yes, what doctors did you see? Were any changes made to your medicines? If no, when is your next doctor's appointment? Is it a regular check-up, or have you made the appointment because you are feeling ill?
Yes	No	Have you been to the hospital or emergency department in the past month? If so, why? How are you feeling now? Were any changes made to your medicines? Have you already made those changes to your medicine? Do you have a follow up appointment scheduled with your primary care doctor?
Yes	No	Has the doctor prescribed any medicines that you have not filled? Can you tell me a little bit about why you decided not to fill this medicine?
Yes	No	Did the doctor stop any of your medicines or change the directions or the dose? If yes, ask patient for details about medication changes.
Yes	No	Have you stopped or changed any medicines on your own? If yes, is your doctor aware that you stopped this medicine?
Yes	No	Do you get any prescriptions from other pharmacies? If so, which ones?
N/A	N/A	For medicines that you take only when you need them, such as your _____ [pharmacy staff to give example from the patient's med list - inhalers/creams/etc],

NCPA
INNOVATION CENTER

69

Scripts for Technician Touch Points

HIGH BLOOD PRESSURE:

Yes	No	<ul style="list-style-type: none"> Do you check your blood pressure at home? What was the most recent result? Share results with pharmacist if systolic > 140 and/or diastolic > 90
Yes	No	<ul style="list-style-type: none"> Do you have any recent chest pain or palpitations?
Yes	No	<ul style="list-style-type: none"> Do you have any recent dizziness or lightheadedness?
Yes	No	<ul style="list-style-type: none"> Have you had any recent headaches?
Yes	No	If patient is taking an ACEi: Do you have any dry cough? If "Yes", what time of day does it occur? <ul style="list-style-type: none"> Morning Afternoon Evening Bedtime All day
Yes	No	If patient is taking a diuretic: Do you have any muscle weakness, spasms, or cramping?
Yes	No	If patient is taking amlodipine: <ul style="list-style-type: none"> Do you have any swelling in the legs or feet?

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Clinical Med Sync

1-2 Days Prior to the Appointment/Sync Date



- Review inventory/order products
- Dispense product(s)
- Call and remind patient to pick up prescriptions



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Appointment/Sync Date



- Patient picks up medications
- What happens at delivery?
- Pharmacist addresses any clinical issues
 - Are we optimizing patient therapy?
 - How's the patient's adherence?
 - What services can we add on?



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Rethink Workflow Operations

Involvement of Pharmacy Staff

“This CPESN model will remain a disruption until all staff are educated to participate”. **Pharmacists need to engage and train pharmacy technicians, delivery drivers, and cashiers for roles supporting CPESN.**

“You go into this project thinking you can be a super pharmacist, but you quickly realize that it needs to be a team effort.”



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Tips on Implementation

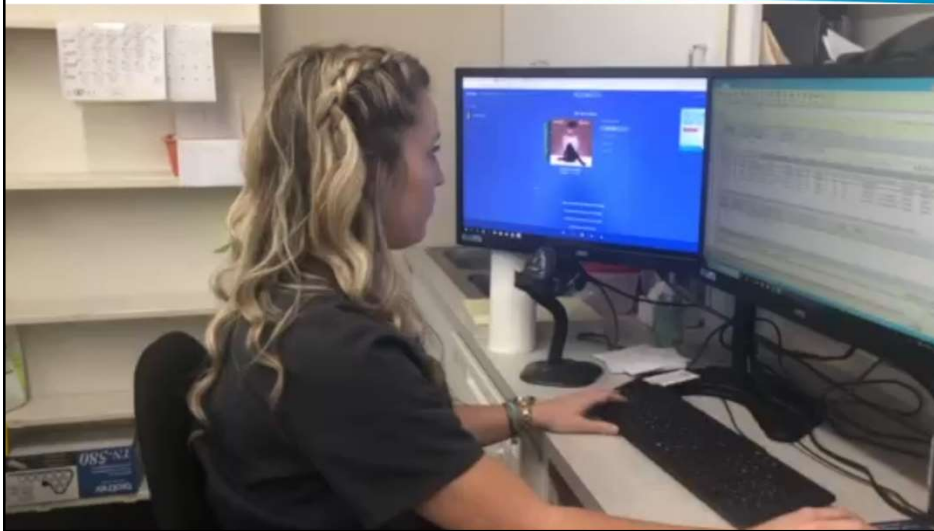


- Designate a technician to run the daily operations
 - Best use of staff time
 - Something for them to “own”
 - Vested interest in success
- Leverage your technology
 - Identify non-adherent patients
 - Group patients by ‘sync’ date
 - Reports to help with patient calls
 - Robust sync programs



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The Sync Process



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CPESN Example Workflow *Input Technician*



Input Technician

Key Responsibilities

- Assess profile for adherence when processing prescriptions
- Clean up medication lists (discontinue medications)
- Document identified Drug Therapy Problems



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Pharmacy Documentation

1.0 Technician Tool: Patient Encounter

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

1. Form placed at technician work station
2. Technician to complete form if potential DTP's are identified
3. Technician to send form in basket to the pharmacist
4. Pharmacist investigate the issue and takes necessary steps to resolve DTP
5. DTP documented in platform



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Immunization Screening Tool

Documentation Form

Instructions: Use this form to document results from the vaccine screening tool. Once this form is completed in its entirety, return it to the collection bin.

Section 1: Patient Information

Section 2: Pharmacy Team Member Information

Your Name: _____ Today's Date: _____

Your Classification: ☐ Clerk ☐ Technician ☐ Intern ☐ Pharmacist Store: ☐ Concord ☐ Kannapolis ☐ Midland
☐ Mt. Pleasant ☐ Salisbury

Place in workflow where patient was identified as eligible to receive a vaccine: ☐ Data Entry ☐ Filing ☐ Verification ☐ CMR

Section 3: Vaccine Eligibility Information

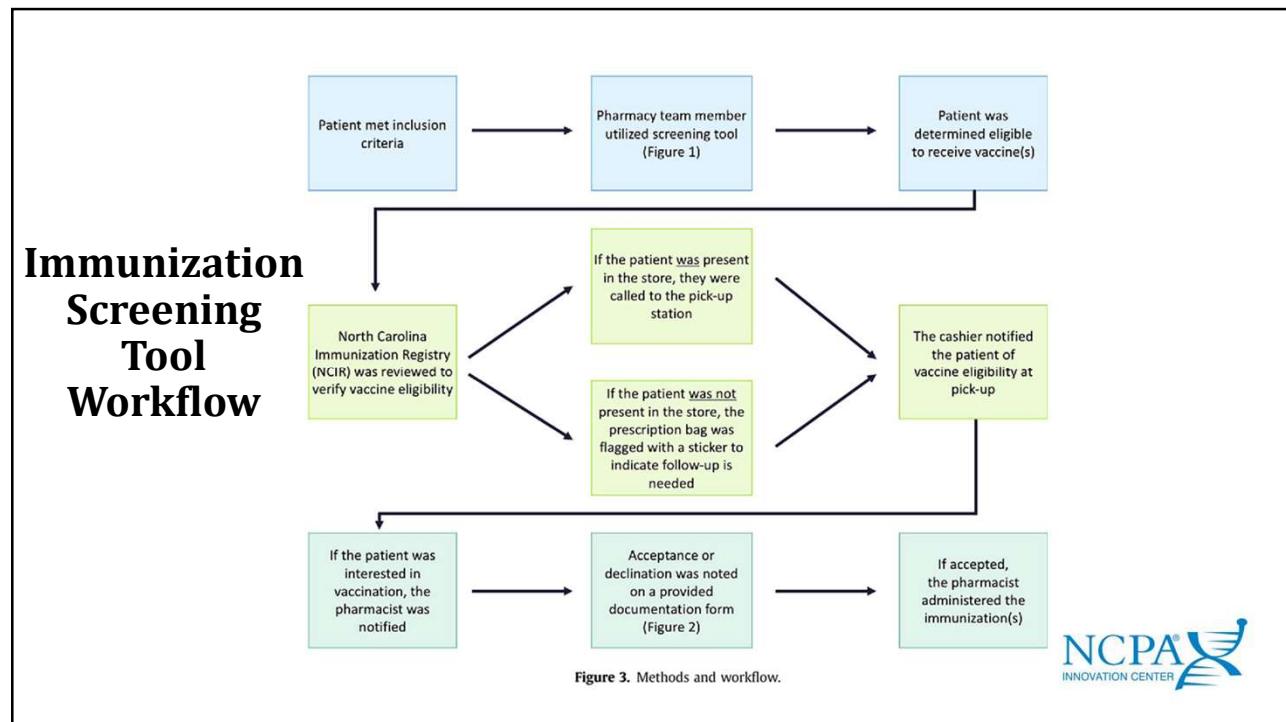
Column 1 "Screening Tool" indicates the patient is eligible for (select all that apply).	Column 2 FOR PHARMACIST USE – The recommended vaccine is (select all that apply).	Column 3 Patient response to recommendation (select all that apply).	Column 4 Was the vaccine received (select all that apply).	Column 5 If the patient declined our recommendation, select the ONE most reasons why they declined.
<input type="checkbox"/> Zoster (Shingles)	<input type="checkbox"/> Zostavax	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Not Recommended	<input type="checkbox"/> Received in Store Today <input type="checkbox"/> Not Received	<input type="checkbox"/> Already received in the past <input type="checkbox"/> Cost <input type="checkbox"/> Inconvenience <input type="checkbox"/> Lack of perceived benefit <input type="checkbox"/> Other _____
<input type="checkbox"/> Influenza (Flu)	<input type="checkbox"/> Fluvirin/Fluzone <input type="checkbox"/> Flulaval <input type="checkbox"/> Fluzone HD	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Not Recommended	<input type="checkbox"/> Received in Store Today <input type="checkbox"/> Not Received	<input type="checkbox"/> Already received in the past <input type="checkbox"/> Cost <input type="checkbox"/> Inconvenience <input type="checkbox"/> Lack of perceived benefit <input type="checkbox"/> Other _____
<input type="checkbox"/> Pneumococcal Conjugate (Pneumonia)	<input type="checkbox"/> Prevnar-13	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Not Recommended	<input type="checkbox"/> Received in Store Today <input type="checkbox"/> Not Received	<input type="checkbox"/> Already received in the past <input type="checkbox"/> Cost <input type="checkbox"/> Inconvenience <input type="checkbox"/> Lack of perceived benefit <input type="checkbox"/> Other _____
<input type="checkbox"/> Pneumococcal Polysaccharide (Pneumonia)	<input type="checkbox"/> Pneumovax	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Not Recommended	<input type="checkbox"/> Received in Store Today <input type="checkbox"/> Not Received	<input type="checkbox"/> Already received in the past <input type="checkbox"/> Cost <input type="checkbox"/> Inconvenience <input type="checkbox"/> Lack of perceived benefit <input type="checkbox"/> Other _____
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Tenivac (Td) <input type="checkbox"/> Boostrix (Tdap)	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Not Recommended	<input type="checkbox"/> Received in Store Today <input type="checkbox"/> Not Received	<input type="checkbox"/> Already received in the past <input type="checkbox"/> Cost <input type="checkbox"/> Inconvenience <input type="checkbox"/> Lack of perceived benefit <input type="checkbox"/> Other _____
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Engerix-B	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Not Recommended	<input type="checkbox"/> Received in Store Today <input type="checkbox"/> Not Received	<input type="checkbox"/> Already received in the past <input type="checkbox"/> Cost <input type="checkbox"/> Inconvenience <input type="checkbox"/> Lack of perceived benefit <input type="checkbox"/> Other _____
<input type="checkbox"/> Meningococcal (Meningitis)	<input type="checkbox"/> Menactra	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Not Recommended	<input type="checkbox"/> Received in Store Today <input type="checkbox"/> Not Received	<input type="checkbox"/> Already received in the past <input type="checkbox"/> Cost <input type="checkbox"/> Inconvenience <input type="checkbox"/> Lack of perceived benefit <input type="checkbox"/> Other _____
<input type="checkbox"/> Not eligible to receive any vaccine				

Section 4: Comments

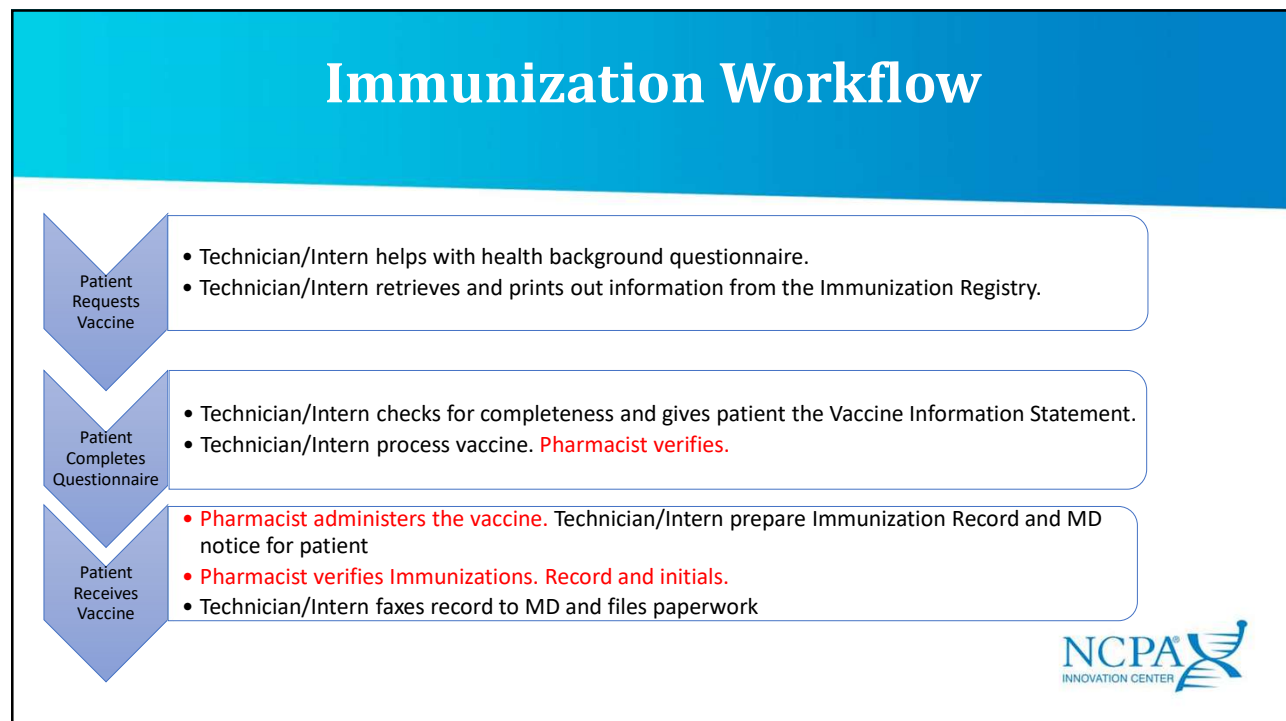
Figure 2. Documentation form.



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Immunization Workflow at Drop Off



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CPESN Example Workflow *Filling Technician*

Key Responsibilities

- Accurately prepare medications for dispensing
- Answer phone
- Identify potential DTPs
- Document identified DTPs
- Maintain accurate counts in inventory



Filling Technician



82

Different Expectations of Our Pharmacy Team

If we are going to be **different** in the marketplace...



...We need to provide services differently



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Pharmacy Example Workflow

Cashier

Key Responsibilities

- Review system flags with patients
- Notify pharmacist to counsel when DTP is identified
- Identify when medications are not picked up and alert pharmacists (especially if patient is enrolled in the adherence program)
- Pull medications not picked up every 10 days



Cashier



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CPESN Example Workflow

Dispensing Pharmacist

Key Responsibilities

- Final verification on all medications
- Review medication history
- Counsel patients
- Maximize encounters with all high-risk patients
- Alert Clinical Pharmacist when in-depth medication review is needed
- Identify DTPs and create care plan
- Resolve medication-related problems through care coordination

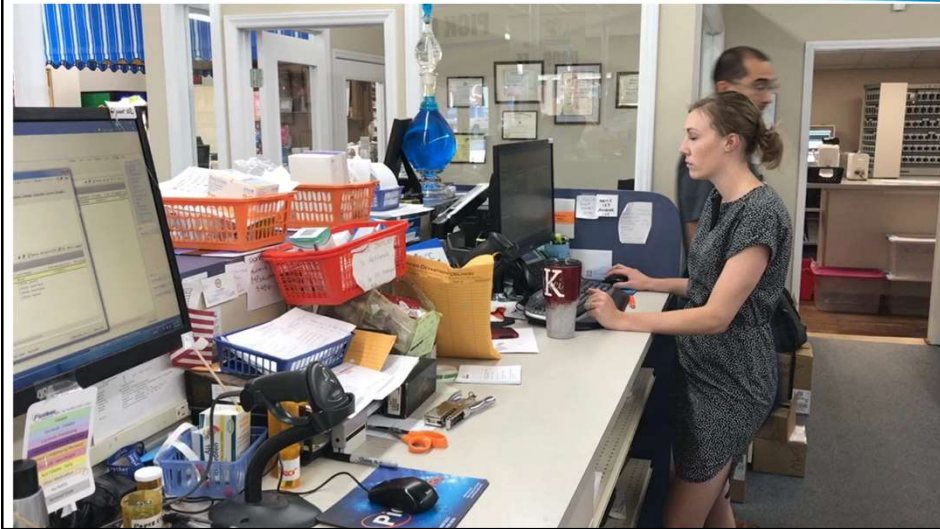


Pharmacist



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Pharmacist in workflow



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Community Pharmacy Documentation 2.0 *Care Planning*

What happens when your technician goes to lunch and a patient calls back asking if their medication concern has been resolved?



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Community Pharmacy Documentation 2.0

Care Planning

What happens when your technician goes to lunch and a patient calls back asking if their medication concern has been resolved?

- What actions have been completed to date?
- Where do you check to see progress?
- Does everyone on your team know location to check progress?



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Community Pharmacy Documentation 2.0

Care Planning


What happens when your technician goes to lunch and a patient calls back asking if their medication concern has been resolved?

Or do you ask the patient if the technician can call back upon return from lunch?

- What actions have been completed to date?
- Where do you check to see progress?
- Does everyone on your team know location to check progress?



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CPESN[®]

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	Intervention
Date Identified: _____ <u>Adherence Issues</u> <input type="checkbox"/> Noncompliance with therapeutic regimen <input type="checkbox"/> Patient forgets to take medication <input type="checkbox"/> Medication overuse <input type="checkbox"/> Patient unable to obtain Medication [Prior Auth] <input type="checkbox"/> Drug allergy <input type="checkbox"/> Adverse Drug Interaction	Date Resolved: _____ <input type="checkbox"/> Medication synchronization (may be found as synchronization of repeat medication) <input type="checkbox"/> Medication regimen compliance education <input type="checkbox"/> Medication education <input type="checkbox"/> Insurance authorization <input type="checkbox"/> Discussed with doctor <input type="checkbox"/> Recommendation to change medication <input type="checkbox"/> 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




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

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Getting Started with Care Planning Documentation 3.0

- **Care Goal** is a place to document specific patient encounters. It allows for interactions to be documented in a consistent manner that is retrievable.
- Set up **automatic warning system** to alert pharmacy staff that a care goal should be completed.

RX	medication	Take 1 tablet by:	10	30	Fill in Progress	Waiting for Fill
1 Record Action: All Collapse/Expand View: Default (Default) Add Action Edit Menu						
Drag a column header here to group by that column.						
12/2/2018	Active	Kala Trishna	12/2/2018	Opioid Dispensi...	12/2/2018 11:02 AM	Opioid Dispensing Policy
Cost Avoidance: Chosen Status: Policy Needed						

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Areas To Start Thinking About Care Planning

- Sync Process
- Opioid Dispensing
- Drug Therapy Problems
- Drug Therapeutic Class Duplication
- Hypertensive Patients Blood Pressure Checks
- Any Disease State with Monitoring Guidelines
- Delivery Patients
- Patients Requiring a Compound,
- Pediatric patient → get weight → dose based on weight
- Prescription with missing or incorrect information



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Opioid Dispensing Best Practices *Starting Point*

1. Monitor patients by using the Prescription Drug Monitoring Programs (PDMP) prior to dispensing any controlled substance.
2. Establish a relationship with your local providers who are prescribing opioid treatment to patients.



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Opioid Dispensing Best Practices *Starting Point*

3. Naloxone Offered?
4. Develop a checklist of questions to ask on each encounter
 - Is this the first time the patient has been prescribed the opioid?
 - What is the intended diagnosis?
 - Is this the right therapy for the intended use?
 - Has the patient been educated on risk vs benefits of starting the therapy
 - MME/day >50
 - Is patient narcotic naive?
 - How many days early or late is the refill request?
 - Has the patient been informed of our narcotic dispensing policy?
 - Does the patient have naloxone on them at the moment?
 - Did we dispense this med at time it was requested?



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Documenting Opioid Encounters

Common [1] | Action List [2] | Adherence Summary [3] | Goal: Opioid Dispensing Policy x | + |

General Opioid Dispensing Policy x | + |

Action: Opioid Dispensing Policy Short Name: Opioid Dispensing Policy 24/25

Method: In Pharmacy Target: Patient Start Date: 12/3/2018 Due On: 12/3/2018 Assigned To: Pharmacist Me

Instructions

General Opioid Dispensing Policy Opioid Information

Microsoft Sans Serif 10

1. Provide the patient or the person picking up the patient's medications with the opioid dispensing policy.

2. Tell the patient why you are giving them the policy and mention at least 2 patient responsibilities on the policy.

3. Document that the patient received the opioid dispensing policy.

4. Indicate how comfortable YOU felt when providing the patient with the opioid dispensing policy on a scale of 1-5 (1 being extremely uncomfortable, 10 being extremely comfortable).

Notes

Was the patient given the opioid dispensing policy? Answer = 1

On a scale of 1-10, how comfortable were you with the opioid dispensing policy (1 being extremely uncomfortable, 10 being extremely comfortable)? Answer = 2

On a scale of 1-10, how valuable did you think the patient found the interaction (1 being not valuable at all, 10 being extremely valuable)? Answer = 3

Duration: 0 Minutes

Status: Active Completed On: Enter a date Enter a time Complete - F2



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Opioid at Drop Off



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Referral from Provider to Provider

Location: CFM Concord
270 COPPERFIELD BLVD SUITE 102
CONCORD, NC 28025

SPI#: 6294845865002
State License#:

Phone: 7047866521

Patient Name:

Address:

Date Of Birth:

Gender: Female

Phone:

Prescriber Order Number: CERN11487028001.S

RxReference Number:

PRESCRIPTION AS FOLLOWS

Written: 10/03/2016

Medication NDC:

Prescribed: Narcan 4 Mg Nasal Spray

NDC: 69547-0353-02

Medication Prescribed: Narcan 4 mg/0.1 mL nasal spray

Days Supply:

Quantity: 2.0000 Each

Refills: 1 (additional refills)

Directions: 4 mg NOSTRIL EACH Once Instr: may repeat every 2 to 3 minutes until patient responds. **Shannon at Moose Pharm to call to arrange education.**

Substitutions: Substitutions Allowed




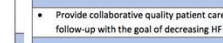
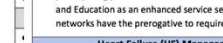
Diagnosis/use: (not specified)

Diagnosis Codes:



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Not Sure Where to Start? Review CPESN Service Set Standards

	CPESN USA Enhanced Service Set Standard Original Implementation Date Revised Date	Personalized Medication Delivery Service Set Standard Definition CPESN USA Enhanced Service Set Standard Original Implementation Date Revised Date
	December 17, 2018 N/A	December 17, 2018 N/A
	CPESN USA Enhanced Service Set Standard Original Implementation Date Revised Date	Behavioral Health Community Pharmacy Care Management (CPCM) Service Set Standard Definition Behavioral Health Community Pharmacy Care Management (CPCM) focuses on locally-based services, in which the pharmacy follows the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists' Patient Care Process as defined below in the minimum requirements. Additionally the patient receives enhanced dispensing and distribution services, while focusing on behavioral health conditions.
	December 17, 2018 N/A	Description The Community Pharmacy Care Management (CPCM) Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer CPCM as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional CPCM standards for their network.
	CPESN USA Enhanced Service Set Standard Original Implementation Date Revised Date	Community Pharmacy Care Management (CPCM) Service Set Standard Definition Community Pharmacy Care Management (CPCM) focuses on locally-based services, in which the pharmacy collects information, assesses the patient, develops a patient-specific care plan, implements the care plan, and follows-up with the patient regularly. Additionally the patient receives enhanced dispensing and distribution services.
	March 8, 2018 N/A	Description The Community Pharmacy Care Management (CPCM) Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer CPCM as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional CPCM standards for their network.
	CPESN USA Enhanced Service Set Standard Original Implementation Date Revised Date	CPM Enhanced Service Set Prerequisites and Services Prerequisite(s) Must understand and be able to perform the CPESN pharmacy care management service, which aligns with the JCPP Pharmacists' Care Process. Additionally, must offer enhanced dispensing and distribution services, which include medication synchronization,
	March 8, 2018 N/A	
	CPESN USA Enhanced Service Set Standard Original Implementation Date Revised Date	
	March 8, 2018 N/A	


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Tools/Resources

- **Simplify My Meds**
 - Operations manual, patient forms
 - Marketing kit
 - Free to NCPA members (www.ncpanet.org/smm)
- **Implementing Med Sync video series**
 - <25 minutes
 - Step by step training
 - Great for pharmacy staff
 - www.youtube.com/NCPAvids

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Scan the QR code during the program to ask questions, answer poll questions, and interact with our speakers.




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Ask your question at: meet.ps/esbc21

PEOPLE ONLINE:  0

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Dollars in the Door – Tobacco Cessation,
Monoclonal Antibodies, Oral Contraceptives, and
Working with Public Health

National Community Pharmacists Association

Little Rock, AR
December 2, 2021

Michele Belcher, B.Pharm., RPh., Owner, Grants Pass Pharmacy & NCPA President

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Pharmacist and Pharmacy Technician Learning Objectives

At the completion of this activity, the participant will be able to:

1. Discuss best practices and lessons learned from implementing monoclonal antibodies and oral contraceptives in the pharmacy.
2. Outline the key steps of building a sustainable community pharmacy-public health collaboration.
3. Discuss ways to overcome barriers to implementation in your pharmacy.

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This is Community Pharmacists' Moment

COVID-19 has presented a PIVOTAL MOMENT

“NOW IS THE TIME TO STEP UP AND INVEST IN OUR FUTURE!”

PUBLIC HEALTH DRIVEN Community Health Initiatives

There has been a groundswell of public health *embracing community pharmacists* for the tremendous power to impact public health outcomes

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PUBLIC HEALTH DRIVEN Community Health Initiatives:

CASE STUDY:

**Statewide Implementation of Pharmacist Driven Tobacco Cessation via Pharmacist
Assessment, Prescribing, & Referral**

And...Monoclonal Antibody Pharmacist Assessment, Administration, & Treatment

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STEPS to build a sustainable community public health collaboration:

- 1. Time: Commit two hours/week for 3 weeks to getting out and meeting public health agents**
- 2. Build a True PARTNERSHIP with state and local Public Health Decision-makers by selecting two initiatives that are funded, and that hit metrics in your area driven by state health outcome goals.**
- 3. Design a streamlined intervention, based on PATIENT ASSESSMENT, tied to billing codes, associated with a very narrow therapeutic intervention.**
- 4. If you must operate under a CPA, find that physician partner, appeal to public health**

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The WHAT to do list:

Search your state's **public health website** to discover areas of *public health focus* which often tie to dollars and key initiatives.

Contact key therapeutic area directors associated with fundamental clinical areas and make appointments to speak by phone with those decision makers.

Set up appointments to ***visit local public health offices in person.***

Find Partners to Help You: Technology is essential. Understand that *directing patients to find your service is crucial*, offering *scheduling* helps your staff and your patients, *documentation* and *medical billing for your clinical time* are essential components.

Immediately **reframing your staff's understanding** that the essential nature of providing expanded scope *clinical activities is imperative.*

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Unprecedented Partnership Between Pharmacy & Public Health in Oregon

- Ad Hoc committee OHA & OSU College of Pharmacy to design and build the tobacco cessation education to the specifics of Oregon's laws and regulations.
- Coordination of pharmacy resources by county incorporated into the training.
- Promotion of the partnership between public health and pharmacy.
- Promotion of the pharmacies offering tobacco cessation services.
- OHA sponsorship of the statewide tobacco cessation education for pharmacists.
- Pilot program to establish a community pharmacy medical billing model.
 - Coordinated independent community pharmacy engagement and brought onboard AssureCare as partners..

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Implications in the healthcare landscape

Prescribing authority for Pharmacists: Tobacco Cessation

Pilot Program supported by:

Oregon Health Authority

&

OSU College of Pharmacy

College of Pharmacy |

Successful Pharmacists' Payment for Implementation of Tobacco Cessation Prescribing in Oregon Independent Community Pharmacies

George Zeproski, MD, PhD, PhD Candidate, Tessa Pham, PhD, PhD Candidate, Amanda Pham, PhD, PhD Candidate, RCPSC, RPh, CDE, RPh, OHSU

Oregon State University College of Pharmacy, Corvallis, OR, *Astoria Care, Clatsop, OR

BACKGROUND

Pharmacist Prescribing in Oregon:

- In 2015, the Oregon legislature expanded pharmacist's scope of practice to prescribe hormonal contraceptives¹
- In 2016 the Public Health and Pharmacy Advisory Administration committees (PHPAAC) was created to create the Protocol Compensum²
- In 2020, tobacco cessation (CT) therapies were added to the compendium³
- Reducing the risk of smoking on respiratory health
- Pharmacists' implementation: relevant vaccinations, such as COVID-19 and influenza, can be done
- The primary barriers to implementation include payment and time.^{4,5}

COLLABORATIVE PARTNERSHIPS

Unprecedented partnership between pharmacy and public health in Oregon

- The Oregon Health Authority (OHA) & Oregon State University (OSU) CDEP design and built CT education specific to Oregon's laws and regulations and ODEP guidance.
- OHA sponsorship provides support of the statewide CDE program for pharmacists, promotion to medical assistants, and technology to support community pharmacy medical billing model.
- OSU CDEP coordinated community engagement and cost shared AstoriaCare can be partners in a pilot project to establish a billing model.

PROJECT TARGET ACHIEVEMENTS

- ✓ 1000 state-sponsored training sessions by OHA
- ✓ 100% of OR CCOs cover pharmacist CT services
- ✓ 100% of CCOs have a network
- ✓ 1 Required Clinical Endorsement (CNP FFS, No CCOs)
- ✓ 15% CCOs did not offer ERA enrollment
- ✓ 2 Commercial Plans covering pharmacist CT services
- ✓ 2 Applications pending for In-Network
- ✓ RCMA updated to include CT services
- ✓ ICD 10 to Z72.0
- ✓ CPT 90002, 90012
- ✓ Phase of Service Code = 01 Pharmacy

IS TODAY YOUR DAY TO QUIT SMOKING?

APPOINTMENTS WITH OUR PHARMACISTS ARE NOW COVERED BY YOUR INSURANCE

PROJECT IMPLEMENTATION OVERVIEW

Six major steps have been identified to successfully list medical claims for clinical services in community pharmacy practice

PATIENT CARE EHR VISIT TEMPLATE

Collect – Pre-Work
Initial Forms – Pharmacy Database
Assessment of Initial
Initial Visit – Patient Interview
Plan and Implement
Prescription Medication – Educate, Refer, Monitor
Plan and Implement – Consultation
Follow-up Visit – Refill Authorization
Charge Capture
ICD10 – CPT Codes

FUTURE IMPLICATIONS

- Analyze project outcomes
- Detail the process of credentialing, enrollment, and RCM development for pharmacists
- Additional community and contract negotiations
- Develop data-based payment models with payors
- Establish statewide OR CCO credentialing model
- Add pharmacists in needed areas served by payors
- ODEP Confirmed-visit with Pharmacist-Care plan integration
- Dispensing software integration
- More ODEP Trainings and a toolkit supporting Credentialing and Enrollment

OHA identified 3 areas of support:

REFERENCES

- Value and benefits of learning with public health organizations for pharmacy provided services
- Patients support reimbursing pharmacists as an out of network provider for services within scope
- Need established procedures to monitor and communicate changes to a state product or forms
- Fee-for-Service (FFS) schedule, OHA Call Line Fee payment
- Rate Type = 9 (Oregon's Primary Care Rate)
- RBRVS's Fee for Service – Non-Facility Rate
- Timely filing requires from 120 days to 1 year
- Limited access to Payor Provider Portal for OON
- Standardized ID# required
- Establish Payment Models for other services in Oregon
- Hormonal Contraceptives
- Cough and Cold
- Naloxone
- Travel Medicine & Vaccines
- Emergency Refill and Insulin
- Youth Infections
- PEPP/PEP
- Devices and Supplies

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Protocol Compendium: Tobacco Cessation Therapies for the Oregon Pharmacist per ORS

- A pharmacist may provide patient care services pursuant to a statewide drug therapy management protocol.
- Following all elements outlined in OAR 855-020-0110, a pharmacist licensed and located in Oregon may prescribe individual or multiple Nicotine Replacement Therapy (NRT) OTC and Rx for tobacco cessation.
- Following all elements outlined in OAR 855-020-0110, a pharmacist licensed and located in Oregon may prescribe non-NRT medications for tobacco cessation.
- Utilize the standardized Tobacco Cessation Patient Intake Form
- Utilize the standardized Tobacco Cessation Assessment and Treatment Care Pathway.
- Pharmacist education/training: Minimum 2 hours of documented ACPE CE related to pharmacist prescribing of tobacco cessation products.
- Link: https://www.oregon.gov/pharmacy/Documents/Tobacco_Protocol_August_20.pdf

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What makes Oregon's program unique?

- Focus on **access point** to tobacco cessation medications
- All FDA-approved cessation medications
 - Nicotine Replacement Therapy (NRT)
 - Oral tobacco cessation prescription medications
- Referrals to the Oregon Tobacco Quit Line
- Payment for Pharmacist professional services- leveraging billing codes to pay the same as MD, DO, NP, PA for patient assessment

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PUBLIC HEALTH DIVISION Health Promotion and Chronic Disease Prevention



Oregon
Health
Authority

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Why is Tobacco Cessation Urgently Needed? Reducing the Impact of Smoking on Respiratory Health

- Pharmacists are well-positioned to reduce the impact of tobacco use on respiratory health.
- Tobacco users are more likely to experience more severe complications from influenza. During the novel coronavirus pandemic, tobacco use increases the risk of severe COVID-19, including hospitalization and death.
- During the pharmacist-led tobacco cessation assessment, *it is vital to offer vaccines such as influenza and other relevant vaccinations, such as a COVID vaccination, to protect against respiratory infections.*
- 2 hour CE Available:
 - <https://oregon-state-pharmacy-ce.catalog.instructure.com/browse/oregon/courses/tobacco-cessation>

119

Opportunities for pharmacists to reduce the impact of smoking on respiratory health

While providing Influenza or COVID immunizations/therapies:

- Inquire about the patient's tobacco use and include tobacco use history on immunization forms.
- “Do you use tobacco? I can help you quit smoking today. Let me have you complete this patient intake form to start a quick assessment that will allow me to prescribe appropriate products, and I will refer you to support from the Oregon QUIT Line, and get you started today.”

120

The OHA Partnership with Pharmacy

- Public Health recognizes that the pharmacists are the missing link in reducing the burden of tobacco use in Oregonians.
- The OHA sees the vital role community pharmacists play because of their accessibility and ability to prescribe.

121

Barriers to Implementing Clinical Services in Community Pharmacies

Lack of public awareness that pharmacists can prescribe in specific therapeutic lanes in Oregon

- Birth Control Prescribing: Slow uptake in Oregon
- We need to increase the public's awareness:
 - "Oregon Pharmacists can now prescribe tobacco cessation therapies." (along with contraceptives, naloxone, PEP & PrEP, COVID testing)

Medical Billing:

- Oregon Medicaid
- OSU has worked with AssureCare to determine each Oregon CCO's pharmacist credentialing and enrollment.
- They can help with directing patients to your services, scheduling support, and processing support.
- The knowledge garnered in facilitating the pharmacies credentialing and enrollment with Oregon Medicaid and CCOs is providing a blueprint for all Oregon pharmacies.

122

Resources to Support Quitting

PUBLIC HEALTH DIVISION

Health Promotion and Chronic Disease Prevention:

Tools to help patients make the biggest step toward greater health



123

Resources Developed and Included in the Training

- OSU Promotional Flyers
- Oregon Tobacco Quit Line
- Smoke-Free Oregon's Flyers
- Smoke-Free Oregon's Pharmacy Locator Map
- Oregon Tobacco Education Program Coordinators
- Local Oregon County Fact Sheets

Additional promotional materials and resources available at:

<http://pharmacy.oregonstate.edu/tobacco-cessation-resources>

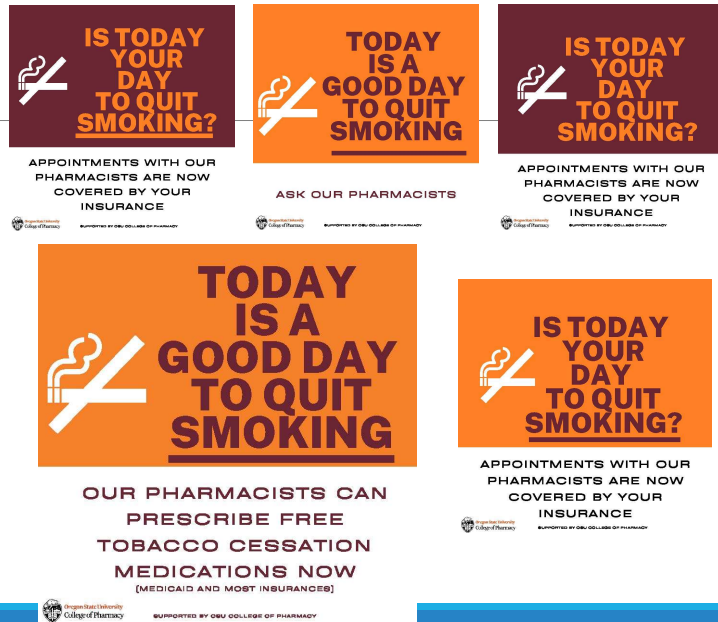
<https://oregon-state-pharmacy-ce.catalog.instructure.com/browse/oregon/courses/tobacco-cessation>

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OSU Promotional Flyers

Available for
Download

[https://pharmacy.oregonstate.edu/to
bacco-cessation-resources](https://pharmacy.oregonstate.edu/to-bacco-cessation-resources)



125

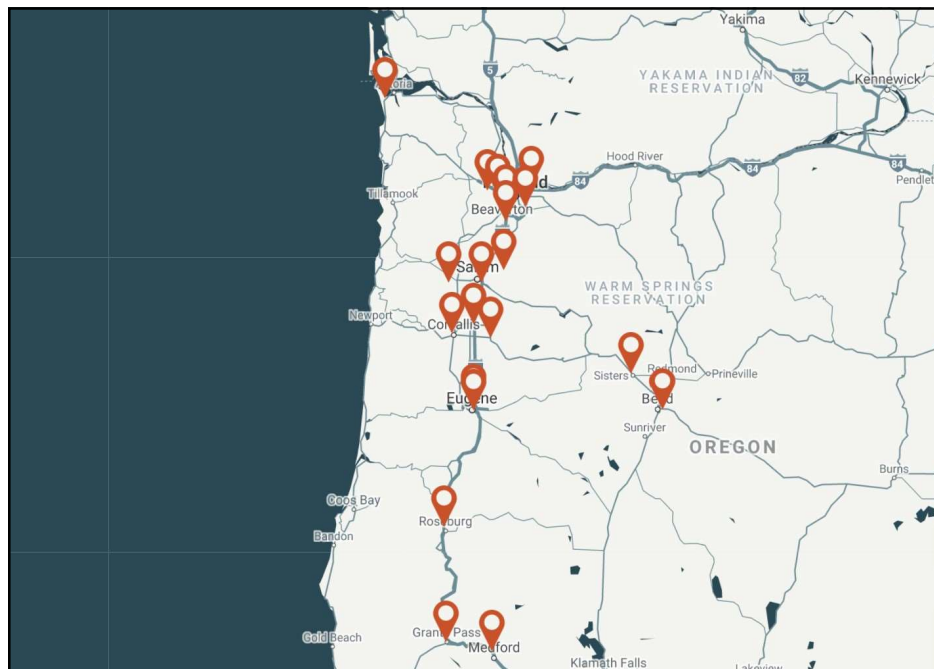


126

Oregon Tobacco Quit Line



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Smoke Free Oregon Pharmacy Locator Map

<https://smokefreeoregon.com/pharmacy/>

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Get to know your local Tobacco Prevention Education Program Coordinator!

CONTACT US

If you have questions, please use the form below to contact us.

Your Name *

First Last

FIND YOUR LOCAL TOBACCO PREVENTION COORDINATOR

Contact your local Tobacco Prevention and Education Program Coordinator who works in your county or tribe. They can help you get involved with creating tobacco-free communities, helping people quit, preventing exposure to

<https://smokefreeoregon.com/contact-us/>

PUBLIC HEALTH DIVISION
Health Promotion and Chronic Disease Prevention

Oregon
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Local County Tobacco Fact Sheets Available

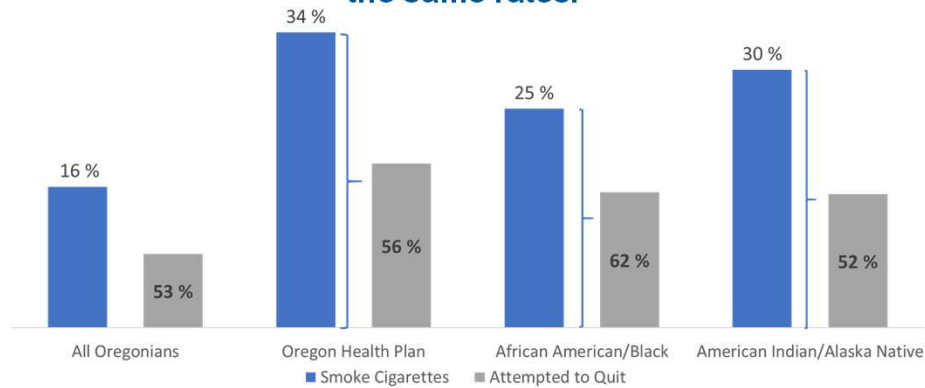


- A great way to better understand the impact of tobacco on your community is by reviewing your county fact sheet

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Medicaid recipients, African Americans, Native Americans, and Alaska Natives are more likely to smoke than the general population. However, they try to quit smoking at the same rates.



Source: Oregon Behavioral Risk Factor Surveillance System 2018 and Oregon Behavioral Risk Factor Surveillance System Race Oversample, 2015–2017. Unpublished data.

Note: Estimates are age-adjusted to the 2000 standard population.

Oregon Health Authority

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FREE Online Training for Tobacco Cessation

Oregon State University College of Pharmacy

Comprehensive Pharmacist Patient Assessment, Prescribing, and Billing for Oregon's Tobacco Cessation Implementation

In Oregon, more than 6 out of 10 people who smoke cigarettes want to quit. Most people who smoke have attempted to quit in the past year. Smoking is the leading preventable cause of death and disease in Oregon, killing nearly 8,000 people every year. Pharmacists in Oregon will make an impact on Oregon's tobacco cessation endeavors. During the novel coronavirus pandemic, cigarette smoking has been linked to increased risk of severe COVID-19, including hospitalization and death.

Oregon State University College of Pharmacy, in partnership with the OHA, has led the creation of this training, which exceeds all requirements set forth by the Oregon Board of Pharmacy for approved training for tobacco cessation prescribing. The course is uniquely designed to educate the Oregon pharmacist on assessing and prescribing tobacco cessation medications based solely upon the Oregon Board of Pharmacy's Public Health and Pharmacy Formulary Advisory Committee guidelines. The training is authored by the subject matter experts who were engaged in advising the PHPTAC and OROP to create the Tobacco Cessation Patient Intake Form and Tobacco Cessation Assessment and Treatment Care Pathway.

The Oregon Health Authority – Public Health Division (OHA-PHD) and the Health Promotion and Chronic Disease Prevention Section (HPCDPS) are excited to partner with the Oregon State University College of Pharmacy to educate and train pharmacists to treat nicotine addiction.

Visit: http://pharmacy.oregonstate.edu/online_ce

Oregon State University College of Pharmacy

Comprehensive Pharmacist Patient Assessment, Prescribing, and Billing for Oregon's Tobacco Cessation Implementation

Course Description
This course utilizes an array of learning tools including interactive multimedia, and real-world examples. The engaging material is regularly updated to reflect the most recent research findings and newest regulations.

This activity is presented in 3 modules. At the completion of this application-based activity, the participant will be able to:

Module 1 - Evidence-based Tobacco Use Treatments

1. Discuss the epidemiology and burden of tobacco use
2. Recognize the different types of tobacco products and electronic nicotine delivery systems (ENDS) people use, and how they are often used together
3. List the different FDA approved medications to help with tobacco cessation and combination use
4. Discuss the possible side effects of FDA approved medications for tobacco cessation
5. Counsel patients on how to use FDA approved medications for tobacco cessation

Module 2 - Performing a Patient Assessment for Tobacco Cessation

1. Apply the IAS approach during a pharmacist-provided tobacco cessation visit
2. Analyze and discuss the questions on the "Tobacco Cessation Self-Screening Patient Intake Form"
3. Utilize the "Tobacco Cessation Assessment and Treatment Care Pathway" during a pharmacist-provided tobacco cessation visit in order to apply a patient care process to prescribing tobacco cessation medications
4. List the elements in a tobacco cessation follow up, per Oregon's requirements
5. Document a tobacco cessation visit, per Oregon's assessment and prescribing requirements

Module 3 - Resources to Support Quitting: Tools to Help Patients Make the Biggest Steps Toward Greater Health

1. List and discuss five resources the Oregon Health Authority's Tobacco Prevention and Education Program recommends for assisting Oregon patients attempting to quit smoking
2. Describe the billing guidelines for the pharmacist-led patient assessment

Upon completion of this course, participants will receive 2 contact hours (20 CEUs) of General Pharmacy, and an OSU Emergency Relief of Issues: Pharmacist Implementation, Guidelines to Oregon's 589 Course Certificate of Completion.

The CPE office at OSU College of Pharmacy shall issue a Statement of Credit for each person who successfully completes the 2-hour online program. Completion requires:

1. Registration for the course
2. Completion of all modules, including online activities and program pre-test and post-test questions
3. Completion of the online program evaluation

The Certificate of Completion will be available to print or download online within 24 hours of program completion. A Statement of Credit will be available by your CPE Monitor within 15 business days.

Oregon State University College of Pharmacy

For more information (including pricing) and to register, visit: http://pharmacy.oregonstate.edu/online_ce

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Sample Workflow in a Community Pharmacy Setting



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Medical Billing for Tobacco Cessation Visit

A pharmacist's tobacco cessation assessment is a billable Oregon Medicaid service.

- Pharmacists billing for tobacco cessation services must use **CPT** and **ICD-10 codes** to bill for services:
 - CPT codes describe the service provided ("rendered")
 - ICD-10 codes describe the reason for the visit
- The course, **Successful Implementation of Patient Assessment and Proper Billing**, an online training, provides thorough explanations of credentialing/enrollment and the fundamentals of medical billing, including correct use of CPT and ICD-10 codes utilized by pharmacists.
- <https://oregon-state-pharmacy-ce.catalog.instructure.com/browse/oregon/courses/patient-assessment-and-proper-billing>

134

Steps to Implement Tobacco Cessation Services in an Oregon Pharmacy

1. Pharmacist Tobacco Cessation Education
2. Oregon Medicaid Credentialing and Enrollment for Pharmacist and Pharmacy
 - a) NPI: Taxonomy should be: **1835P0018X** (Pharmacist Clinician).
 - b) Hold mandatory credentialing requirements (training)
 - c) Medicaid ID: Obtain DMAP number
3. Pharmacy Requirements
 - a) Complete Policy & Procedures development for services provided, as required by the OBOP and company regulations.
 - b) Pharmacy Credentialing
4. Medical Billing
 - a) Enroll to bill point-of-sale and serve as the billing provider to OMAP
 - b) List of CCOs served
 - c) CPT Codes, ICD10 Codes, and Fee Schedule
 - d) OHA: Medicaid Fee-for-service professional billing for retail and community pharmacists [Pharmacist fee-for-service community pharmacist professional](#).
5. Promotions
 - a) Flyers
 - a) OSU College of Pharmacy
 - b) OHA/Smoke-Free Oregon
 - b) Engage Pharmacy Staff
 - c) Word of mouth
 - d) Local CCOs

If you are interested in implementing tobacco cessation services at your pharmacy, contact sharon.rask@oregonstate.edu

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PAYMENT !

- CCOs – outreach, leveraged by public health initiative
- **OSU College of Pharmacy** engaged **Assure Care** to facilitate initial credentialing and enrollment process for pharmacists & Medicaid billing.
- **Prescriptive Health** will support front-end technology to *direct patients to the clinical service*, manage scheduling, support reporting, and manage credentialing going forward.

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The following describes an efficient manner to determine areas of focus/importance that reveal funding sources and will direct you to public health decision makers:

“Search your state’s public health website to discover areas of *public health focus* which often tie to grant dollars and illustrate your state’s health initiatives, concerns and areas of focus”.

Vote now at: meet.ps/esbc21

PEOPLE ONLINE: 10

Is the statement above true or false?

True	0%
False	0%

No one has voted yet

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Several important steps in establishing initial public health relationships include:

Familiarizing yourself with your state's public health website, contacting key therapeutic area contacts associated with key clinical areas, and making appointments to visit *local public health offices*.

Vote now at: meet.ps/esbc21

PEOPLE ONLINE:  0

What do you think?

True	0%
False	0%

No one has voted yet

139

The following statement outlines ways to overcome barriers to implementation:

Find Partners to Help You: Technology is essential. Understand that *directing patients to find your service is crucial*, offering *scheduling* helps your staff and your patients, *documentation* and *medical billing for your clinical time* are essential components. Immediately reframing your staff's understanding of the essential nature of providing expanded scope clinical activities is imperative.

Vote now at: meet.ps/esbc21

PEOPLE ONLINE:  0

Is this true or false?

True	0%
False	0%

No one has voted yet

140

STEPS to build a sustainable community public health collaboration:

1. Time: Commit two hours/week for 3 weeks to getting out and meeting public health agents
2. Build a True PARTNERSHIP with state and local Public Health Decision-makers by selecting two initiatives that are funded, and that hit metrics in your area driven by state health outcome goals.
3. Design a streamlined intervention, based on PATIENT ASSESSMENT, tied to billing codes, associated with a very narrow therapeutic intervention.
4. If you must operate under a CPA, find that physician partner, appeal to public health

141

Monoclonal Antibody Administration

1. Prepare yourself and staff: Patient plan for Covid testing, patient administration space, patient waiting/observation strategy
2. Communicate with local Public Health for referrals, resources (PPE), support
3. Partner with Technology to drive patients to your store, schedule, gather patient data, report to public health partners, bill for the clinical service (\$450/patient or \$750/patient in home)
4. Training is required: Free comprehensive 1-hour ACPE accredited program:

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Would you like to know more? Monoclonal Antibody Administration




Click [here](#) for the protocol, training program, and one hour of free CE credit!

CE Link: <https://info.prescriptive.com/continuing-education>

Oregon Protocol: https://www.oregon.gov/pharmacy/Documents/COVID_mAb_Protocol.pdf

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Would you like to know more? Smoking Cessation

 <p>FREE Pharmacist Access</p> <p>To receive an Oregon pharmacist access code provided by the OHA, email: PharmacyCE@oregonstate.edu</p> <p>Include your OREGON Pharmacist License Number and Place of Employment in your email.</p> <p>Course will be live beginning November 9, 2020</p>	<p>Comprehensive Pharmacist Patient Assessment, Prescribing, and Billing for Oregon's Tobacco Cessation Implementation</p> <p>Started Sep 24, 2020 2.0 credits</p> <p>\$60 ENROLL</p>
---	---

Click [here](#) for **two** hours of CE credit!

CE Link: <https://oregon-state-pharmacy-ce.catalog.instructure.com/browse/oregon/courses/tobacco-cessation>

Oregon Protocol: https://www.oregon.gov/pharmacy/Documents/Tobacco_Protocol.pdf

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Would you like to know more? Contraceptive Prescribing

 <p>Oregon Contraceptive Education & Certification</p> <p>Registration Discounts Available!</p> <p>Contact your employer or NCPA for access to discount information or prepaid registration codes. Email: PharmacyCE@oregonstate.edu</p>	<p>Oregon Comprehensive Contraceptive Education and Certification for the Prescribing Pharmacist</p> <p>Started Mar 3, 2020 5.0 credits</p> <p>\$250 ENROLL</p>
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Click [here](#) for **FIVE** hours of CE credit!

CE Link: <https://oregon-state-pharmacy-ce.catalog.instructure.com/browse/oregon/courses/oregon-contraceptive-education-and-certification>

Oregon Protocol: <https://www.oregon.gov/pharmacy/Pages/Contraceptive-Prescribing.aspx>

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Contributors

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Contact Information

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Owner of Grants Pass Pharmacy; NCPA President**

- Email: michele@grantspasspharmacy.com

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Ask your question at: **meet.ps/esbc21**

PEOPLE ONLINE:  0

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Point-of-Care Testing Best Practices

Enhanced Services Boot Camp

Joe Moose, PharmD, CPESN® USA and
Moose Pharmacy



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Pharmacist and Technician Learning Objectives:

- List the steps needed and resources available to get started with point-of-care testing.
- Differentiate opportunities in point-of-care testing as it pertains to chronic disease management and acute infectious disease management.
- Describe successful strategies for increasing point-of-care testing services to make it a sustainable patient care offering.



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Point of Care Test (POCT)

- POCT is performing a test outside of a laboratory that produces a rapid and reliable result aiding in identifying or managing chronic diseases and acute infections (e.g. COVID-19). Examples of CLIA waived tests/POCT include A1c, blood glucose, influenza, and Strep A. To see the FDA's listing of tests that are CLIA waived

<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfClia/analyteswaived.cfm>



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Why does POCT in a Community Pharmacy Make Sense

- 55,000-65,000 community pharmacies in the US
- The majority of Americans live within 2 miles of a pharmacy
- Can see a pharmacist on a walk in basis
- Many patients seek a pharmacist first for relief of ailments

M. Klepser et al. "The Pharmacist Will Screen You Now" Medscape Pharmacist (Feb. 5, 2014)



152



Good Laboratory Practice

- Comply with OSHA standards pertinent to workplace hazards and Bloodborne Pathogens Standard
- HIPPA standards apply
- Maintain appropriate physical environment
- Written testing procedure for testing and quality controls
- Consistent method of documentation and storage of records



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Vote now at: meet.ps/esbc21


PEOPLE ONLINE:  0

Does your pharmacy have a CLIA certificate of waiver?

Yes	0%
No	0%
Joe, what are you even talking about?	0%


No one has voted yet

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Clinical Laboratory Improvement Amendments of 1988 (CLIA)

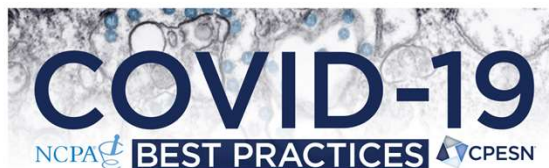
- All sites performing laboratory test on humans are regulated under CLIA.
- Most pharmacies apply for the CLIA Waived category of test
- CLIA Waived test are consider simple test



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Where Do I Start



COVID-19 Change Package #3

Applying for a CLIA Certificate of Waiver

On April 8, 2020, the U.S. Department of Health & Human Services issued guidance authorizing licensed pharmacists to order and administer COVID-19 tests, including serology tests, that the FDA has authorized.



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CLIA

HOW TO FILL OUT A CLIA CERTIFICATE OF WAIVER (CMS-116) APPLICATION

Section I. General Information

- ☐ Check initial application and leave the CLIA identification number blank
- ☐ Complete this section providing your pharmacy's specific information
- ☐ Name of Director - can be anyone in the pharmacy but recommended to be the pharmacist in the pharmacy overseeing the testing

Section II. Type of Certificate Requested

- ☐ Only check the first box: "Certificate of Waiver"

Section III. Type of Laboratory

- ☐ Check box 20: Pharmacy

Section IV. Hours of Laboratory Testing

- ☐ Indicate the times your pharmacy will provide testing

Section V. Multiple Sites

- ☐ Check no if you are only applying for one pharmacy (NCPA recommends filling out a separate CLIA application for each location if multiple locations are owned.)

Section VI. Waived Testing

- ☐ List the tests you will be performing. Verify with your state which tests you can perform

- ☐ Estimate the number of tests you will be performing annually (consider all tests listed)

- ☐ For COVID-19 testing, you either need to be specific for the currently available tests with an EUA that has a "W" under authorized setting* OR do not list COVID-19 tests for now. You can always update the tests at a later date.

Section VII. PPM Testing and VII. Non-waived testing: Skip this section

Section IX. Type of Control

- ☐ Check the box that best describes your pharmacy (most community pharmacies are Box 4: Proprietary, but select the one that's most appropriate)

Section X. Director Affiliation with other Laboratories

- ☐ If this is the first time filling out this application, you will probably leave blank
- ☐ If other pharmacies that you own are CLIA waived, list those in this section

Consent and Signature

- ☐ Carefully read the consent information at the bottom of page 4 before signing and dating

*Tests with a EUA and a "W": Click [here](#)



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POCT Certificate Program



PHARMACY LOCATOR JOIN

ABOUT ADVOCACY RESOURCES EVENTS EDUCATION

Pharmacy-based Point-of-Care Testing Certificate Program

Upcoming Dates

December 7, 2021 (Virtual)
9 a.m. – 1 p.m. ET

Program Information

The NASPA **Pharmacy-based Point-of-Care Testing Certificate Program** provides an opportunity to gain the skills and information necessary to develop a testing program for coronaviruses, influenza, Group A Streptococcus, HIV, and Hepatitis C. The target is pharmacists, pharmacy technicians, and student pharmacists.



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Test

- On April 8, 2020, the U.S. Department of Health & Human Services issued guidance authorizing licensed pharmacists to order and administer COVID-19 tests, including serology tests, that the FDA has authorized.



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Test & Treat



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Downloadable Resource

IMPLEMENT POCT IN YOUR PHARMACY IN 8 STEPS

1. DIRECTOR

Find someone to oversee your POCT

 - Usually a pharmacist, but some states require this to be a physician
 - Find state-specific contacts [HERE](#)
2. TESTS

Carefully select which tests you will offer at your pharmacy

 - What kind of tests/testing do you want to offer?
 - List of available CLIA-waived tests [HERE](#)
3. CLIA

Obtain a CLIA Certificate of Waiver from CMS

 - Complete Form CMS-116
 - How to apply for a CLIA waiver available [HERE](#)
 - CMS Form 116 available [HERE](#)
4. LOCATION

Find the best place in your pharmacy for testing

 - Make sure this area has some sort of privacy barrier
 - Keep this setting organized and clean
 - Monitor and restock testing materials regularly



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Downloadable Resource

5. TRAIN

Educate your staff and/or have them attend POCT training

 - Details about the NASPA Pharmacy-based Point-of-Care Testing Certificate Program is available [HERE](#)
6. DEVELOP

Develop billing avenues and enroll through CMS

 - CMS online enrollment (PECOS) [HERE](#)
 - There are several companies that help with billing:
 - [Change Healthcare](#), [FDS](#), [EBS](#), [OmniSYS](#)
7. COLLAB

Form a collaboration with a local provider


 - Work with a provider in your area that shares patients with you
 - More information on prescriber collaboration [HERE](#)
8. START

Start testing & improve your patient's healthcare


 - Get the word out about your new services
 - The best way to learn is by doing and adapting
 - Ready? Set? Test!**



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NCPA
NATIONAL COMMUNITY
PHARMACISTS ASSOCIATION

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Ask your question at: meet.ps/esbc21

PEOPLE ONLINE:  0

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Tripp Logan, PharmD

- Vice President, SEMO Rx Pharmacies
- Board Member, NCPA Innovation Center
- National Luminary, CPESN USA
- Lead Luminary, CPESN Missouri
- Partner, ESPhA
- COO, Seguridad, Inc.



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Pharmacist and Technician Learning Objectives

- Discuss strategies for “getting buy in” on your pharmacy culture.
- Discuss best practices for engaging and training the pharmacy team to streamline operations.
- Identify mechanisms for giving feedback and managing resistance to change.



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Task 1:

- Define and understand your pharmacy's current enhanced service delivery strategy.
- What are your pharmacy's goals?
- What is your enhanced service budget?
- What services are you delivering?
- What services do you want to deliver?
- What services does your community need?



171

Our Journey: 1976 to Today



- 2nd Generation Community Pharmacist
- Observed Acquisition, Consolidation, and Sale of pharmacies
- Operated by 2 different partners for 30+ years
- Ownership consolidation over 10 years ago
- Worked on consolidation of operations WHILE adding locations and taking on new partners
- **Staff management has consistently been our most difficult challenge**
- Set goals of creating a common culture among many people in unique locations



172

Compensation Strategy Evolution

- Historically offered all staff a standard benefit package
- Historically offered annual, tenure-based cost of living raises
- Historically offered profit sharing year-end bonuses

Unmotivated technician said about motivated tech:



173

Compensation Strategy Evolution

- Historically offered all staff a standard benefit package
- Historically offered annual, tenure-based cost of living raises
- Historically offered profit sharing year-end bonuses

Unmotivated technician said about motivated tech:

“I’ve been here a lot longer than her and she makes more than I do”



174

Compensation Strategy Evolution

Internal Assessment:

- Everyone is not motivated by the same thing
- We should work to motivate everyone individually
- Drive motivation toward our pharmacy practice strategic vision

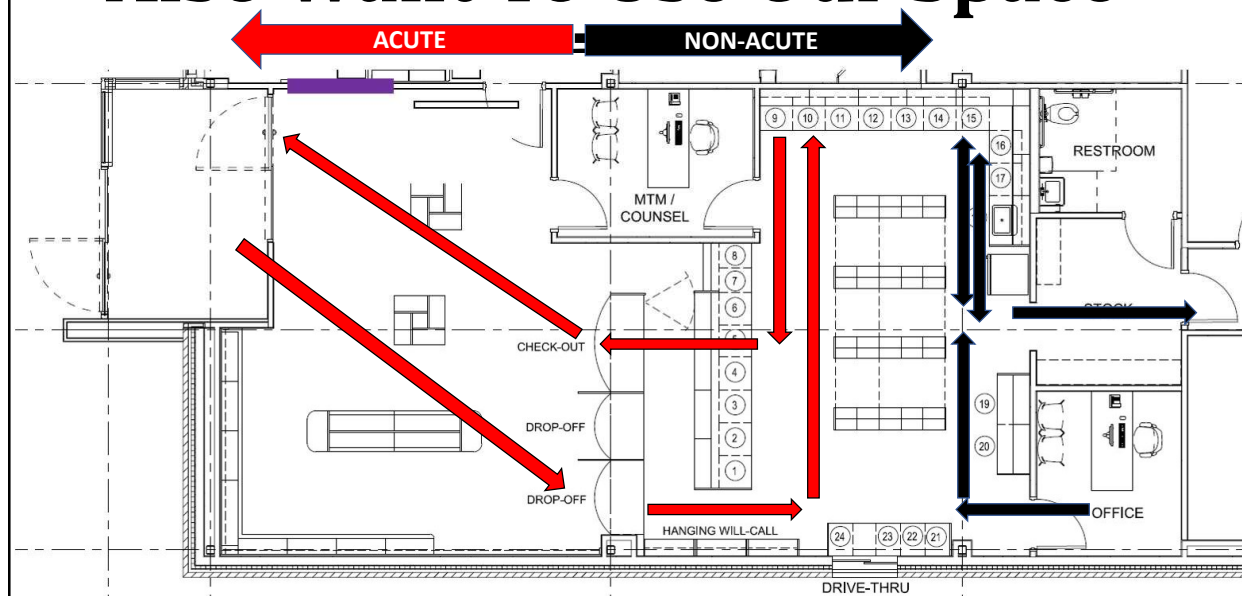
What We Decided:

- We wanted to add incentive based raises scaled higher than cost of living increases, as well as additional incentives not tied to pay



175

Also Want To Use Our Space



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Task 2:

- Define and understand your current pharmacy staff evolution strategies. Are they supporting your pharmacy's enhanced service delivery goals?
- How are you currently investing in your staff?
- How do members of your staff respond to different types of incentives?



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Vote now at: **meet.ps/esbc21**

PEOPLE ONLINE:  0

How are you currently investing in your staff?


No one has voted yet

179

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■

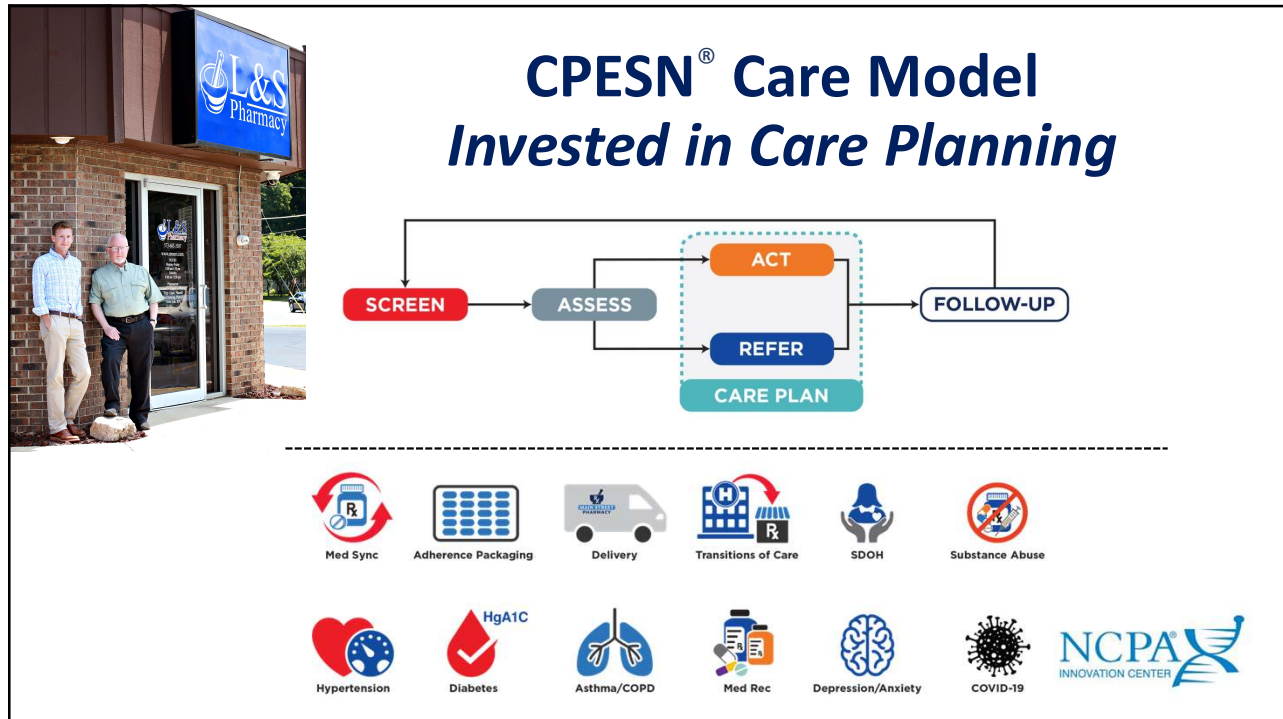
Vote now at: **meet.ps/esbc21**

PEOPLE ONLINE:  0

How do members of your staff respond to different types of incentives?

No one has voted yet

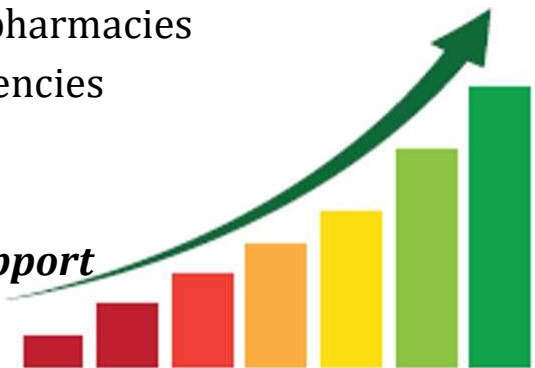
180



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What Did We Want To Encourage?

- Staff knowledge expansion and job satisfaction
- Marketable staff credentials (for press and payer)
- Enhanced service & OTC revenue growth
- Service differentiation from other pharmacies
- Improvements in operational efficiencies
- Positive patient experiences
- Relationship based care
- ***Social Determinants of Health Support***



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What are Social Determinants of Health?

“The social determinants of health (SDH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.”

World Health Organization (WHO) https://www.who.int/social_determinants/sdh_definition/en/



183

What are Social Determinants of Health?

“The social determinants of health (SDH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.”

World Health Organization (WHO) https://www.who.int/social_determinants/sdh_definition/en/

This is important to us because our pharmacies are located in the middle of where people “are born, grow, work, live and age”



184

Targeted Goals That Reflect *OUR* Strategy

- Medication Optimization Service Outreach Growth
- Certified Pharmacy Technician Certificates
- Mental Health First Aid Certificates
- Motivational Interviewing Certificates
- Community Health Worker Certificates
- Front End / OTC Sales Subject Matter Experts
- Effective Service Implementation (*newsletters, etc*)
- Sustainable Service Delivery



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Task 3:

- Explore ways to incentivize your staff
- Build incentives that not only enhance staff skills and improve job satisfaction, but also align with the pharmacy's enhanced service delivery strategies



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What Would This Look Like?



- Mental Health First Aid Certificates
- Asthma Environmental Trigger / Home Assessment Training
- Motivational Interviewing Certificates
- Human Trafficking Identification Certificates
- OTC Product Training Certificates
- Pharmacy Technician Certifications
- ***Community Health Worker Certificates***



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How Did We Implement?

Examples

- **\$0.05/hour – Specialty OTC Product Training**
 - Additional Incentives: Social Media Recognition, Coursework Covered
- **\$0.10/hour - Mental Health First Aid Certificate**
 - Additional Incentives: Social Media Recognition, Coursework Covered
- **\$0.15/hour - Motivational Interviewing Certificate**
 - Additional Incentives: Social Media Recognition, Coursework Covered
- **\$1.00/hour - Certified Pharmacy Technician**
 - Additional Incentives: Social Media Recognition, Coursework Covered
- **\$1.00/hour – Technician Immunization Certification**
 - Additional Incentives: Social Media Recognition, Coursework Covered
- **\$1.50/hour - Community Health Workers Certificate**
 - Additional Incentives: Social Media Recognition, Coursework Covered



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How Do We Keep Track?

Pharmacy	Year of Employment	Staff	PharmD	Full Time	Sunshine Committee Leader	Missouri Board of Pharmacy Licensed Pharmacist	Missouri Board of Pharmacy Licensed Technician	PGY1 Community Pharmacy Resident	Certified Pharmacy Technician (CPT)	Medication Packaging Specialist	Third Party / Insurance Specialist	Patient Care Coordinator	Diabetes Support Coordinator	Home Visits / Deliveries	Mental Health First Aid Certified	PGx Certified	Motivational Interviewing Certified	Community Health Worker Certified	Essential Oil Training	Immunization
L&S	1988	Albert Puols	No	Y		No	Yes	No	2003	No	Yes	Yes	No	No	No	No	No	Pending	2018	No
L&S	2003	LeBron James	No	Y		No	Yes	No	2017	No	No	No	No	No	No	No	No	No	2018	No
L&S	2004	Michael Jordan	No	Y		No	Yes	No	2008	No	Yes	Yes	No	No	No	No	No	No	2018	No
L&S	1993	Usain Bolt	No	Y	Yes	No	Yes	No	2003	No	Yes	Yes	No	Yes	No	No	No	Pending	2018	No
L&S	2007	Magic Johnson	No	Y		No	Yes	No	2011	No	Yes	Yes	No	Yes	No	No	No	No	2018	No
L&S	2013	Jack Clark	No	Y		No	Yes	No	No	No	No	No	Yes	Yes	No	No	No	Pending	2018	No
L&S	2007	Ozzie Smith	No	Y		No	Yes	No	2008	No	No	Yes	No	Yes	No	No	No	No	2018	No
L&S	2014	Tommy Herr	Yes	Y		Yes	No	No	No	Yes	No	No	Yes	Yes	No	No	No	No	No	Yes
L&S	2017	Ja Morant	No	N		Yes	No	No	No	No	No	No	Yes	No	No	No	No	No	No	Yes
L&S	1990	Preston Wilson	No	N		Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No
L&S	2016	Kolton Wong	No	N		No	Yes	No	No	No	No	No	No	Yes	No	No	No	No	No	No
L&S	2013	Barry Sanders	No	N		No	Yes	No	No	No	No	No	No	Yes	No	No	No	No	No	No
L&S	2020	James Nalle	No	N		No	Yes	No	No	No	No	No	No	Yes	No	No	No	No	No	No
L&S	2015	Harold Baines	No	N		No	Yes	No	No	No	No	No	No	Yes	No	No	No	No	No	No
L&S & Medical Arts	1993	Benito Santiago	Yes	Y		Yes	No	No	No	No	No	No	Yes	Yes	No	2018	No	No	No	No
L&S & Medical Arts	1976	Pete Sampras	Yes	Y		Yes	No	No	No	No	No	No	Yes	Yes	No	2018	No	No	No	No
Medical Arts	2011	Carlos Boozer	Yes	Y		Yes	No	No	No	No	No	No	Yes	Yes	No	2018	No	No	No	Yes
Medical Arts	2019	Fred McGriff	No	Y	Yes	No	Yes	No	Yes	No	No	Yes	No	No	No	No	No	Pending	No	No
Medical Arts	2013	Jim Edmonds	Yes	Y		Yes	No	No	No	Yes	No	No	Yes	Yes	No	2018	No	No	No	No
Medical Arts	1999	Whitby Herzog	No	N		No	Yes	No	No	No	No	Yes	No	No	No	No	No	No	No	No
L&S & Medical Arts	2020	Babe Ruth	Yes	Yes		Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No
Medical Arts	2006	Pete Rose	No	Y		No	Yes	No	1993	No	Yes	No	No	No	No	2017	No	No	2018	No
Medical Arts	2013	Francisco Rodriguez	No	N		No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No
Medical Arts	1976	Mariano Rivera	No	N		No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No
Medical Arts	2013	Billy Ripkin	No	Y		No	Yes	No	No	No	Yes	Yes	No	No	No	No	No	No	2018	No
Medical Arts	1989	Tony Larussa	No	Y		No	Yes	No	No	No	Yes	Yes	No	Yes	No	No	No	No	No	No
Medical Arts	2012	Terry Pendleton	No	N		No	No	No	No	No	No	No	No	Yes	No	No	No	No	No	No
Medical Arts	2005	Jaren Jackson	No	Y		No	Yes	No	No	No	Yes	No	No	No	No	No	No	No	No	No

Mental Health First Aid Certified

Motivational Interviewing Certified

Community Health Worker Certified



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Task 4:

- Define beneficial staff skill sets
- Explore trainings that build staff skill sets
- Explore how these skills fit into workflow
- Determine if / how these staff skills will bolster your pharmacy practice



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Mental Health First Aid

- Recognize mental / behavioral health crisis
- Diffuse and calm
- Collect information
- Refer appropriately
- Help This Person in Need



*"All I could think of when that just happened
was the class we went to last fall."*

-L&S Staff Member



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Where to Find Training:

LOCAL

REMOTE



<https://ncpa.org/mental-health-first-aid>



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Motivational Interviewing

- A different way of communicating
- Uses open ended questions
- Sharpens listening skills
- Including the patient as the lead in decisions
- Perfect for non-clinical adherence follow ups
- Online course for staff & included in CHW training



I can tell who has and has not taken the coursework by just listening to them on the phone



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Where to Find Training: REMOTE:

<https://ncpa.org/comprehensive-motivational-interviewing-training>



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What's a Community Health Worker?

*"Community Health Workers (CHWs) are frontline public health workers who **are trusted members of and /or have an unusually close understanding of the community served.** This trusting relationship enables CHWs to **serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services** and improve the quality and cultural competence of service delivery. CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy."*

Community Health Worker Definition; American Public Health Association Policy Statement 2009; Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities; 2009



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Why CHWs in a Pharmacy?

Medicaid Programs & Health Plans often spend **more on CARE MANAGEMENT** (medical side) than on **PRESCRIPTION DRUGS** (pharmacy side)

* North Carolina Medicaid and NC Health Choice Annual Report for State Fiscal year 2018 July 1, 2017 – June 30, 2018
* Missouri Department of Social Services 2017 Annual Report; <https://dss.mo.gov/re/pdf/2017-dss-annual-report.pdf>



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Community Health Workers

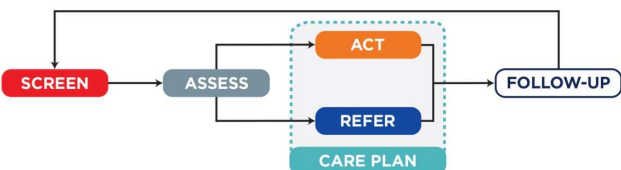


- Help patients and their families navigate the health care system, access **LOCAL** community services & non-local resources, as well as promote the adoption of healthy behaviors
- Facilitate a **LOCAL** and ACCESSABLE destination for soft handoffs for patients in transition and/or in need of services beyond standard prescription dispensing
- Serve as a **LOCAL** liaison for payer and provider partners and become a conduit for information flow and service delivery



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Your Staff Can

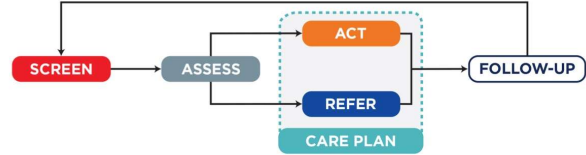


SCREEN	REFER	FOLLOW UP	SUPPORT
Vaccinations	Pharmacist	Vaccinations	Document Vaccination
Packaging	Social Services	Packaging	Oversee Patients
Labs	Housing Authority	Labs	Document Labs
Refills	Health Dept	Refills	Referral Transitions
Sync	Dietician	Sync	Outbound Messaging
Services	Primary Care	Services	Service Delivery
Problems (SDoH)	Lab	Problems (SDoH)	<i>Your Patients Where They Are</i>



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CPESN[®] Care Model: Return on Investment:



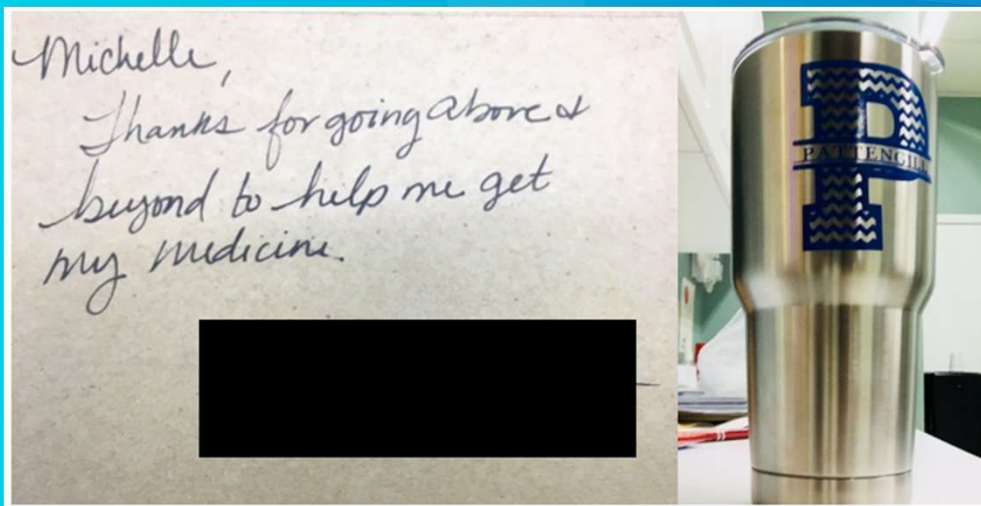
Utilize Staff To Get Paid For Things Like :

- Asthma Screenings
- Cancer Screenings & Referrals
- Community Health Worker Coursework
- Community Resource Tables
- Depression Screenings
- Food Insecurity Screenings
- Home Assessments
- Immunization Screenings/Referrals
- LOCAL Care Coordination
- LOCAL Support Group Referrals
- Medicaid Eligibility Support
- Medication Optimization
- OOP Cost Reduction Services
- Pediatric Asthma Supports
- SDoH Screenings
- Self Monitoring Blood Pressure
- Transportation Support (transit)
- Vaccine Hesitancy Education



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The True Return on Investment



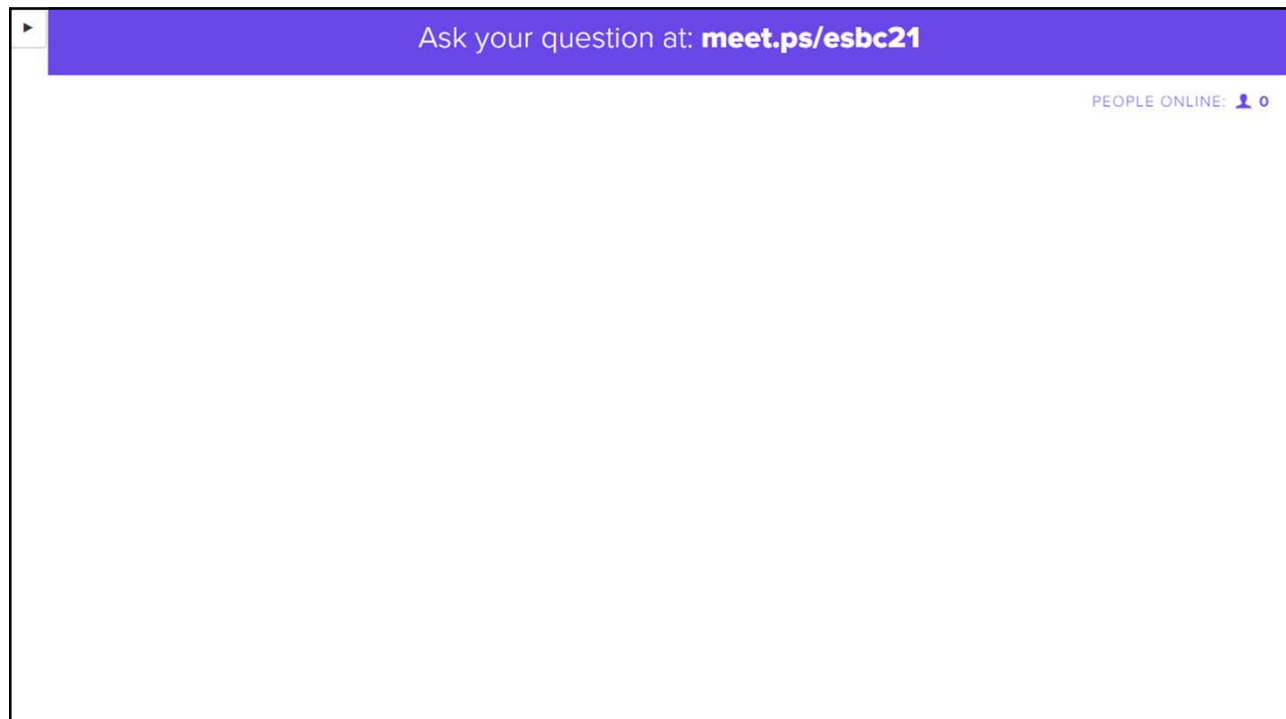
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Thank You!

Tripp Logan, PharmD



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Ancillary Staff Roles Discussion



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Scan the QR code during the program to ask questions, answer poll questions, and interact with our speakers.




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Ask your question at: **meet.ps/esbc21**

PEOPLE ONLINE:  0

205

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Speaker Q & A**

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PEOPLE ONLINE: 0

208

ATTENDANCE CODE:

ESBC2021

CE Evaluation Due Date: Dec. 31, 2021

Visit www.ncpa.org/learn and click on CLAIM LIVE CE

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