Welcome

Scan the QR code during the program to ask questions, answer poll questions, and interact with our speakers.
Introduction—What is the Opportunity?

Enhanced Services Boot Camp

Joe Moose, PharmD, CPESN® USA and Moose Pharmacy
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.
The **Oath of a Pharmacist** states: “I will accept the lifelong obligation to improve my professional knowledge and competence.

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**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
The Future for Pharmacies Just Filling Prescriptions Fast and Cheap is Grim

- 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

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

Walgreens Again Trims Deal for Rite Aid But Finally Gains Approval
Walgreens will now buy 1,932 Rite Aid stores for $4.38 billion
Opportunity

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Guidance
Office of the Secretary

Office of the Assistant Secretary for Health
Washington, D.C. 2020

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. As of 2018, nearly 90 percent of Americans lived within five miles of a community pharmacy. 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...
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

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.
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 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:

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Healthcare Spend in America

Outpatient Medication/Pharmacy Spend

- 10%
- 90%

Medical/Non-Pharmacy Spend

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Threats to Community Pharmacy

Pharmacies Can't Sell Drugs Below Cost

Pharmacies Need to Be in Narrow Networks

Leveraging Frequent Patient “Touches” to Improve Medication Management
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

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.
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.

Importance of Targeting and Channeling Patients to High Performing Pharmacies

![Graph showing bifurcating marketplace for pharmacy-site products and services delivery]
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

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
Service Set Standards

- 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

A Clinically Integrated Network of Pharmacy Providers

Provide medication optimization activities and enhanced services for patients
Collaborate with the extended care team to improve patient health
Focus on interventions that change patient behavior lead to better health
A Clinically Integrated Network of Pharmacy Providers

Local Network Growth by Launch Phase

*August 2016*
Pharmacy Reach

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

CPESN Networks — Over 70 Contracts with Plan Sponsors & Payers
CPESN® Pharmacies are Not Just Delivering Medication, but Results

- **Diabetes**
  - HgA1C ↓0.5% Reduction in HgA1C
- **Smoking Cessation**
  - $2,500/YR in saved medical costs each time a member in PA quits smoking
- **High Blood Pressure**
  - 3.7mmHg to 2.1mmHg
- **Medication Adherence**
  - Up 5-20%
- **Hospital Discharge**
  - 6.6M ↓46%
- **Overall Savings**
  - ↓10% = $2,443 per patient, per year

127 Total programs in our CIN history (62 complete)

<table>
<thead>
<tr>
<th>Programs by Year</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9</td>
<td>15</td>
<td>35</td>
<td>68</td>
<td>127</td>
</tr>
</tbody>
</table>

- **65** Active programs
- **20** Potential programs in “contracting” portion of our lead pipeline

$166,379 Average opportunity per program for programs with a cap
Active & upcoming programs: 85

Average opportunity per program for programs with a cap: $166,379 = $14.14M ÷ 3,450

= $4K per participating pharmacy, 4 to 1 Return on Investment

CPESN pharmacies in Federal Retail Pharmacy Program (FRPP) through USA: 1,878

Doses administered through USA FRPP: 2,769,997

= $124M in pharmacy revenue through the program

= $66K per participating pharmacy, 65 to 1 Bonus Return on Investment
## CPESN: Next Generation Pharmacy Reimbursement Model

### Breadth and Variation of Payer Contracts with CPESN® Networks

<table>
<thead>
<tr>
<th>Payer &amp; Partner Types</th>
<th>Program Types</th>
<th>Payment Model Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Managed Care Organizations</td>
<td>Pharmacy care management programs</td>
<td>Traditional fee for service</td>
</tr>
<tr>
<td>Medicare Advantage Plans</td>
<td>Disease state focused programs (e.g., heart failure, behavioral health, tobacco cessation)</td>
<td>Per member per month for a targeted high risk population</td>
</tr>
<tr>
<td>Commercial Health Plans</td>
<td>Chronic care management agreements (potentially combined with Medicare annual wellness visits and/or transitional care management)</td>
<td>Tiered PMPM based on patient risk</td>
</tr>
<tr>
<td>Medicare Part D Enhanced MTM programs</td>
<td>Transitional care programs</td>
<td>Flat PMPM</td>
</tr>
<tr>
<td>Accountable Care Organizations</td>
<td>Enhanced service bundles such as med sync + adherence packaging</td>
<td>Performance incentive bonus</td>
</tr>
<tr>
<td>Health Systems/Hospitals</td>
<td></td>
<td>- Traditional pharmacy-side measures (e.g., medication adherence)</td>
</tr>
<tr>
<td>Individual Physician Practices</td>
<td></td>
<td>- Medical side measures (e.g., HEDIS)</td>
</tr>
<tr>
<td>Grants or Demonstration Projects with state-based entities (such as public health departments)</td>
<td></td>
<td>- Process measures (e.g., engagement and follow up rates)</td>
</tr>
</tbody>
</table>
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
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

Pharmacist eCare Plan Functionality Active in the Marketplace
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
Enhanced Services Pharmacy Assessment Tool

Pharmacy Self-Assessment

Your community pharmacy may have been serving patients for the last 100 years, or may have just opened last month; no matter how long you have been in business, this quick, 10-question self-assessment can help you know if your pharmacy is prepared to thrive in today's marketplace. The assessment will identify services to consider adding to your pharmacy's offerings and direct you to resources to help you grow.

Click here to take the Assessment Now!

Kyle Lomax, PharmD
CEO, Southern Pharmacy
CPESN-Arkansas
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Streamlining Your Workflow

**Enhanced Services Boot Camp**

Joe Moose, PharmD, CPESN® USA and Moose Pharmacy

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**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.
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

Different Approach to Payment and Delivery

Fee for Service

<table>
<thead>
<tr>
<th>Pre-Encounter</th>
<th>Encounter</th>
<th>Post-Encounter</th>
<th>Disengaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>$$$$</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Population Health Management

<table>
<thead>
<tr>
<th>Pre-Encounter</th>
<th>Encounter</th>
<th>Post-Encounter</th>
<th>Disengaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
**Transformational Change in Frequency & Nature of Clinical Patient Interactions**

- **Part D CMR**
  - Time (6+ months)
  - Intensity

- **Initial NC CPESN attempts at Community Pharmacy Care Management**
  - Time (6+ months)
  - Intensity

**“Steady State” Community Pharmacy Care Management Model**

- Time (6+ months)
- Intensity

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**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.
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?”

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
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

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.
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

Pharmacy Example Workflow

Adherence Technician  Student Pharmacist(s)  Clinical Pharmacist

Consultation Room  Inventory

Cashier  Pharmacist  Fill Technician  Input Technician

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

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?
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."

**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

**Adherence Program Example Workflow**

*Adherence Technician*
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

Scripts for Technician Touch Points

HEART FAILURE:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you weigh yourself every morning?</td>
<td>Instruct to weigh themselves every morning before breakfast and after urinating</td>
</tr>
<tr>
<td>Have you gained &gt;2 lbs in one day or &gt;5 lbs in a week?</td>
<td></td>
</tr>
<tr>
<td>Have you had recent or current swelling of ankles, feet or stomach that becomes worse, even after rest and leg elevation?</td>
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</tr>
<tr>
<td>Have you had recent or current shortness of breath that won’t go away with rest or is worsening?</td>
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<tr>
<td>Do you recently or currently find it harder to walk long distances or exercise than usual?</td>
<td></td>
</tr>
<tr>
<td>Have you felt unusually weak or tired lately for no apparent reason?</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>Have you had to take more of your diuretic (water pill) than your normal dose?</td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
</tr>
</tbody>
</table>
### Scripts for Technician Touch Points

#### HIGH BLOOD PRESSURE:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>* Do you check your blood pressure at home? What was the most recent result? Share results with pharmacist if systolic &gt; 140 and/or diastolic &gt; 90</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>* Do you have any recent chest pain or palpitations?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>* Have you had any recent headaches?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>If patient is taking an ACEI: Do you have any dry cough? If &quot;Yes&quot;, what time of day does it occur?</td>
</tr>
<tr>
<td></td>
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<td>o Morning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Afternoon</td>
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<td></td>
<td></td>
<td>o Evening</td>
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<tr>
<td></td>
<td></td>
<td>o Bedtime</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o All day</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>If patient is taking a diuretic: Do you have any muscle weakness, spasms, or cramping?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>If patient is taking amlodipine: * Do you have any swelling in the legs or feet?</td>
</tr>
</tbody>
</table>

#### MONTHLY "CLINICAL" MEDICATION SYNCHRONIZATION CALLS:

<table>
<thead>
<tr>
<th>N/A</th>
<th>N/A</th>
<th>What new medicines, either prescription or over the counter, have you started taking in the past month?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Have you been to the doctor in the past month?</td>
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<tr>
<td></td>
<td></td>
<td>If yes, what doctors did you see?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Were any changes made to your medicines?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Have you been to the hospital or emergency department in the past month?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If so, why? How are you feeling now? Were any changes made to your medicines?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have you already made those changes to your medicine?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do you have a follow-up appointment scheduled with your primary care doctor?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>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?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Did the doctor stop any of your medicines or change the directions or the dose? If yes, ask patient for details about medication changes.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Have you stopped or changed any medicines on your own? If yes, is your doctor aware that you stopped this medicine?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Do you get any prescriptions from other pharmacies? If so, which ones?</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>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].</td>
</tr>
</tbody>
</table>
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

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?
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.”

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
The Sync Process

CPESN Example Workflow

*Input Technician*

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

- **Patient Requests Vaccine**: Technician/Intern helps with health background questionnaire.
- **Patient Completes Questionnaire**: Technician/Intern retrieves and prints out information from the Immunization Registry.
- **Patient Receives Vaccine**: Technician/Intern checks for completeness and gives patient the Vaccine Information Statement. Technician/Intern process vaccine. **Pharmacist verifies**.
- **Pharmacist administers the vaccine**: Technician/Intern prepare Immunization Record and MD notice for patient. **Pharmacist verifies Immunizations. Record and initials.**
- **Technician/Intern faxes record to MD and files paperwork**.
Immunization Workflow at Drop Off

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
Different Expectations of Our Pharmacy Team

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

...We need to provide services differently
**Pharmacy Example Workflow**

*Cashier*

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**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

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**CPESN Example Workflow**

*Dispensing Pharmacist*

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

Or do you ask the patient if the technician can call back upon return from lunch?
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 Form How-To Guide

Patient Encounter Documentation

Patient Name: Medication: DOB: Rx #: 

Drug Therapy Problem

Date Identified: Rx #: 

Intervention

Date Resolved: 

- Medication synchronization (may be found as synchronization of repeat medication)
- Medication regimen compliance education
- Medication education
- Insurance authorization
- Discussed with doctor
- Recommendation to change medication
- Medication interaction education

Adherence Issues

- Noncompliance with therapeutic regimen
- Patient forgets to take medication
- Medication overuse
- Patient unable to obtain Medication [Prior Auth]
- Drug allergy
- Adverse Drug Interaction

Intervention:

Select a medication (Rx #) intervention(s) for the DTP that you identified.

Put the date the DTP was resolved. The row 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.
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.
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

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.
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?
Opioid at Drop Off

Referral from Provider to Provider

Location: CFM Concord
270 COPPERFIELD BLVD SUITE 102
CONCORD, NC 28025
Phone: 704/856521

Patient Name: [redacted]
Address: [redacted]
Date Of Birth: [redacted]
Gender: Female
Phone: [redacted]

Prescriber Order Number: CERN1148/028001.5
RxReference Number: [redacted]
Written: 10/03/2016

Medication NDC:
Prescribed: Narcan 4 Mg Nasal Spray
NDC: 69547-0353-02

Dosage: 2.0000 Each
Days Supply: 1 (additional refills)

Directions: For NOSTRIL EACH. Instr. may repeat every 2 to 3 minutes until patient responds. Shannon at Moose Pharm to.

Substitutions: Substitutions Allowed
Diagnosis/Use: (not specified)
Not Sure Where to Start? Review CPESN Service Set Standards

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

Ask your question at: meet.ps/esbc21
Joe Moose, PharmD
CPESN® USA
jmoose@cpesn.com

MOOSE PHARMACY
joe@moosepharmacy.com
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
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.

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
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

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
The WHAT to do list:

Search your state’s publ**ic 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.

---

**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.
Implications in the healthcare landscape
Prescribing authority for Pharmacists: Tobacco Cessation

Pilot Program supported by:
Oregon Health Authority
&
OSU College of Pharmacy

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.

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
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](https://oregon-state-pharmacy-ce.catalog.instructure.com/browse/oregon/courses/tobacco-cessation)

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.”
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.

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 credentialling and enrollment.
  • They can help with directing patients to your services, scheduling support, and processing support.
  • The knowledge garnered in facilitating the pharmacies credentialling and enrollment with Oregon Medicaid and CCOs is providing a blueprint for all Oregon pharmacies.
Resources to Support Quitting

PUBLIC HEALTH DIVISION
Health Promotion and Chronic Disease Prevention:
Tools to help patients make the biggest step toward greater health

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
OSU Promotional Flyers

Available for Download

https://pharmacy.oregonstate.edu/tobacco-cessation-resources

QUIT SMOKING
START HEALING
THE BENEFITS OF QUITTING SMOKING

TALK TO OUR PHARMACISTS TODAY
Oregon Tobacco Quit Line

Smoke Free Oregon Pharmacy Locator Map

https://smokefreeoregon.com/pharmacy/
Get to know your local Tobacco Prevention Education Program Coordinator!

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

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
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.


Note: Estimates are age-adjusted to the 2000 standard population.
Sample Workflow in a Community Pharmacy Setting

Step 1: Have the patient complete the "Tobacco Cessation Self-Screening Intake Form"

Step 2: Use the "Tobacco Cessation Assessment and Treatment Care Pathway" to complete the intake form

Step 3: Select product(s) and prescribe

Step 4: Fill the prescription and counsel the patient

Step 5: Schedule a follow-up with the patient within 7-21 days

Step 6: Refer the patient to the Oregon Tobacco Quit Line

Step 7: Notify the Primary Care Provider

Step 8: Document the visit

Step 9: Bill for the pharmacist-led Patient Assessment

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.

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) 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) CPT Codes, ICD10 Codes, and Fee Schedule
   c) 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

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.

• Prescriptve Health will support front-end technology to direct patients to the clinical service, manage scheduling, support reporting, and manage credentialing going forward.
Scan the QR code during the program to ask questions, answer poll questions, and interact with our speakers.

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

Is the statement above true or false?

<table>
<thead>
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<th>True</th>
<th>0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>False</td>
<td>0%</td>
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</tbody>
</table>
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.

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.
STEPS to build a sustainable community public health collaboration:

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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.

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:
Would you like to know more?  
**Monoclonal Antibody Administration**

Click [here](https://info.prescryptive.com/continuing-education) for the protocol, training program, and one hour of free CE credit!

**CE Link:** [https://info.prescryptive.com/continuing-education](https://info.prescryptive.com/continuing-education)


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Would you like to know more?  
**Smoking Cessation**

Click [here](https://oregon-state-pharmacy-ce.catalog.instructure.com/browse/oregon/courses/tobacco-cessation) for **two** hours of CE credit!

**CE Link:** [https://oregon-state-pharmacy-ce.catalog.instructure.com/browse/oregon/courses/tobacco-cessation](https://oregon-state-pharmacy-ce.catalog.instructure.com/browse/oregon/courses/tobacco-cessation)

Would you like to know more?
Contraceptive Prescribing

Click here for FIVE hours of CE credit!


Contributors

Michele Belcher, B.Pharm.,RPh, Owner of Grants Pass Pharmacy; NCPA President
Thanks to:
Sharon Rask, OSU College of Pharmacy, Tara Pfund, Assure Care for contributions to content & project components.
Paige Clark, RPh., VP Programs & Policy, Prescriptive Health, CE Strategist, OSU College of Pharmacy
Emilee Taylor, Prescriptive Health, Oregon State University College of Pharmacy Pharm.D. Candidate 2023
Justin Donat, Prescriptive Health, Oregon State University College of Pharmacy Pharm.D. Candidate 2022
Tabetha Gould, Oregon State University College of Pharmacy Pharm.D. Candidate 2023
Contact Information

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

Email: michele@grantspasspharmacy.com
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.
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

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

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

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

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
POCT Certificate Program

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.

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.
Test & Treat
Downloadable Resource

Implement POCT in Your Pharmacy in 8 Steps

1. DIRECTION
   • Find someone to oversee your POCT
     • Usually a pharmacist, but some states require this to be a physician
     • Find state-specific contacts HERE
   • Carefully select which tests you will offer at your pharmacy
     • What kind of tests/fasting do you want to offer?
     • List of available CLIA-waived tests HERE

2. TESTS
   • 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

3. QUAL
   • 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

4. LOCATION

---

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

Ask your question at: meet.ps/esbc21
The *voice* of the community pharmacist.

**Staff Engagement**

**Enhanced Services Boot Camp**

Tripp Logan, PharmD
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.

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.
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?

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
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”
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

Also Want To Use Our Space
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?

Scan the QR code during the program to ask questions, answer poll questions, and interact with our speakers.
Vote now at: meet.ps/esbc21

How are you currently investing in your staff?

No one has voted yet

Vote now at: meet.ps/esbc21

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

No one has voted yet
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
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”
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

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
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

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
### How Do We Keep Track?

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<th>Pharmacy</th>
<th>Year of Employment</th>
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<th>Motivational Interviewing Certified</th>
<th>Community Health Worker Certified</th>
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**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
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

Where to Find Training:

LOCAL
REMOTE

https://ncpa.org/mental-health-first-aid
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*

Where to Find Training:
REMOTE:

https://ncpa.org/comprehensive-motivational-interviewing-training
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.”

Why CHWs in a Pharmacy?

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

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

---

Your Staff Can

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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

The True Return on Investment

Michelle,
Thanks for going above and beyond to help me get my medicine.
Thank You!

Tripp Logan, PharmD

Ask your question at: meet.ps/esbc21
Ancillary Staff Roles Discussion

Scan the QR code during the program to ask questions, answer poll questions, and interact with our speakers.
Ask the Experts
Speaker Q & A
Scan the QR code during the program to ask questions, answer poll questions, and interact with our speakers.
ATTENDANCE CODE:

ESBC2021

CE Evaluation Due Date: Dec. 31, 2021
Visit www.ncpa.org/learn and click on CLAIM LIVE CE