Connecting Community Pharmacy

“Bridging the Gap with Medication Reviews Empowered by South Dakota Health Link”

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Panel Participants

• Dr. Alex Middendorf Pharm.D. MBA
  – Assistant Professor of Pharmacy Practice, SDSU

• Dr. Heather Storey Pharm.D.
  – Clinical Pharmacist/Pharmacy Operations, Lewis Drug

• Dr. Cory Wegehaupt Pharm.D.
  – Chief Pharmacist, Lewis Family Drug Mitchell, SD

• Dr. Jessica Frederiksen Pharm.D.
  – Clinical Pharmacist, Lewis Family Drug Milbank, SD
  – Site Coordinator, SDSU/Lewis Drug PGY1 Community Pharmacy Residency
1. Pharmacy Education and Clinical Practice Background
2. Panel Discussion: Offering Clinical Services in the Community Pharmacy Setting
3. South Dakota Health Link Community Pharmacy Research Pilot
4. Panel Discussion: SDHL Impact on Workflow and Research Study Impressions
Pharmacy Education and Clinical Practice Background
Pharmacist Education

- South Dakota State University College of Pharmacy and Allied Health Professions
  - The only Doctor of Pharmacy Degree Program in South Dakota

- Focus is to create general pharmacy practitioners who following graduation are able to:
  - Provide direct patient care in diverse settings
  - Adapt to the changing healthcare environment
  - Pursue post-graduate training opportunities
Pharmacist Education

• At least two years undergraduate studies:
  – General Chemistry and General Biology
  – Organic Chemistry
  – Microbiology
  – Anatomy and Physiology
  – Statistics
Pharmacist Education

• Four years Doctor of Pharmacy Curriculum
• First three years (P1-P3) didactic teaching:
  – Pharmaceutical Sciences
    • Pharmaceutics, Pharmacology, Medicinal Chemistry
  – Clinical Sciences
    • Pharmacy Practice Lab, Public Health and Wellness
    • Patient Assessment and Self Care
    • Pharmacotherapeutics
• Interprofessional education experiences throughout all three years
  – COPD exacerbation simulation with RN students
  – DNP student phone call outpatient case simulation
Pharmacist Education

• Four years Doctor of Pharmacy Curriculum
• Final year (P4) experiential 5 week rotations (Advanced Pharmacy Practice Experiences):
  – Required: Community Pharmacy Care, Ambulatory Care, Internal Medicine, Hospital Practice
  – Electives: Cardiology, Pediatrics, Oncology, Psychiatry, etc.
Pharmacist Education

• Education is not provided in strictly lecture and written exam format

• Pharmacy Practice Lab
  – Videotaped Patient Counseling (P1 and P2)

• Public Health and Wellness
  – Skills Exams (diabetes injection education, dietary supplement education, smoking cessation)

• Patient Assessment and Self Care
  – Skills Exams (OTC product selection counseling)
Pharmacists’ Patient Care Process

Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes.

Using principles of evidence-based practice, pharmacists:

- **Collect**
  The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient.

- **Assess**
  The pharmacist assesses the information collected and analyzes the clinical effects of the patient’s therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care.

- **Plan**
  The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

- **Implement**
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- **Follow-up: Monitor and Evaluate**
  The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.
Pharmacist Education

• Following graduation with Doctor of Pharmacy degree, 1-2 years of postgraduate residencies are available (PGY1, PGY2) in multiple care settings:
  – General Hospital (PGY1)
  – Ambulatory Care (PGY1)
  – Community Practice (PGY1)
  – Managed Care (PGY1)
  – Postgraduate Year 2 (PGY2) residencies available to specialize in a certain area:
    • Oncology, Pediatrics, Ambulatory Care, Infectious Disease, Community Practice, Cardiology, Psychiatry, etc.
South Dakota State University and Lewis Drug offer the only PGY1 Community Pharmacy Residency in South Dakota in Milbank, SD. The resident provides patient care and other services on a daily basis at the pharmacy site:

- Medication Therapy Management
- Medication Synchronization
- Immunization administration
- Monthly meetings with local providers at Milbank Area Hospital Avera
- Research projects
Medication Therapy Management

Consensus definition from the pharmacy profession:
Medication Therapy Management (MTM) is defined as a “distinct service or group of services that optimize therapeutic outcomes for individual patients” that are “independent of, but can occur in conjunction with, the provision of a medication product”

- Medication Therapy Reviews
- Pharmacotherapy Consults
- Anticoagulation Management
- Immunizations
- Health and Wellness Programs
- Other Clinical Services
Medication Therapy Management

• Medication Therapy Management (MTM) officially began as part of the Medicare Prescription Drug, Improvement, and Modernization Act
  – Commonly referred to as the Medicare Modernization Act (MMA) of 2003

• The main focus of this act was to create Medicare Part D and corresponding Part D Plans (PDPs)
  – Part D coverage was also an option added to the newly-termed Medicare Advantage Plans (MA-PDs)

• MA-PDs/PDPs are required to offer MTM services to eligible patients as part of their contract terms
Minimum qualifications for automatic enrollment into MTM programs per CMS:

1. **3+ core chronic conditions**
   - Alzheimer’s Disease, Chronic Heart Failure, Diabetes, Dyslipidemia, End-Stage Renal Disease, Hypertension, Respiratory Disease, Bone Disease, Mental Health Conditions

2. **8+ medications** billed through PDP/MA-PD

3. **Annual drug spend of $3507+** (2016 threshold)

Many plans will expand these minimum criteria to enroll more patients
Medication Therapy Management

- Insurance plans often contract with an MTM Intermediary (3rd party) to manage the plan’s MTM program
- MTM Intermediaries contract with community pharmacies to form a network of pharmacists able to provide MTM services when notified
Medication Therapy Management

• Minimum MTM services requirements:
  – Annual Comprehensive Medication Review (CMR)
    • Updated Personal Medication Record
    • Medication Action Plan (MAP)
    • Written summary of discussion during the meeting that is shared with both patient and prescriber
  – Quarterly Targeted Medication Reviews (TMR)
    • Quarterly reviews of current medication therapy compared with CMS plan quality metrics (‘Star Ratings’) to identify single potential medication-related problems
  – Any potential interventions are regularly discussed with both patient and prescriber
Medication Therapy Management: Comprehensive Medication Review

• CMR defined by CMS as “a systematic process of collecting patient-specific information, assessing medication therapy to identify medication-related problems, developing a prioritized list of medication-related problems, and creating a plan to resolve them with the patient, caregiver, and/or prescriber”
  – Can be completed in many care settings, but generally provided by community pharmacists
  – Designed to be interactive and ideally face-to-face (patient home, pharmacy, etc.)
  – Given the patient population that qualifies for Medicare, caregivers are invited to participate in the CMR as applicable/necessary
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Medication Therapy Management: Comprehensive Medication Review

• “Collecting patient-specific information”
  – Pharmacy dispensing records
  – MTM Intermediary (3rd party) for other fill records
  – Patient self-report (only during/after interview)

• “Assessing medication therapy to identify medication-related problems, developing a prioritized list of medication-related problems”
  – Most prescriptions do not have indications/diagnoses
  – Patient self-report is often unreliable for complete PMH

• “Creating a plan to resolve them with the patient, caregiver, and/or prescriber”
  – Sent to prescribers via fax which is separate from usual EMR
  – Prescribers receive many faxes from pharmacies (refill requests)
Medication Therapy Management: Comprehensive Medication Review

• Review patient actual use and understanding of each prescription and non-prescription medication (OTCs, vitamins, herbals, etc.) they have
  – Actual use is key here – allows you to assess medication adherence for scheduled medications as well as frequency of use for PRN medications
  – Allows creation of personal medication record (comprehensive medication list)
• Discussion of medications should involve:
  – Actual or potential positive effects on goals of therapy (therapeutic outcomes)
  – Actual or potential negative effects (adverse drug reactions)
• From this discussion, a medication action plan is created that documents:
  – Any current or potential problems with existing therapy
  – Changes that can should be considered to resolve these problems
• A written summary of the CMR is created and shared with patient via mail and the prescriber via fax
Panel Discussion: Offering Clinical Services in the Community Pharmacy Setting

1. How has pharmacy education changed since you graduated in the context of providing clinical services?
2. How have community pharmacy workflow and clinical service opportunities changed since you started practice?
3. How has health information technology changed how health care is provided from your perspective?
   • Do you feel community pharmacy has kept pace?
4. What are the major challenges associated with providing quality clinical services in the community pharmacy setting?
South Dakota Health Link Community Pharmacy Research Pilot
Community Pharmacy Research Pilot

• Community pharmacy has shifted from a solely product-driven model to a mixed service/product model
• Health care has also shifted to utilizing electronic documentation which eases sharing and retrieval
  – Although the necessary patient information is available electronically, it is “stuck” within a specific system
• The two major challenges for expansion of community pharmacy service offerings include
  – Lack of on-demand, timely access to patient information
  – Pharmacist time to provide these community pharmacy services
• South Dakota Health Link can address both challenges
Community Pharmacy Research Pilot

• Lack of on-demand, timely access to patient information
  – Point of Care Exchange access allows pharmacists to review patient records and collect pertinent information they do not regularly have access to
    • Patient health conditions/diagnoses
    • Lab values
    • Medications dispensed from other pharmacies
    • Past discontinued medications
    • Recent visit information
    • Hospitalization history
Community Pharmacy Research Pilot

• Pharmacist time to provide these community pharmacy services
  – Point of Care Exchange access can help reduce unnecessary phone calls/faxes to providers
    • Confirming diagnosis for drug/dose appropriateness
    • Accurate & specific patient counseling on prescriptions
    • Reviewing past immunization history
    • Confirming diagnosis codes for Medicare Part B billing
  – This saves pharmacy staff time as well as clinic/health system staff time
    • More efficient workflow allows for more opportunities to provide patient care services
Community Pharmacy Research Pilot

Timeline

• 5/26/16: Initial meeting with SDSU, SDHL, and Lewis Drug stakeholders
• 8/31/16: Discovery Meeting in Brookings
• 9/21/16: Officially launched following the first training session with pharmacists, pharmacy technicians, and pharmacy student interns
  – Six pilot sites: Sioux Falls, Milbank, Brookings, Madison, Mitchell, Dell Rapids
• Through 12/31/16: Pharmacy staff will regularly access SDHL and become familiar with its use prior to formal study
• Early 2017: Formal data collection and research will begin
• Summer/Fall 2017 (planned): Pilot study results reported
Throughout the pilot, all pharmacy staff will be encouraged to submit any and all use cases they find for SDHL in their dispensing/service workflow via an electronic form:

1. Briefly describe what you used SDHL for? (free text)
2. How would you categorize this use case?
   – Pick from 4 dispensing and 6 service categories
3. What tabs/sections of SDHL did you primarily utilize for this?
4. Total time you took to use SDHL for this?
5. Approximate time saved using SDHL for this?
6. Overall satisfaction being able to use SDHL for this?
Community Pharmacy Research Pilot

• Formal data collection and research will have both quantitative and qualitative arms:
  – Quantitative: Drug Therapy Problem (DTP) identification and confidence levels before & after SDHL access in preparing for CMRs
  – Qualitative: Focus groups with pharmacy staff on the role of SDHL in their practice
Drug Therapy Problems

- “A Drug Therapy Problem (DTP) is an event or circumstance involving a medication, or lack thereof, that actually or potentially interferes with the optimal therapeutic and/or economic outcome(s) of the medication”
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- **Lack thereof**: difficult to assess without diagnoses
- **Actually**: difficult to assess without lab values
- **Potentially**: preventing future problems
- **Economic**: community pharmacists are keenly aware of true patient drug costs
Drug Therapy Problem Categories

- Indications/Appropriateness
  - Needs Therapy
  - Unnecessary Therapy

- Efficacy/Effectiveness
  - Suboptimal Drug
  - Dose Too Low
  - Cost Efficacy

- Safety
  - Adverse Drug Reaction
  - Drug Interaction
  - Dose Too High

- Adherence
  - Overuse
  - Underuse
  - Inappropriate Administration

National MTM Advisory Board 2013
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Community Pharmacy Research Pilot

- Community pharmacist access to electronic health information via South Dakota Health Link will improve comprehensive medication reviews (CMRs) by allowing pharmacists to:
  - Identify more drug therapy problems (DTPs) to discuss during the interview
    - Will make the CMR more productive
  - Be more confident that DTPs identified are truly accurate in order to:
    - Intervene directly with patients during the interview
    - Make recommendations to prescribers following the interview
1. Pharmacists will collect pertinent information from usual available resources as part of their CMR pre-work
   - Review dispensing records and MTM 3rd party info
2. Pharmacists will identify all drug therapy problems (DTPs) for the patient & assign a confidence level for each based on how certain they are the problem is a true DTP
   - Document DTP category, specific drug itself, and pharmacist confidence level (1-5)
3. Finally, pharmacists will select which category of information would be most valuable for improving their confidence level for each DTP
   - Diagnoses, past medications, recent progress notes, lab values
4. Pharmacists will then access SDHL and collect pertinent information as part of their CMR pre-work.

5. Pharmacists will again identify all DTPs for the patient & assign a new confidence level for each problem in their list:
   - Document DTP category, specific drug itself, and pharmacist confidence level (1-5)

6. Pharmacists will classify any changes between the initial DTP list vs. final DTP list & describe what SDHL tabs led to each individual change:
   - Change classification: new DTP, confirmed DTP, false DTP, recategorized DTP
   - Data: encounters, results, medications, documents, referrals

Collect info from usual resources + SDHL
Identify each DTP & assign confidence level
Classify changes for initial vs. final DTP list & what data led to change
Community Pharmacy Research Pilot: Quantitative Arm

- Other quantitative data will be collected to identify other meaningful changes through utilization of South Dakota Health Link
  - Pharmacist time required for each step before/after in the pre-work process
  - Impact on pharmacy-level quality measures for pilot pharmacies compared to non-pilot
  - Raw data from CMR documentation
    - Number of interventions in Medication Action Plan
    - Number of interventions recommended to prescribers
Community Pharmacy Research Pilot: Qualitative Arm

- SDSU will administer multiple focus groups with pharmacy staff from the six pilot sites near the conclusion of the study period.
- Standardized questions will be utilized to promote discussion among the participants.
- Questions will focus on:
  - Pharmacy staff satisfaction with using SDHL.
  - Impact of SDHL on pharmacy dispensing and other service offerings.
  - Value of SDHL adds to workflow compared to cost of membership fee.
Panel Discussion: SDHL Impact on Workflow and Research Study Impressions

1. How have you utilized SDHL so far in your practice?

2. What do you feel SDHL adds to MTM and CMRs?

3. How feasible does the research design seem to you?

4. How generalizable will the results of the research be to other community pharmacists potentially considering SDHL access?
References


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