

# INTEGRATED CLINICAL PHARMACY SERVICES

## BEST PRACTICES TOOLKIT



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# WHAT IS A CLINICAL PHARMACIST?

Clinical pharmacists provide direct patient care as part of a team approach to care in collaboration with physicians, nurse practitioners, and other healthcare professionals. Their goal is to optimize medication use.

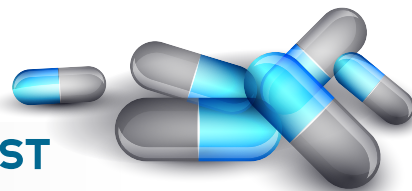
All pharmacists must obtain a Doctor of Pharmacy (PharmD) degree from an accredited school of pharmacy. The University of Montana is the only accredited School of Pharmacy in Montana. Pharmacists may also complete General Residency (post-graduate year 1 - PGY1) and Specialty Residency Programs (post-graduate year 2 - PGY2). Pharmacists may become board certified through the Board of Pharmacy Specialties (BPS) or other nationally recognized certifications. To become a Clinical Pharmacist Practitioner in Montana, a pharmacist must be board certified and must have a collaborative practice agreement with a prescribing practitioner.

- Requirements to become a Clinical Pharmacist Practitioner can be found at the following link: <http://bit.ly/2obLz0x>



## THE ROLE OF A CLINICAL PHARMACIST

- The clinical pharmacist is part of a team approach to care
- Focuses on optimizing the medication regimen
- Meets with the patient in a private location to review actual medication use
- Focuses on appropriate, effective, and safe medication use
- Ensures that a patient understands and agrees to the medication plan
- Supports patient adherence to the agreed upon medication regimen
- May practice under a written agreement with the physician to be able to optimize the medication regimen at the point of care





# THE BENEFITS OF TEAM-BASED CARE

The primary purpose of clinical pharmacy services is to improve patient outcomes. Patients who have one or more chronic medical conditions or who are on multiple medications benefit the most. Physicians also report numerous benefits of clinical pharmacy services.

## PATIENT BENEFITS

A clinical pharmacist's involvement in team-based care improves medication understanding and adherence. The clinical pharmacist can assist with follow-up visits between physician visits if access to the physician is limited. Patients appreciate the convenience of clinical pharmacy services such as anticoagulation monitoring. Clinical pharmacy services are designed to resolve medication-related problems.

## PROVIDER BENEFITS

Clinical pharmacists can help free up a provider's time by assuming medication-related responsibilities and administrative tasks. This allows the physician more time to focus on patient care. Providers have seen an increase in the number of patients meeting treatment goals which can help providers meet clinical targets.

## CORE ELEMENTS OF SUCCESSFUL TEAMS

- Mutual Trust
- Shared Goals – Focus on Patient Outcomes
- Clearly Defined Roles – meet as a team to discuss and standardize roles
- Effective Communication
- Measurable Processes and Outcomes

### PHYSICIAN FEEDBACK

“The clinic must be willing to adapt and ask, “who can do this?””





# CLINICAL PHARMACY SERVICES

Clinical pharmacists across the state provide a variety of services in the outpatient setting. These include both direct patient care and other medication-related tasks that improve physician efficiency and patient satisfaction with care. The following is a list of some of the services provided by clinical pharmacists in Montana.

## DIRECT PATIENT CARE

- Warfarin management
- Converting to direct oral anticoagulants
- Disease state management – diabetes, heart failure, hypertension, asthma/COPD, hepatitis C/HIV, cardiovascular risk reduction
- Chronic pain management – dose optimization, adherence
- Medication and device education
- Complex medication regimen reviews (polypharmacy) – simplify, consolidate, taper
- Mental health
- Transitions of care – medication reconciliation post-hospital discharge
- High risk patient consultations
- Smoking medications and counseling
- Collaborative care depression management (IMPACT Model)
- Point of care consultations
- Adherence assessment and education

## PHYSICIAN FEEDBACK

“The clinical pharmacist has a depth of knowledge about the variation of the drugs in a class.”

## MEDICATION-RELATED TASKS

- Prior authorizations
- Formulary management/therapeutic interchange
- Prescription refills
- Laboratory order protocols
- Insurance company document review
- Provider education/drug information
- Assist PCP with care coordination with outside physicians
- Participation on committees and projects
- Supervise pharmacy students/residents
- Therapeutic drug monitoring
- Medication financial assistance







## ESSENTIAL ELEMENTS OF SUCCESSFUL TEAM-BASED CARE

- Effective communication
- Shared medical records
- Real-time integration
- Clinical pharmacist embedded within team
- Warm handoffs improve show rates
- Educating patients
- Present to the patient as a “team”
- Leadership support
- Encourage participation
- Provider buy-in, willingness to delegate tasks
- Share information about education, training, skills, competencies of each member of the team

### PHYSICIAN FEEDBACK

“Clinical pharmacists have a focused knowledge, dedicated to medications - they adhere to clinical practice guidelines.”

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# OVERCOMING POTENTIAL BARRIERS

Integration of a clinical pharmacist may be challenging at first but the rewards are too great to ignore. To overcome those challenges, team members must work together to implement the team-based structure. Some of those defining decisions include the following:

- Identifying payment sources for clinical pharmacy services
- Working with team members to define roles
- Reforming payment models to include team-based care
- Reforming delivery model to allow for real-time integration
- Identifying the patients who will benefit the most
- Finding space to accommodate the team
- Efficient documentation and communication
- Educating pharmacists about the integrated practice model
- Educating patients about the benefits of team-based care
- Developing efficient referral processes



## ENHANCING SERVICES

Practices may encounter other opportunities to improve efficiencies or expand clinical pharmacy services. Don't be afraid to look at the bigger picture and explore all of the opportunities that may be available to your practice.

From an educational perspective, pharmacy students can be engaged in clinical pharmacy services. Pharmacy residents may also be interested in outpatient experiences.

Other ways in which clinical pharmacist can enhance services:

- Create EMR templates for clinical pharmacy visits to facilitate interviews and documentation
- Provide home visits to home bound patients
- Participate in telehealth visits to rural sites
- Develop collaborative practice agreements to improve efficiency
- Design automatic referral criteria
- Train clinical pharmacy technicians

### PHYSICIAN FEEDBACK

“My education prepared me well to work as part of a team.”

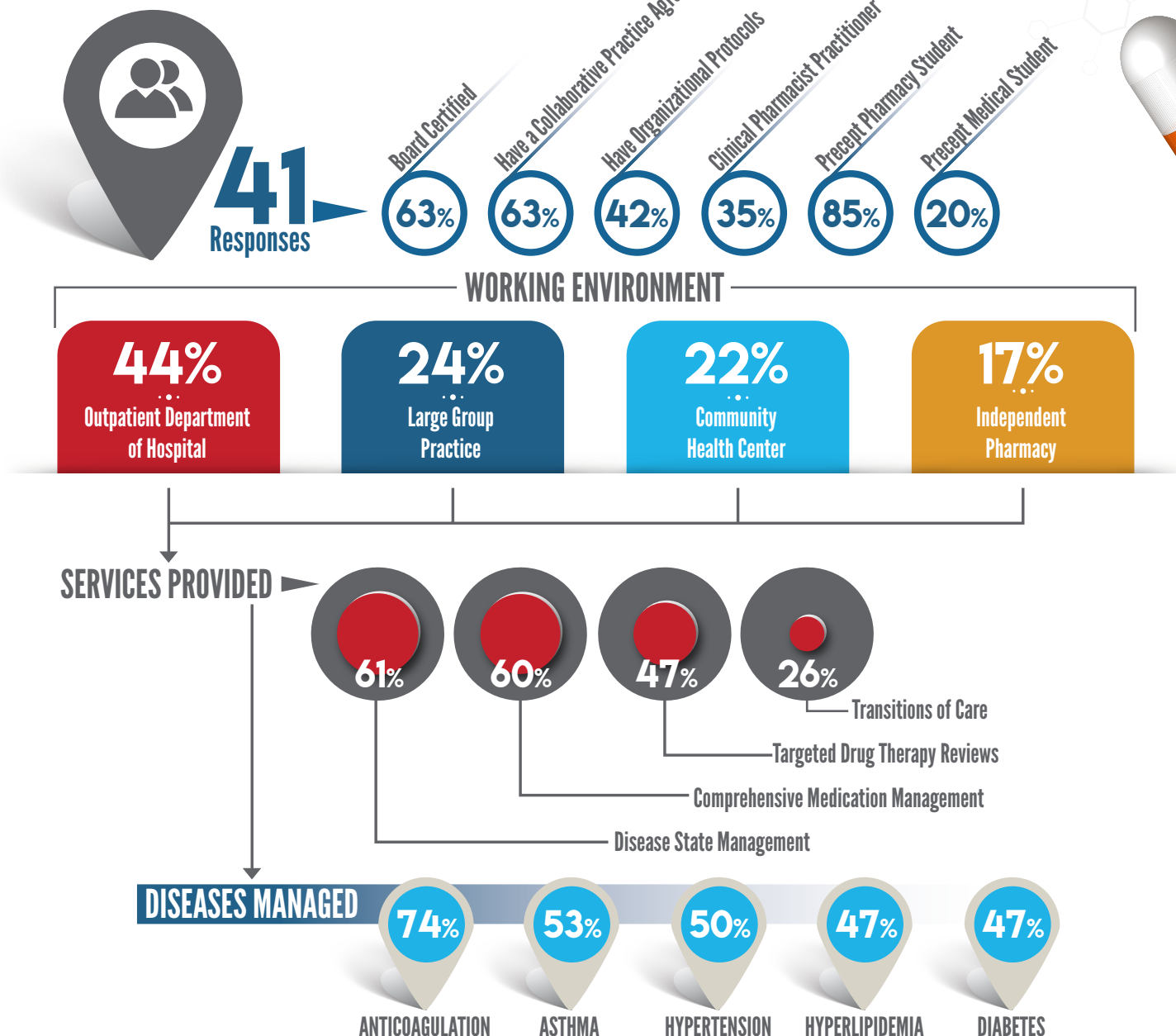




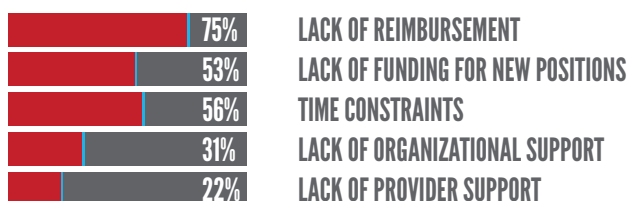
# STATE OF THE STATE: CLINICAL PHARMACY SERVICES SURVEY

In January 2017, a survey was distributed to Montana pharmacists to learn more about outpatient clinical pharmacy services.

## SURVEY RESULTS



## BARRIERS TO BUILDING OR EXPANDING CLINICAL PHARMACY SERVICES?





# FINANCIAL CONSIDERATIONS

## REVENUE SOURCES - DIRECT AND INDIRECT

### DIRECT REVENUE

- Education: schools of pharmacy, family and internal medicine residency programs
- Retail pharmacy profits/Savings generated from 340B programs
- Patient-centered medical home (PCMH) programs/Comprehensive primary care plus (CPC+) funding
- Clinical quality department funding
- Billing for anticoagulation visits
- Fee for service billing for pharmacy services with contracted payers

### INDIRECT SAVINGS

- Increased provider productivity focusing on physician-only tasks
- Reducing medical errors, emergency department visits, hospitalizations
- Reducing drug costs

## POTENTIAL BILLING CODES WITH CLINICAL PHARMACY INVOLVEMENT

- CPT MTMS - 99605, 99606, 99607
- Incident to 99211
- Diabetes Self-management education - G0108
- Transitions of Care - 99495, 99496
- Preventive Care such as Medicare Annual Wellness Visits - G0438, G0439
- Hospital outpatient clinic visit for assessment and management - G0463
- Chronic Care Management - 99490
- Complex Chronic Care Management Codes - 99487, 99489
- Collaborative Care Management Codes - G0502, G0503, G0504
- Behavioral Health Integration - G0507

## SUCCESSFUL PAYMENT MODELS FROM OTHER STATES

**MINNESOTA:** Medicaid pays using CPT MTMS codes/rates (outlined below). Here is the link for MN Medicaid's medication management program: <http://bit.ly/2nw9yUM>

**WASHINGTON STATE:** Insurance plans pay pharmacists using CPT E&M codes at 85% of the physician rate.

**NEW MEXICO:** Medicaid pays Pharmacist Clinicians based on E&M codes on the same fee scale as physicians.

**MISSOURI** - Board certified psychiatric pharmacists are paid as a "Licensed Qualified Mental Health Professional" <http://on.mo.gov/2o8G3uW> (See appendix #2 starting on page 63).



# THANK YOU FOR PARTICIPATING

Thank you to all of the physicians, pharmacists, nurses, and practice and organization executives who participated in the clinical pharmacy best practice site visits, payer panel discussion, and grant planning and execution. These interviews and discussions were an integral source of the information included in this toolkit.

Site visits were held in the fall of 2016 at RiverStone Health Clinic, St. Vincent Healthcare Heights Family Practice, Billings Clinic Internal Medicine Clinic, Partnership Health Center, Community Medical Center Stevensville Clinic, and the Southwest Montana Community Health Center. Organizations who participated in the payer panel discussion included Allegiance, Blue Cross Blue Shield of Montana, Pacific Source, Montana Medicaid, and the State of Montana Benefit Plan.

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\*And to numerous others who contributed through conferences and surveys.

## PHYSICIAN FEEDBACK



It's helpful to an extra set of  
eyes on the patient.





# REFERENCES & RESOURCES

Please use these valuable resources to design or justify the addition or expansion of clinical pharmacy services in an outpatient practice setting.

## REFERENCES


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## ORGANIZATIONAL PUBLICATIONS SUPPORTING CLINICAL PHARMACY SERVICES

From the Centers for Disease Control, U.S. Public Health Service, National Governors' Association, Patient-Centered Primary Care Collaborative, California Department of Public Health, Health Affairs, Leavitt Partners, Avalere Health, Health2 Resources, Advisory Board Company, IMS Health:

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#### PHYSICIAN FEEDBACK

“I’m confident that my patients  
are in good hands.”

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