# *Strategic Plan for Enabling Pharmacist-Provided Medication Therapy Management & Wellness Services throughout Ohio*

**PREMISE:** FOR MEDICATION THERAPY MANAGEMENT /WELLNESS SERVICES TO BE A PHARMACIST-PROVIDED SERVICE TO PATIENTS, EMPLOYERS, AND TO CLIENTS OF FEDERAL, STATE AND LOCAL GOVERNMENTAL AGENCIES, THE MTM/WELLNESS PROGRAM MUST CONSIST OF A WELL-DEFINED BUSINESS MODEL UNDERSTOOD BY THOSE MAKING THE HEALTH CARE PURCHASE DECISIONS AND MUST BE AVAILABLE AS A CONSISTENT SERVICE THROUGHOUT THE STATE

**Component 1**: Assure that personnel resources exist throughout Ohio to deliver MTM/Wellness services separate from the delivery of prescription products

- Requires the development of multidisciplinary programs and processes to ensure that pharmacists and pharmacy students have the necessary **knowledge, skills and confidence** to provide MTM/Wellness services throughout Ohio
- Requires the development of programs and processes to ensure that pharmacists have the necessary **support staff**[1] to provide statewide MTM/Wellness services
- Requires the development of programs and processes to ensure that **manpower resources and workload are in balance** ensure the safe delivery of product and services

***How:***

***Education Component*** ~ Provide structured certification programs

- Spread to colleges of pharmacy in Ohio
  - Include as part of the professional program curriculum
  - Colleges to have site license for APhA/NCPA program
  - Invitations extended to pharmacists serving as IPPE/APPE preceptors
- Encourage participation in programs offered by APhA; ASCP; NACDS
- Design unique programs for pharmacist in practice (?)

***Workflow Issues~***

- Assemble a consortium of pharmacy managers (regional, store, clinic) to identify issues of workflow and optimized personnel deployment
  - Appointments necessary at this time to prepare for patient visit (gather data; assemble teaching materials) and efficiently deliver services
- Tiered model for providing MTM services (?)

***Partners:***

- Regional managers (encouraging/facilitating training of employees)
- For funding – Community Pharmacist Foundation
- Preceptors of APPE's (as trainers)
- Colleges of Pharmacy in Ohio
- Need to consider partners to facilitate outreach in areas of the State away from COPs' … perhaps utilizing OSU Extension Offices in each county.

[1] "Support Staff" = interns, externs, pharmacy technicians, health info techs (with expertise in coding & billing), other health care personnel (e.g., dieticians)

***Target Date:*** Fall 2010

- Implementation in Pharm.D. program curriculum; earlier if elective offering
- Begin quarterly offerings of certification program in regional areas on a rotating basis

**Component 2**: Create model agreements that include strategies for appropriate reimbursement for MTM/Wellness services

- Requires the development of resources to assist pharmacists in the **marketing and securing of service contracts** for MTM/Wellness services; including, background information that establishes the value of those services and an ROI estimate for potential payers
- Requires the development of a strategy to identify **legislative initiatives** necessary to facilitate collaborative agreements with providers

Discussion of **reimbursement models used** by the discussion group:

- Rite Aid/Jesse McCullough:
  - The MTM programs that we have and are involved in are reimbursed by:
  - Cash paying customers
  - Online program billing (Mirixa and Outcomes)
  - 5.1 pharmacy billing using a unique NDC recognized by the processor to bill for services in 15 minute increments
  - Bill for diabetes education at our ADA recognized sites. With these, internal NDCs are converted to HCFA 1500 for billing.
- Giant Eagle/Tricia Prizzifred (SEE APPENDIX I)
- Blanchard Valley Medical Associates/Teresa Hoffmann
  - BVMA bills most appts using E&M code 99211 which does not require a physician to see the pt but does require some critical thinking per CMS guidelines. If the physician is involved in the appt we will bill 99212 or 13 as appropriate.
  - 99211 reimburses about $20
  - We also can now bill for home monitoring of INRs for patients with fingerstick POC machines with codes and reimbursements as listed below:
    - Initial training G0248 $ 150 - $200 (one time)
    - Follow up INR monitoring G0250 $ 8 - $ 10 (can only be billed every 4th INR)

**Considerations for the Taskforce**

- Pharmacist Provider Status with Insurance Companies (e.g. Tricia Prizzifred/Giant Eagle)
  - Aetna, Anthem, etc.
- Target physicians as part of marketing resulting in physicians marketing to their patients (**Component #3**)
  - Marketing to patients is also key – need to drive demand for services
- Develop database to collect both CLINICAL and ECONOMIC outcomes (**Component #6**)
  - Financial/Bottom Line dollars will be most effective marketing strategy
- Develop a "Consultation" branch of OPA that will assist pharmacists in developing MTM strategies
  - Assemble a team of experts in various areas of MTM and Clinical Services; pharmacists, organizations, pharmacies, etc. could pay for consultation team to develop and recommend a strategy and plan for services

**Component 3**: Establish a network of individuals skilled in promoting public, payers and prescriber awareness of, and support for, pharmacist-led MTM/Wellness services

- Requires the development of **targeted messages** to the public, to payers and policy makers on the value (economics and health-wise) on the value of MTM/Wellness services
- Requires the training of **pharmacists to effectively present** through the media a clear, succinct, interesting and factual message on the value of pharmacist-provided MTM/Wellness services
- Requires the creation of a **marketing strategy** aimed at prescribers identifying the benefits that pharmacist-led MTM services can provide to their practice

***How:***

***Creating the message ~***

- Create demand within the public/layperson, payers and prescribers
  - Focus on stakeholders and generate in them the need for MTM services
  - Potential barriers: Payment for services (public use to free services from the pharmacist beyond product cost); Time available (need to distinguish between point of product sale and point of service); Perceived role of pharmacist
  - Changing image: From drug deliverers to part of healthcare team focused on the effective and efficient use of pharmaceuticals to meet health needs
- Marketing message: *To patients*: MTM services can save lives & save money
  - Identify high profile cases of drug-related deaths (e.g., Heath Ledger)
  - Identify costs of treating iatrogenic disorders (including prescription drug-OTC drug-herbal drug interactions)
  - Identify the pharmacist as the drug expert
  - Empower patients to know their medications
- Marketing message: *To payers* (employers/insurance companies)
  - Identify ROI on costs for MTM services to high cost populations
    - Incentivize patients to meet outcome goals (discounted premiums, reduced co-pays)
- Marketing message: *To prescribers*: Better utilization of their time; key = team approach vs. competition
  - Identify better outcomes with pharmacist-led MTM; especially with patients with compliance issues
  - Prescribers able to spend more time on higher level care
  - Need to profile successful MTM collaborative practice settings

***Delivering the message ~***

- Planned activities
  - Establish relationship with media outlets in the area as the go-to resource on drug-related issues
  - Utilize resources from national organizations to support message
- Periodic opportunities
  - Volunteer perspective on high profile issues (e.g., Heath Ledger tragedy), swine flu treatment
- Attend training sessions to enhance message formulations and delivery

**Component 4**: Ensure pharmacists have access to current and pertinent health and fiduciary information about patients they serve during each patient encounter

- Requires the establishment of a **common robust communication** IT system for the MTM/Wellness network

**Component 5**: Creation of a database that inventories providers of MTM/Wellness services throughout Ohio

- Requires the establishment of a **resource base** characterizing the types of MTM/Wellness services provided in Ohio, by whom and where, with pharmacist providers identified through NPI numbers and subdivided by specialty areas

*Note: This is area of first pursuit by the DSM-MTM Committee*

- Allows for the development of a **referral system** for pharmacists and prescribers to identify where services may be provided to patients in Ohio

***How:***

***Developing a Collection Tool*** *[Goal: Draft ready in two months]*

*… fine tune data points*

- Practice Setting
- Type of MTM (predetermined definitions to facilitate understanding/correct identification)
  - Face-to-Face
  - Telephonic
  - Mail-based
- Credentials
  - Residency training
  - CDE
  - Specialty recognition
- MTM and other training
- Reimbursement for MTM and other services
- Other service offerings
  - Immunizations
  - Wellness screening services

***Determining appropriate platform***

- Survey Monkey; Zoomerang
- Cardinal Health database

***Timeline***

- Send out collection tool for review … 1 month time to react and finalize
- Launch data collection tool … Target – Fall 2009 (use task force as basis and extension to personal contacts)

***Use Database to develop professional network (component #7)***

**Component 6**: Encourage the development of MTM programs that generate economic, clinical and humanistic outcomes data to evaluate, critically analyze, and advance MTM/Wellness service programs

- Requires the identification and development of a **core research personnel** base in Ohio with the ability to compile, synthesize and report centrally gathered data describing the outputs of, and outcomes from, MTM/Wellness programs in Ohio
- Requires the establishment of a **common robust communication IT system** for the MTM/Wellness network

***How:*** The forthcoming survey (**Component #5**) provides an opportunity to identify the scope of current practices. This is critical because the volume and variety of services will determine educational needs (**Component #1**) as well as how robust of an IT database program would be needed to properly track and monitor outcomes. Questions to include in the survey tool:

- What outcomes do you currently measure (check boxes from the below lists)?
- Do you currently monitor and record laboratory values? Which ones?
- What method do you use to provide recommendations to physicians?
- Do you track the financial value of your intervention? By what method?

***Outcome data collection***:

- Need to input data with patient identifiers (so that data desired by specific sites can be retrieved)
- Reporting capabilities using de-identified data (provides robust outcome data not site specific)
- Ability to accept demographic & characteristic data to improve comparison ability by keeping "apples to apples"
- recommend monitoring data relative to the **ECHO model** (economic, clinical, humanistic outcomes). It is likely that different services will measure different outcomes depending on the needs of their clients (and the needs of the sponsor of the service/payor).

| Outcome Indices | | |
|---|---|---|
| **Economic** | **Clinical** | **Humanistic** |
| Generic % rate | BP | Surveyed traits |
| Adherence to Formulary | Lipids | Adherence |
| Total healthcare costs | A1c | Quality of Life |
| Monthly cost of meds | Weight | Pt Satisfaction |
| Cost/# of ER visits | Lifestyle (smoking) | MD Satisfaction |
| Absentee/Presenteeism | Disease Specific | |
| LOS/# of hospitalizations | | |

- Note: It may be counterproductive to imply that every service under the umbrella should monitor a specific set of criteria. This could disenfranchise a new provider and limit creative expansion of MTM services. Instead, we recommend that a practice select a few examples from each category, with the knowledge that specialized services would have fewer comparative groups within the network.

- Example: Service X will monitor and record BP and lipids. Service Y has chosen to monitor BP, lipids, and A1c. Service Z monitors PFTs and BP. All services should be included in the MTM recording network for outcomes; however, it is likely that service Z would not be able to benchmark their services with many other practitioners.

***Outcome Data Analysis Center***: *Practice-based Research Network* (PBRN)

- University-based operation headed by researcher experienced in outcomes based research
- Center funded by grant support from agencies/foundations dedicated to patient/public safety, developing efficient health care delivery systems, and/or disease-specific care; by membership dues from contributing organizations; or, by fees for specific report generation
- Data would be entered and stored in a confidential manner
- Reports would be used to advance MTM service provision across the state

**Component 7**: Establishment of a professional network among pharmacists in Ohio that provide MTM/Wellness services to share ideas, sources and collective experiences

- May arise from initiatives of the OPA DSM/MTM Task Force
- The network may be the source for the training and education identified in Component 1

***Appendix I*: Currently Successful Reimbursement Strategies for Toledo Diabetes Program**

1. Obtaining provider number from Anthem Blue Cross Blue Shield and billing with typical E&M codes. We receive same reimbursement levels as physician and use same billing procedures.

2. Billing insurance company as an out-of-network provider using individual NPI number. This may result in higher copays for patient though and may result in denial of covered benefit for the patient. We often utilize this route with success though. We always call the patient's insurance and verify coverage for the particular service and billing code we plan to use before the patient's visit and obtain the cost the patient would expect to pay. We currently have about a 50/50 chance of being successful this route.

3. Obtaining provider number from other insurance companies as a CDE or as an ADA Recognized or AADE Accredited Diabetes Self-Management Education (DSME) program and then billing under group number to Medicare or billing under individual provider number to other insurance companies. The diabetes education codes are G0108 and G0109. The first is for individual education and the second is for group education. They are both for 30 minutes and you can bill multiples of this code on same date of service. We also have a dietician that works with us and we bill Medical Nutrition Therapy (MNT) codes to Medicare and other insurance providers for her services.

4. Working as an independent contractor or as an employee in a physician office and physician office bills for services provided by the pharmacist utilizing "incident-to"codes. There are a variety of allowable codes for this. The most popular one utilized is 99211. The code is designed to be used by non-physician healthcare provider for services related to previous visit with the physician. And the service provided by the non-physician healthcare provider using this code is expected to take only about 5 minutes. The physician must be in the building. Reimbursement for this code is typically only about $20.00. The 99211 is the only one of this series of codes recognized by Medicare. Others which increase in complexity, time, and reimbursement level are not reimbursed by Medicare but may be by other insurance companies. The others in the series include 99212, 99213, 99214, 99215.

5. Working in physician office as an independent contractor providing education and counseling services. The physician pays us by the hour and then bills the insurance using the following codes: 98960, 98961, 98962. These codes are designed to be utilized by a non-physician health-care provider for education and counseling services provided using a standardized curriculum recognized in the field of the subject. So for us we teach diabetes related material using a curriculum that is ADA Recognized. These codes are for 30 minutes time block. Generally most insurance companies will not allow or pay for multiple quanities of these codes on same date of service. So if you teach a class for 60 minutes, the insurance will usually only pay for 30 minutes. The 98960 is designed to be used for education provided to 1 patient. The 98961 is for group of 2 to 4 patients and 98962 is for group of 4 to 8 patients. This series of codes was just introduced by AMA back in 2006 and just recently being recognized by a majority of insurance companies. However, Medicare does not recognize them.

6. Billing MTM codes to Medicare Part D plans for MTM services to eligible patients. We have not had success yet receiving reimbursement using these codes to other payers. Hopefully that will change. These codes are still new to the insurance industry. The more of us that

bill them, then the more likely they will eventually be recognized. (Three years ago the insurance industry did not recognize the 98960, 98961, & 98962 codes listed above).

7. Receiving reimbursement from employers for services provided to employees.

8. Receiving reimbursement from health coalitions.

9. Receiving reimbursement for CLIA waived labs performed.

10. Receiving reimbursement for vaccinations.

11. Receiving reimbursement from insulin pump companies for insulin pump starts and insulin pump education sessions and continuous glucose monitoring.

Note: We have also been successful receiving cash payments from our patients. Our group classes that are $35.00 or less are popular. We often have 10 or more people sign up for these classes which last 2 hours