National Community Oncology Dispensing Association, Inc.
PASSION FOR PATIENTS

Physician Dispensing Adding Value to Patients and the Practice

Michael Reff, RPh, MBA

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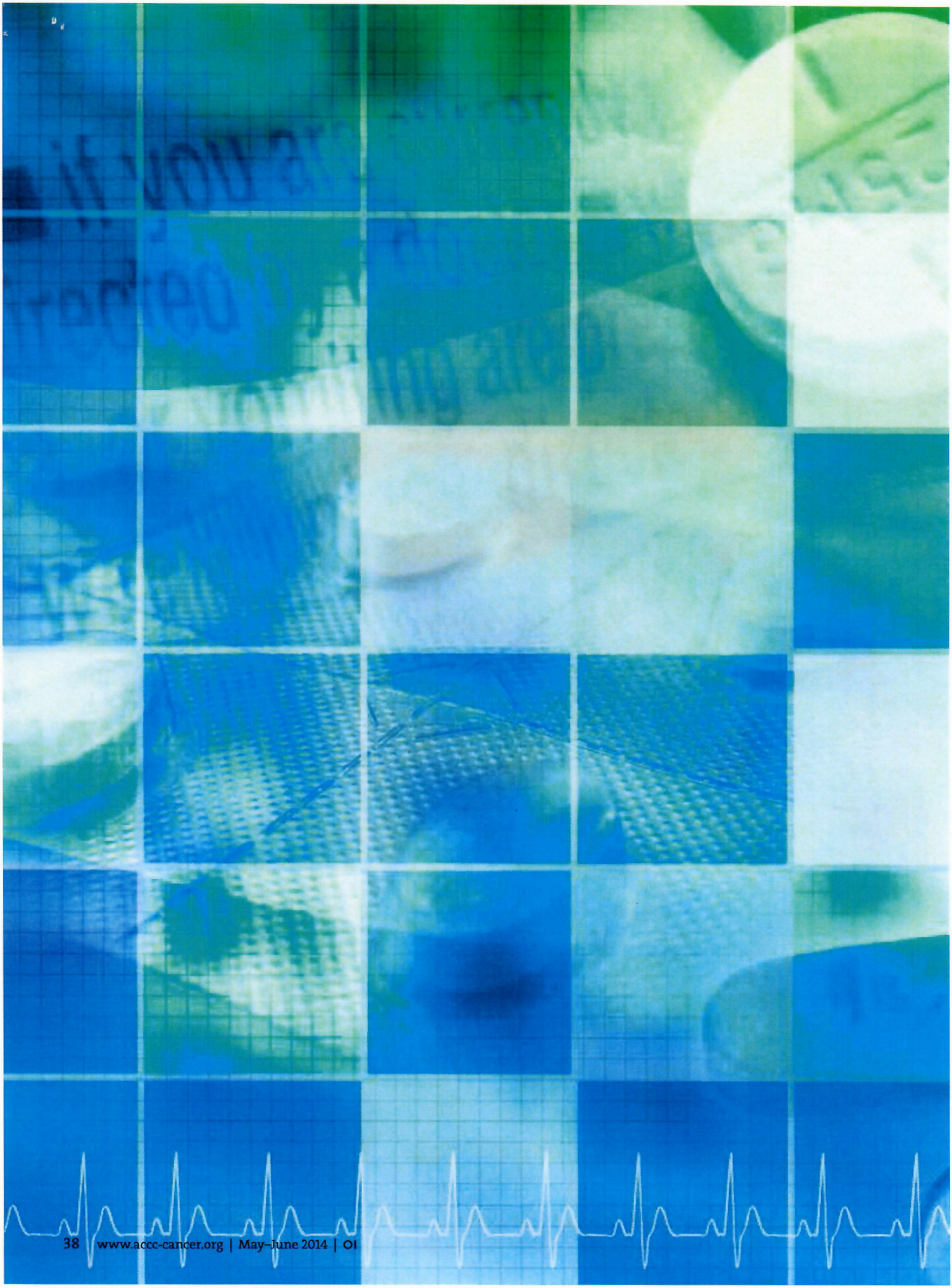

BY MICHAEL J. REFF, RPH, MBA

Physician Dispensing

Adding value to patients and the practice

While oral oncolytics are serious medications prescribed to help patients with serious ailments, there can be misconceptions that medicines in "pill" form do not require the same level of diligence from patients and providers. Instead, patients and providers should fully understand and appreciate the risks and benefits *before* an oral oncolytic is prescribed. For example, oral oncolytics allow patients enhanced autonomy and freedom from traveling to the oncology clinic to receive infused therapies; however, they come with the potential of less than robust adherence, which can lead to compromised efficacy and unique side effect management concerns.

Today's increasingly competitive oncology marketplace coupled with the tremendous increase in the number of FDA-approved (and pending) oral oncolytics has created a unique opportunity for community and hospital-based practices to consider physician dispensing of oral oncolytics. Physician dispensing allows physicians to give the oral medications directly to their patients, resulting in the same high level of care as infused medications—instead of having to send the prescription to an outside specialty pharmacy. Still, the decision to open a physician dispensing business should not be made lightly. Instead, oncology practices need to critically evaluate the financial viability of a physician dispensing platform and the feasibility of successful implementation.

The first stop on our journey was a comparison of business models; physician dispensing vs. a retail pharmacy. We evaluated the pros and cons of both in terms of implementation time, cost, and potential constraints due to state-specific regulations.

For all of these reasons Hematology/Oncology Associates of Central New York (HOACNY), a multi-site, private practice with more than 30 providers, located near Syracuse, N.Y., made the decision to embrace physician dispensing. The Patient Rx Center, the name given to the physician dispensing space, opened in April 2013, three and a half months after considerable up-front planning, process creation, and construction were completed. We share our story so that other physician practices may learn from our experience.

Physician Dispensing vs. Retail Pharmacy

The first stop on our journey was a comparison of business models; physician dispensing vs. a retail pharmacy. We evaluated the pros and cons of both in terms of implementation time, cost, and potential constraints due to state-specific regulations. Other factors that went into the decision included:

- The evolving regulatory environment
- Sourcing constraints; i.e., the ability to source specific medications from GPOs, distributers, and pharmaceutical companies
- The reimbursement landscape (i.e., the potential for reimbursement differences from payers that may exist between the two options).

After thorough evaluation, HOACNY believed that the physician dispensing option best suited the practice's long-range goals by providing flexibility, easier (and timelier) implementation, and minimal sourcing and reimbursement challenges.

In January 2013 the practice's Board of Directors endorsed this option and hired a team to create, implement, and then execute a physician dispensing platform for oral oncolytics and supportive medications that are part of an oncology protocol for its medical and radiation oncology businesses. A pharmacist manager, nurse navigator, and pharmacy technician made up this three-person team.

Our Team

When putting together the team that would implement physician dispensing, HOACNY felt it was critical to identify individuals

who could support the long-term goals of the practice and who had the necessary skills to create and then drive a tremendous amount of change across all departments. With that in mind, HOACNY selected a pharmacist with extensive oncology, retail, and continuous improvement and project management experience to lead the team.

Next, HOACNY created an oral oncology nurse navigator position, which was staffed by a certified oncology registered nurse (OCN). This individual was a current practice employee who possessed a wealth of oncology and practice-specific experience.

The nurse navigator was accountable for implementing and maintaining several important project components. For example, using standard oncology reference materials and partnering with pharmaceutical company representatives, she created folders for each oral oncolytic that might potentially be prescribed to our patients. If pharmaceutical manufacturer materials were deemed useful for patient education, the nurse navigator highlighted the relevant information for use during future one-on-one patient education teaching appointments. Depending on the perceived value of a specific piece, some or all of the pharmaceutical company materials are provided directly to the patient.

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The nurse navigator also spearheaded the team's review of all the available information for each medication and the development of concise teaching points. This one-page document is reviewed in detail with patients at the time of dispensing.

Additionally, the nurse navigator is accountable for consistent messaging and meeting with advanced practice providers (nurse practitioners, physician assistants) to review, improve, and then refine patient information related to oral oncolytics.

Finally, the nurse navigator follows up with patients as part of our oral adherence and persistence program.

The nurse navigator provides a unique value to our practice. Patients who utilize physician dispensing at the practice receive knowledgeable answers—regardless of their oncology protocol. The nurse navigator assists patients who have questions not only related to their oral oncology regimen but also patients receiving oral supportive medications for their infused therapies. In addition, the nurse navigator's clinical knowledge and ability to navigate through the complex EMR system allow her to assist the certified pharmacy technician with prior authorizations for the oral medications.

A certified pharmacy technician (CPhT) with strong retail and institutional pharmacy experience rounded out our team. The pharmacy technician organizes inventory and supplies for The Patient Rx Center. She interfaces with insurance companies to obtain prior authorizations and collaborates with the nurse navigator to procure co-pay and foundation assistance for patients. Additional responsibilities include:

- Maintaining proper inventory levels
- Purchasing products from suppliers
- Adjudicating payments
- Sourcing all the operating supplies (labels, prescriptions bags, tape, etc.)
- Maintaining the department's standard operating procedures
- Acting as subject matter expert on our prescription filling software; the pharmacy technician is HOACNY's lead trainer for the software.

Our pharmacy technician led the development of a practice-wide "Recognition in the Development of Pharmacy Technician Excellence Program." Further, senior management has endorsed the document that outlines the career steps a CPhT may pursue at our practice.

Our Planning Process

The team followed a simple yet effective project management approach—Plan, Do, Review. Project milestones were initially driven by the construction schedule and by the team's sense of urgency to provide a critical value-added benefit to patients and the practice. Construction lasted just over one month and entailed collaboration with many internal and external stakeholders. Once the scope and prescription volume for The Patient Rx Center was ascertained, the size of the space could be determined. One of the biggest hurdles was obtaining town construction permits and gaining consensus regarding proposed changes with the lessor of our building.

The readiness tracker. Beginning with the end in mind,[1] the team identified project milestones and developed a readiness tracker. The team populated the readiness tracker with each milestone and its associated tasks, assigning a target completion date and the team member who would be accountable for meeting that date.

Team mission. In parallel with developing the readiness tracker, the team created a team mission statement (see box at right). The process helped team members focus and fostered an environment of cooperation. The mission statement provided a roadmap for

The Patient Rx Center Team. (L to R) Hannah B. Peabody, CPhT; Michael J. Reff, RPh, MBA; and Deborah R. Walters, RN, OCN.

the new enterprise. It is a litmus test for all current and future activities. In other words, everything the team does must meet or exceed the principles contained within the mission statement.

This mission statement is prominently displayed on a large poster board adjacent to the prescription pick-up window. Patients and caregivers read the poster board and then experience first-hand the embodiment of the mission statement principles through interactions with the staff.

Infrastructure needs. Physical space, prescription dispensing flow, and formulary decisions, including storage, were all important considerations. Employing team members with experience in a retail pharmacy setting was invaluable in terms of the project's design, construction, formulary disposition, implementation, and execution.

During the initial design phase, the team calculated anticipated prescription volumes and defined formulary scope. The team recognized that using existing space can have a domino effect when work space and people are displaced for the new enterprise. A proactive, strategic evaluation of workflow for all affected staff and departments is critical to help mitigate these challenges. To optimize workflow, the team outlined how equipment is used during the prescription filling process (i.e., computers, printers, refrigerator, cash register, etc.), taking into consideration any space constraints. As with any construction project, no matter how well the construction scope is defined, challenges arise. Appointing a project lead who would also be the future "owner" of the physician dispensing space helped keep the project on-scope, on-budget, and on-time.

Project deliverables. Next, the team worked to prioritize and classify project deliverables. Placing these deliverables in a matrix, with one axis quantifying cost and/or time and the other axis quantifying necessity (ranging from "not needed" to "nice to haves" to "must haves") helped the team's focus during the design phase. We concentrated on the deliverables identified in the upper right quadrants in the nine box grid—designated in green in Figure 1, page 42.

State law, practice treatment pathways, patient demographics, medication carrying costs, medication storage space, and storage requirements are all important considerations when deciding on a formulary. Our team employed a "start small and grow" approach, piloting physician dispensing with one prescriber who practices at HOACNY's main site. We then expanded to additional prescribers at the main site, eventually recruiting prescribers who treat patients at the four satellite locations. This approach works well as long as you have planned for the anticipated increase in

Team Mission

Our team mission is to be a valuable resource to patients and HOACNY staff in a convenient, patient-centric environment. We are committed to maintaining the highest level of care by accurately and efficiently dispensing medications, providing educational and financial support, while enhancing patient compliance.

prescription volume; we advise a similar approach for practices with multiple prescribers and practice locations. Recruiting a small number of prescribers at one site and then enrolling additional prescribers allows a practice to learn and adapt to the new workflow. Another approach would be to start exclusively with oral oncolytic prescriptions and then gradually increase the focus to include the supportive medications that are part of an oncology protocol.

Recruiting existing practice couriers to help deliver prescriptions to satellite locations helps the physicians dispense the medications to patients in a convenient and timely manner. The Patient Rx Center staff quarterbacks this process with the office employees at each practice location to ensure a smooth and seamless handoff to the patient.

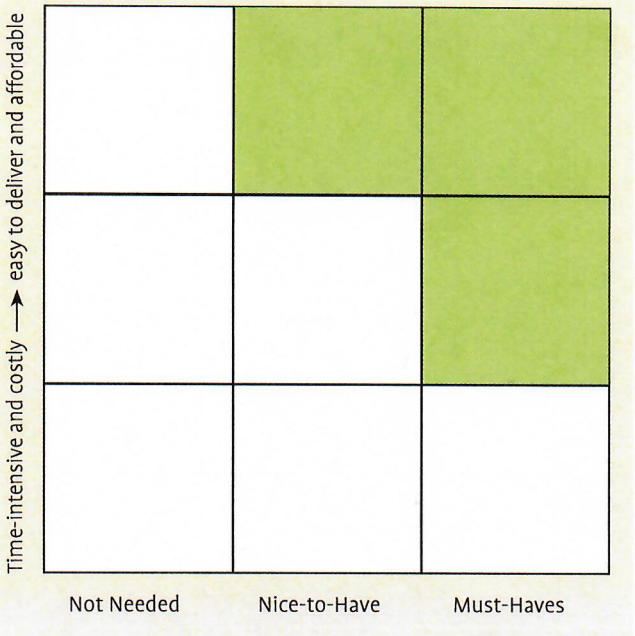
Process flow maps. Our team then developed a process flow map to help the practice better understand the whole prescription process—from start (writing the prescription) to finish (prescription disposition). We actually created two process flow maps: the "As-Is" model and the "To-Be" model. The As-Is process flow map outlines the current process, fostering team building, elevating awareness for the new enterprise, and identifying opportunities for efficiency gains. These efficiency gains are then captured on the To-Be process flow map. Developing the To-Be process flow map further contributes to the team building aspects, while augmenting awareness and excitement for the new patient-centered service.

Our team recruited staff from all departments and from all satellite locations to participate in process flow mapping exercises. With the support of management, we hosted "Brown Paper Fairs" where the team led a discussion on the As-Is process, then actively solicited feedback and input from other staff. Employees were empowered to place comments directly on the process flow chart outlined on brown paper. Colored Post-It Notes were used to capture comments that fit into three specific buckets:

- Pink identified a potential opportunity for improvement and/or a problem
- Yellow was a comment and/or clarification about the process
- Green identified strengths in our current process.

After the Brown Paper Fairs, the team collated all comments. Pink Post-It Notes generated an action plan with an accountable stakeholder and target completion date. The team organized the Yellow Post-It Notes by topic and then addressed staff comments and points of clarification by email and at all-employee staff meetings. A similar approach was used to communicate the existing "strengths" back to all the employees.

Figure 1. Matrix for Project Deliverables



Implementation

The prior pharmacy retail experience of two of our team members was helpful during the implementation phase. We used EMR data to help quantify the volume of prescriptions the physician dispensing pharmacy could be expected to generate. EMR data can be sorted in many ways, by prescriber, by location, by diagnosis, by medication, etc. Collaborating with the EMR manager and prescribers, our pharmacist created and maintained an electronic database representing the current formulary for dispensing. This list (formulary) of medications builds confidence with the prescribers about what medications are on hand, and ready for patients. Additionally, our pharmacist established "favorites" for each prescriber within the EMR. This pre-populated list of e-prescriptions saves prescribers time and helps them more fully use the EMR for e-prescribing, which in turn supports the practice's meaningful use data.

We used the EMR to develop care plans for specific diseases and treatment pathways. These care plans helped standardize prescribing while promoting adherence to treatment guidelines.

We use EMR data to measure the success of The Patient Rx Center. Our team established S.M.A.R.T. (specific, measurable, achievable, relevant, and time-bound) goals to help track, gauge, and report successes. Based on their process flow, other practices may want to group these goals into separate categories, for example, goals that support activities prior to, during, and after dispensing.

Below are a few examples of current and future key performance indicators our team identified:

- Percent of prescribers trained on e-prescribing to The Patient Rx Center
- Rx prescribed by provider (normalized by month).
- Total Rx (normalized by month).
- Rx by department and location (normalized by month).
- Medications available for prescribing. (We collect data on formulary growth to meet the demands of the rolling implementation and of our growing oncology protocols.)
- Percent of Rx oncolytics vs. total Rx volume (normalized by month).
- Rx interventions (quality metrics).
- Persistence and patient adherence measures.
- Co-pay and foundation assistance (number of patients and dollar amounts normalized by month).
- Percent of Rx refills vs. total Rx volume.
- Percent of patients proactively asked if they would like counseling regarding their medication; our goal is 100 percent.

Our team tracks and communicates the successes realized by physician dispensing to all stakeholders:

- CEO
- Administration
- EMR team
- Nurses
- Prescribers
- Couriers (to transport medications, supplies, etc., between practice locations)
- Finance
- Social workers
- Billing
- Radiation technicians
- Clinical assistance staff
- Building maintenance
- Information technology.

Sharing this information is critical to the successful implementation of any new entity, including physician dispensing. Some practices may realize capacity gains, or shifts in capacity, by reallocating responsibilities. For example, oral prescription prior-authorization responsibility was removed from nursing and administrative staff and re-allocated to The Patient Rx Center staff. Having a dedicated team focus exclusively on this important task streamlined the process and increased efficiencies, while allowing for capacity gains with other stakeholder groups (i.e., nursing). As our physician dispensing team gains experience, additional opportunities to improve the process will become apparent. Constantly reviewing these improvement opportunities will help ensure the continued success of this important patient-centered enterprise.

Key Takeaways

A practice that is dedicated to the physician dispensing platform is the single most important ingredient for success. All stakeholders must embrace the changes that are created by this new venture. Lack of adoption by prescribers and lack of support by administration are two of the biggest reasons behind the failure of physician dispensing.

HOACNY leadership devoted the time and resources to establish a solid foundation prior to filling its first prescription and staffed the enterprise with the right team to create and then drive the necessary change across the organization. Adoption by prescribers has been very favorable at our practice with a steady month-over-month increase in prescription volume.

As our physician dispensing team gains experience, additional opportunities to improve the process will become apparent.

The Patient Rx Center team regularly receives positive feedback from patients, and patient comments continue to reflect every aspect of the team mission statement. Patients are overwhelmed by the convenience, the supportive and thorough medication counseling, and the herculean effort demonstrated in securing financial assistance.

Proactively identifying and defining what success looks like and clearly establishing roles and responsibilities charts the clearest course. Planning, doing, then reviewing (with a built-in continuous improvement component) is a simple yet effective project management methodology. Practices interested in physician dispensing should strongly consider the management principles outlined above. OI

Michael J. Reff, RPh, MBA, is the manager of The Patient Rx Center, Hematology/Oncology Associates of Central New York.

References

1. Covey Stephen R. The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change. New York, New York: Simon & Schuster;1989:299-320.