**Patient Management Program Description**

**Section:** Patient Management

**Compliance:** URAC Specialty Pharmacy 2.1

**URAC Standards:** PHARM Core 17, SDrM 1, SDrM 2, PM 1-22

**ACHC Standards:** DRX11-B, DRX11-E

**Policy ID:** 6.1

**Approved by:**

1. **Patient Management Program (PMP) Overview [PM 1]**

<insert practice name> Specialty Pharmacy Patient Management Program proactively works with patients in oncology and hematology to provide specialty pharmaceuticals and therapy management support services to obtain optimal therapeutic outcomes thus avoiding adverse drug events and unnecessary costs. Pharmacists’ roles are shifting from dispensing medications to direct clinical practice and becoming valued providers of clinical pharmaceutical care and part of the healthcare team for the patients. [*Refer to Policy Pharmacy Scope of Services*]

When a patient receives their medication, this does not guarantee improved health, as a medication’s success relies on the patient taking the medication according to the prescribed directions. Non-adherence is a multifaceted issue that is linked to both behavioral and system barriers and as a result, many patients do not take their medications as prescribed. It is the goal of <insert practice name>’s Patient Management Program to provide the appropriate education, support and communication to improve the patient’s self-management/adherence of their medication regime.

As a Specialty Pharmacy, <insert practice name> offers consistent patient management, specialized clinical staff that provide patient support and focus on patient adherence to therapy. The program promotes enhanced patient understanding, increased adherence to medication regimens and prevention and detection of adverse drug events and patterns of over-use and under-use of prescription drugs. <insert practice name> has developed a proactive refill management and medication adherence monitoring. Reminder calls and mailings are sent to patients prior to refill date. The pharmacist and/or support staff will contact the patient in a timely fashion if inadequate adherence is identified. [*Refer to Policy Admission Plan*]

<insert practice name> Patient Management Program services may include but are not limited to:

* 1. Conducting a limited but appropriate needs assessment of the patient;
	2. Conducting a comprehensive medication review using available information to include not only prescription drugs, but non-prescription, alternative, traditional, vitamins or nutritional supplements as well are assessed to determine that each medication is appropriate for the patient, effective for the medical condition, safe given the comorbidities and other medications being taken and able to be taken by the patient as intended.
	3. Providing education and counseling designed to enhance patient understanding and appropriate use of his/her medication(s) to promote self-management of their medication treatment;
	4. Providing information and resources designed to enhance patient adherence w/his/her therapeutic regimens;
	5. Providing direct telephonic access to key clinical and service personnel during business hours and through an on-call service outside of those hours, in order to maximize patient communication and support;
	6. Providing ongoing telephonic support through proactive personal outreach calls in order to improve adherence and maximize potential outcomes

Before their first medication order is shipped or picked up at pharmacy, new patients are told how to communicate any side effect or problems to <insert practice name> staff and when their next appointment is. In addition to these proactive outreach efforts, <insert practice name>’s “New Patient Welcome Packet” explains how patients should contact <insert practice name> for each needed refill.

Patients on new oral hematology and oncology regimens are contacted on day 7 of therapy to determine that medication is being taken correctly and to be assessed for any side effects. [*Refer to Policy Patient Compliance with Drug Therapy*] **[PM 16 (c)]**

In addition to documentation of these patient outreach efforts, <insert practice name>’s Pharmacy staff also have the ability to update drug allergies and patient notes that will help personnel to better serve each patient.

The <insert practice name> Specialty Pharmacy PMP delivers clinically-effective and disease-specific management programs to patients, physicians and managed care organizations. <insert practice name> Management Programs may include but are not limited to the following categories:

* + - Hematology
		- Oncology Therapy
1. **Program Criteria and Consumer-Centered Approach Patient Management Principles [PM 2]**

The information utilized in the Patient Management Program is derived from manufacturers’ FDA approved prescribing information and evidence-based medicine sources. These include such resources as NCCN, Medline and the National Guideline Clearinghouse. All clinical conversations occur between Registered Pharmacists, Nurse Practitioners, Nurses, or Physicians and patients (except in those cases where patients approve of conversation with a family member or friend). Upon request, our clinical staff will provide printed information to patients or healthcare providers such as FDA-approved prescribing information or treatments guidelines from the National Guideline Clearinghouse.

An initial patient assessment is performed for each patient referred and serviced. This assessment is performed by a Pharmacist who:

1. Reviews prescribed drug therapy to ensure that it is consistent with the provided diagnosis and treatment according to FDA-approved prescribing information and available consensus guidelines for treatment **[PM 2 (a)] [PM 2 (b)]**
2. Reviews prescription order entry into pharmacy operating system for accuracy **[PM 2 (c)]**
3. The patients’ management documentation is located in the patient records section of the pharmacy operating system **[PM 2 (c)]**
4. Reviews available allergy and concomitant disease information to check for contraindications

**[PM 2 (a)]**

1. Provides patient with verbal explanation of prescribed therapy, administration, benefits, possible side effects and other relevant information **[PM 2 (a)] [PM 2 (e)]**
2. Explains self-administration of medications or assists in ensuring that a qualified healthcare professional will do so (nurse, nurse practitioner, or physician) **[PM 2 (f)]**
3. Provides patient with opportunity to ask questions and provides answers or refers patient to prescriber as appropriate **[PM 2 (a)] [PM 2 (d)]**
4. Communicates pressing concerns to prescriber or their agent via phones calls or faxes **[PM 2 (d)]**
5. Ensures that patient receives printed drug monographs and any ancillary supplies necessary (sharps container, alcohol pads, etc.) **[PM 2 (a)] [PM 2 (e)]**

Each new patient is offered pharmacist counseling and a record of their acceptance or non-acceptance of that offer is documented in <pharmacy operating system. The content of the pharmacist consultation is personalized based upon the patient, their communication skills, the drug(s) prescribed and disease state being treated. However, the pharmacist’s consultation is driven by the FDA-approved Prescribing Information, the pharmacist’s clinical expertise, evidence-based guidelines, when available and other professional print or online resources. In addition, each new patient receives printed drug monographs whose content is provided by <pharmacy operating system>.

<insert practice name>’s culture of caring and communication includes the ability for any patient to call during business hours and secure prompt access to a pharmacist to further discuss drug therapy questions. After hours, a pharmacist is available through <insert practice name>’s toll-free number. [*Refer to Policy On-Call Policy]*

1. **Program Criteria [PM 3] [PM 4] [PM 5]**

<insert practice name>’s culture of caring and communications fosters patient empowerment through education and support. <insert practice name> offers prompt access to pharmacists for telephonic consultations and will provide in-house nurse education and injection training upon request. <insert practice name>’s proactive personalized outbound communication to patients serves to foster a relationship of trust between our staff, our patients and the clinicians providing their care.

Patients are guided toward effective self-administration of their medications through pharmacist to patient counseling, provision of printed drug monographs and other information and by provision of an in-house nurse training for injections, when ordered by the prescriber. Pharmacist to patient counseling includes a discussion of both common and serious potential side effects and strategies for the management of those side effects or guidance on when the patient should contact their prescriber. Verbal information is supplemented with printed information in the form of drug monographs or patient leaflets.

The clinical oversight body of <insert practice name> is composed of the Registered Pharmacists on staff, one of whom is the Pharmacy Manager and Senior Clinical Staff. The Patient Management Program is reviewed and approved on an annual basis by the Quality Management Committee who reports to the Governing Body. The clinical oversight body of Registered Pharmacists is responsible for compliance with applicable regulations and provision of medications and information to patients in a manner that supports their self-administration of prescribed therapy and maximizes outcomes through adherence management. **[PM 5]** *[Refer to Policy Governing Body, Policy Leadership]*

The (*clinical oversight body’s*) roles and responsibilities include, but are not limited to the following elements:

* 1. Design, development and ongoing clinical oversight and supervision of the Patient Management Program to ensure the quality of the services provided to the targeted populations (i.e. at risk) with the specific disease conditions; **[PM 3 (a)]**
	2. Creation and approval of eligibility criteria for each Patient Management Program disease condition. Patient populations are targeted by disease state and specific drug therapies; **[PM 3 (c)]**
	3. Assurance of a Patient Management Program design that is in accordance with third party payer's coverage policies. This done by assisting with the prior authorization process, verifying benefits (medical/ pharmacy) in relation to dispensing and assuring the service to be provided (dispensing services, nursing, etc.) are covered; **[PM 3 (b)]**
	4. An initial assessment of appropriate and inappropriate drugs with a coordinated plan of service(s). The pharmacist will compare prescription with treatment tab in electronic medical record. Pharmacist will also document medication, dose, frequency and appropriate ICD-10 code. The initial assessment includes documentation of a complete current medication list which is used to assess for medication problems, allergies/sensitivities, and co-morbid diseases/conditions. For medications with weight based dosing height and weight are obtained from medical record and dose calculations are doubled checked with initial careplan entered. Medications that require specific molecular/genetic testing the companion diagnostic testing results will be reviewed. Documentation of new medication teaching will be verified by pharmacist. The initial assessment can also include proactive education regarding adherence/what to do if a dose is missed, assessment of any special needs of the patient/caregiver, etc.). The assessment piece is done for all patients seen at <insert practice name> clinics regardless of site being seen. **[PM 3 (d,e) and PM10]**
	5. Reassessments will be performed by pharmacy technician on day 7 after physician/APN appointment. [PM 3(f)]
	6. Selection and approval of Patient Management Program interventions consistent with and supported by evidence - based practices; **[PM 2 (e)]**
	7. Selection and approval of educational materials that address side effects, drug interactions, food/ drug interactions, safe disposal and other safety precautions such as the handling of the medication as needed; **[PM 3 (e)]**
	8. A monitoring mechanism to promote medication adherence and minimize adverse effects; **[PM 3 (g, h)]**
	9. Optimization of the therapeutic outcomes through the continuity of care during patient transitions, and the facilitation of collaboration among the patient's health care providers. This is achieved by performing a medication reconciliation where <insert practice name> identifies the most accurate list of drugs the patient is on at the time of the transition of care or transitioning a patient to another specialty pharmacy. **[PM 3 (i)]**
	10. The design of effective and measurable clinical, health, financial and other patient outcomes; **[PM 4]**
	11. Communication mediums that accommodate the language differences of the population served; and **[PM 3 (k)]**
	12. Promotes referrals when appropriate to other health care providers such as another specialty pharmacy for a limited distribution drugs, to nursing services, to DME providers. This is accomplished by contacting the other organization and transferring the prescription as well as contacting the patient to inform them of the transfer and the other organizations information. **[PM 3 (j)]**
	13. Completion of an annual review, re-assessment / evaluation of the Patient Management Program to include clinical appropriateness, safety, and cost-effectiveness as well as all other elements. **[PM 4] [PM 5]**

<insert practice name>’s Patient Management Program recognizes that prescription medication therapies are most effective when the following occurs: **[PM 3]** [*Refer to Policy Pharmacist Responsibility for Quality Care]*

1. The medication is prescribed for the appropriate indication at the appropriate dose and for the proper duration **[PM 3 (e)]**
2. Emergency medications and/or supplies should be readily available in a timely fashion to meet the patient’s needs **[PM 3 (f)]**
3. The medication is accessible to the patient **[PM 3 (f)]**
4. The patient is getting the prescription filled and is adherent to the therapy **[PM 3 (g)]**
5. The patient is monitored to ensure that best outcomes are achieved, the objectives of therapy are being met and adverse events are minimized **[PM 3 (h)]**
6. Patients and caregivers are properly educated and counseled and their medication therapy is properly managed **[PM 3 (e, i, k)]**
7. Therapeutic outcomes are optimized by promoting continuity of care during all patient care transitions and facilitates collaboration among all the patient’s health care providers by continuously updating the list of medication the patient is taking and ensuring it is accurate **[PM 3 (i)]**
8. Develop an individualized care plan for each patient that encompasses any issues or problems identified, interventions needed, monitoring guidelines, expected patient outcomes, and any resolutions necessary **[PM 3 (f)]**
9. **Patient Identification, Recruitment and Reassessment [PM 6] [*Refer to Policy Patient Assessment and Plan of Care*]**

<insert practice name> offers its Patient Management Program to all patients. While many patients will be adherent to their prescribed treatment regimen, some will not. When patients are determined to be non-compliant, <insert practice name> staff encourages compliance and offer guidance on means that may improve compliance (providing pill boxes, suggesting phone apps that prompt dose administration, etc.). Should a pharmacist determine that missed medication doses compromise the health or potential treatment outcome of a patient, they communicate the refill history to the prescriber or their agent verbally. When a pharmacist becomes aware of an adverse drug event that might compromise the health of a patient or affect their treatment outcomes, the Pharmacist contacts their prescriber.

<insert practice name>’s proactive and personalized outbound communication efforts allows for numerous opportunities to speak with patients and subjectively asses factors that might place these patients at- risk for treatment failure or other adverse events. When identified, these factors are noted in <insert pharmacy operating system>, our pharmacy operating system, so that other employees may see such information on each date of service for the patient. Realistic examples would include such notes as “Patient is blind and requires instructions from family member” or “Patient requires Vietnamese Translator”. <insert practice name> may also document factors such as staff’s perception of patient illiteracy, past failures to order medications in a timely manner or sources of additional funding for patient co-pays such as grants or non-profits. These free form text entries offer considerable insight and guidance to all team members as they provide service to patients on an ongoing basis.

Patients have the right to opt out of <insert practice name>’s outbound communication calls if desired.

1. **Periodic Patient Reassessment Process [PM 7]**

<insert practice name>’s Patient Management Program periodically reassesses participating patients to ensure the effectiveness and safety of medications used by the patient. The reassessment process includes evaluation of patient response and medical condition **[PM 7 (a)],** adverse effect of the drug(s) **[PM 7 (b)],** patient adherence to the therapy **[PM 7 (c)],** and assessment as to whether or not the patient is achieving therapeutic benefit from the medication(s) **[PM 7 (d)]**. Medications in the reassessment process are limited to oral chemotherapy prescribed by physicians at <insert practice name>. Pharmaceutical manufacturers that require patient counseling by a pharmacist with each fill will be omitted from the reassessment process. The requirements for the pharmaceutical manufacturer is more stringent than the current patient reassessment. Currently this includes Celgene products Revlimid, Thalomid, and Pomalyst. Depending upon the results of the reassessment process, <insert practice name> may involve another program or healthcare provider, I.e. patient’s provider/prescriber of the medication. [*Refer to Policy Patient Compliance with Drug Therapy*]

This may occur as a pharmacist or support team member is providing refills or communicating with patients.

<insert practice name> utilizes <insert pharmacy operating system> to monitor for potential drug-drug interactions or other adverse drug events. Additionally, pharmacy staff will utilize print and online resources such as Facts and Comparisons or Lexicomp to check additional sources for potential drug-drug interactions. Once identified, prescribers are notified by fax or telephone of potential serious drug-drug interactions*.*

***Initial Fill Assessment by Pharmacist (done for patients filling at <insert practice name> Pharmacy)*[PM 7 a, b, c, d] [PM 10 dii]**

* Medical profile is updated including allergies, medications, disease states
* Insurance benefits and any copay assistance funds applied before release to patient
* Medication dose and frequency matched with treatment tab in EMR
* Diagnosis appropriate for medication
* New medication reviewed for potential drug interactions
* Verify that medication teaching is completed or scheduled before medication is released or contact patient for teaching and document

***Reassessment between physician/APN visits Questions for patient(done for all patients receiving oral chemotherapy regardless of where medication is filled)***

* Has medication started?
* Actual start date
* Allergies Updated
* How many times a day do you take medication
* Have you missed any doses
* Are you having any problems with medication (side effects, trouble paying for medication)—problems to be forwarded to appropriate clinician or financial counselor for followup

This item will be audited for compliance by pharmacy staff for patients filling their oral therapies at <insert practice name>. Refill reminder reports to be run daily showing medication due in next 7-10 days. Pharmacy staff will contact patient if reassessment was not completed. Patients with refills on medications will contacted to arrange next refill. Patients without refills the pharmacy staff will check EMR to see if patient has upcoming appt or not. Patients with appt, pharmacy will wait for new RX from physician team if therapy is continued. Patients without appt pharmacy to contact physician team for new prescription. Patients will be reassessed between physician/APN appointment when new medication orders are issued.

***Pharmacist Reassessment***

* Pharmacist conducts the reassessment either while the patient is on the phone or by reviewing the patient’s profile and notes from the Initial and Reassessments to make determinations prior to redispensing the medication(s). The Pharmacist reviews for the following items:
	+ Therapeutic benefits from medication.
	+ Medication Therapy is appropriate given patient's clinical condition.
	+ Patient is adherent to therapy upon review of refill history.
	+ No Adverse Reactions or side effects
* Medication is only refilled as scheduled if the Pharmacist determines all criteria are met during the reassessment. If criteria are not met the Pharmacist reaches out to the patient’s prescriber to discuss their findings and any recommendations they might have.
1. **Evidence-Based Research and Practices [PM 8]**

The focus of <insert practice name>’s patient care is on a limited number of disease states. With this focus, <insert practice name> has become very familiar with the current treatment guidelines for specific conditions. When <insert practice name> staff note that prescribers are treating patients inconsistently with current best practice guidelines from the NCCN, FDA labeling, or similar sources, the prescriber or their agent is contacted to verify the prescribed therapy. The Registered Pharmacist has a responsibility to ensure that prescribed therapy is appropriate for the patient and when deemed inappropriate will work with the physician team to find an alternate therapy. In house education materials are developed by clinical staff using the above mentioned guidelines. Oral chemotherapy teaching sheets are developed and maintained by pharmacy staff for use by nurse practitioner’s during chemo teaching. Pharmacy staff also develop and maintain an oral drug monitoring reference sheet to let prescribers know what common labs and monitoring parameters are needed specific to oral oncology/hematology medications. The organization’s senior clinical staff person approves the patient management program's clinical interventions. **[PM 8 (a-I, ii)]**

1. **Staff Qualifications [PM 9]**

<insert practice name>’s Patient Management Program is supervised by the Pharmacy Manager who is a pharmacist and is delivered by (pharmacists and other qualified health care professionals) with experience and expertise in patient management. (See attached Job Description for Pharmacy Manager

The information utilized in the Patient Management Program is derived from manufacturers’ FDA approved prescribing information and evidence-based medicine sources. These include such resources as Medline and the NCCN. All clinical conversations occur between Registered Pharmacists and patients (except in those cases where patients approve of conversation with a family member or friend) and/or the patient’s healthcare provider(s). Pharmacy technicians and other support staff are prohibited from providing clinical guidance to patients.

While <insert practice name> encourages, promotes and facilitates direct communication between support staff and patients, only a pharmacist will engage in the provision of clinical information to patients. Support staff will frequently provide important information to patients that may include, but not be limited to: insurance coverage, co-pays, financial assistance, shipment and delivery, advance refill planning and when needed, triage to a pharmacist. Pharmacists have executed agreements to not practice beyond the scope of their licensure. This would prohibit them from diagnosing or prescribing prescription medication treatment for patients. **[PM 16 (f)]**

1. **Coordination of Care [PM 10] [*Refer to Patient Assessment and Plan of Care*]**

Careplans for medications and/or treatment regimens are requested for use by physicians. The careplan request is forwarded to careplan committee. The careplan committee consists of QA Patient Safety and Risk Manager, Nurse Educators, and Director of Pharmacy. This group will review primary literature, NCCN guidelines, FDA label or similar sources to validate careplan request. Careplans are built in Electronic Medical record with dosing, infusion times, and needed supportive care medications added. The careplan encompasses the entire treatment regimen time frame. The careplan with trigger followup appointments for patient whether they be treatment or assessment related.

The P&T committee reviews new medications and new indications for medications on a monthly basis. The P&T committee also functions to review existing careplans and any problematic medication situations that arise at <insert practice name>. **[PM 10]**

When technology is used to communicate with prescribers (electronic prescription requests, fax transmissions, etc.) every reasonable effort will be made to ensure that the route of transmission is used in a way to minimize the risk that information will be misdirected to an inappropriate party. Electronic prescriptions and requests for electronic prescriptions from pharmacies require secure authentication to minimize this risk. All outbound fax transmissions will be sent to the prescribers fax number on record to minimize the risk of misdirection to an inappropriate party. **[PM 10 (b)]**

1. **Informed Decision-Making [PM 11]**

<insert practice name> delivers clinically-effective and disease-specific management programs to patients. <insert practice name> utilizes various means to counsel and educate patients regarding all aspects of treatment resulting in increased compliance and improved patient outcomes. Information on services (clinical programs) is developed on a disease-specific or therapy-specific basis for applicable patient groups. Individualized consultation and regular follow up with our Patient Care Team members provides education, medication evaluation, lifestyle counseling, and answers to all concerns. [*Refer to Policy Pharmacist Responsibility for Quality Care*]

<insert practice name>’s counseling and education of patients addresses the following:

1. Self-management and effective use of available clinical and education resources with individual patient related to their medications **[PM 11 (a)]**
2. Proper use of medications **[PM 11 (b-i)]**
3. Timeliness of medication use [**PM 11 (b-ii)]**
4. Possible side effects **[PM 11 ( b-iii)]**
5. Contraindications **[PM 11 (b-iv)]**
6. Precautions the patient should take related to safety [**PM 11 (b-v)]**
7. Materials related to the promotion of medication reconciliation **[PM 11 (b-vi)]**
8. Disposal of medication **[PM 11 (b-vii)]**
9. Storage of medication **[PM 11 (b-viii)]**
10. Information about use of over-the-counter medication **[PM 11 (b-ix)]**
11. **Communication and Customization of Education Materials [PM 12] [PM 13] [PM 18]**

On admission (initial medication order) to <insert practice name>’s Patient Management Program, patients are provided a “Welcome Packet” of information that includes specific details about the benefits of the program, how to contact Pharmacy staff Additional educational materials are included in the packet of information that is forwarded to the patient regarding the prescribed medication. These educational materials are customized to meet the needs of the patients. With the initial patient telephonic contact, a needs assessment is performed to identify any particular requirements (language barriers etc.) that the patients may exhibit so that the materials are then customized for each individual patient. The patients also may be referred to education programs provided by their insurance carrier or may need care from a provider within an external health care system. <insert practice name> also provides additional patient and educational materials on their website. Patients may also receive education materials/information via the telephone. <insert practice name> uses educational materials provided by drug manufactures, clinical resources, the FDA, insurance companies and other relevant sources all of which are updated on a regular basis to ensure the materials provided reflect current best practices for patient management and are written between a 5th and 8th grade reading level. When deemed appropriate and <insert practice name> believes the patient may benefit from other potentially available internal resource programs offered by the purchaser such as disease management program or acute care coordination programs <insert practice name> provides patients with information on these programs. When <insert practice name> believes a patient may need care from a provider within the external health care system <insert practice name> will refer the patient to patient assistance programs, other pharmacies who handle limited distribution drugs, self-help programs and/or other relevant programs. **[PM 12 (a-i, ii, iii) (b-i, ii, iii)] [PM 13 (a-i, ii, iii)] [PM 18 (a, b)]** *[Refer to Policy Admission Plan, Policy Pharmacist Responsibilities for Quality Care]*

<insert practice name> provides relevant, ongoing health improvement education throughout the period of participation during verbal documented counseling with a pharmacist and written materials. All educational and counseling information is documented in detail in patient care management software to include the educational resources provided to the individual patient. **[PM 12 (a-iii)][PM 13 (b-i)]**

Whenever possible, <insert practice name> seeks to use the most personal and direct method of communication with patients and their caregivers. In person or telephonic communication typically is superior to e- mail communication or other technical means of transmitting information. When the pharmacy is closed phone calls go voicemail which is immediately forwarded to pharmacist e-mail. Voice messages can be triaged after hours. Pharmacist has access to pharmacy billing and processing systems after hours as well as patient’s electronic medical record. Pharmacist also has ability to contact <insert practice name> physician team after hours for urgent needs. **[PM 12 (b-ii)]**

<insert practice name> reviews and updates, as needed, all patient educational materials at least annually by the Quality Management Committee to ensure information is accurate and current*.* Once updated printed materials are approved by the Quality Management Committee, every reasonable effort is made to retrieve and/or dispose of old versions of documents that may be in the hands of prescribers or their agents. **[PM 13 (b-ii)]**

1. **Informed Decision Making with Patients [PM 15]**

<insert practice name>’s Patient Management Program establishes and implements policies and procedures to promote patient decision-making. Registered Pharmacists will provide patients with pharmacist to patient counseling that begins the two-way dialog between <insert practice name> and patients. Pharmacists will allow patients the opportunity to ask question and will communicate responsibilities to patients that facilitate self-management and patient decision-making. This includes but is not limited to instructions regarding self-administration, information regarding what to do in case a dose is missed, when to contact their prescriber, etc. **[PM 15 (a, b, c)]**

The Patient Management Program has been approved by the Quality Management Committee. This approval includes the clinical resources that pharmacists have available to counsel patients and the drug monographs provided by <insert pharmacy operating system> through <insert practice name>. These drug monographs, provided to each new patient upon initiation of therapy, provide patients with expected benefits and potential side effects of therapy, as well as important guidance on when to contact their prescriber. This printed information is supplemented by personalized pharmacist-to-patient counseling, offered to each new patient upon initiation of drug therapy. To reinforce this communication (or to support those patients who decline pharmacist-to-patient counseling) we provide each new patient with a copy of <insert practice name>’s New Patient Welcome packet which once again, makes the offer for patient counseling to new and established patients and further defines the Patient’s Rights and Responsibilities, including the responsibility to contact their prescriber in times of urgent need. **[PM 15 (a, b, c)]**

1. **Patient Management Integrated Approach [PM 16]**

<insert practice name>’s Care Plan focuses on providing patient education, support, communication, and adherence management.

<insert practice name> maintains relationships with multiple drug wholesalers to help ensure access to as many specialty medications as possible. <insert practice name> orders daily and receives in-stock medications the following business day (Monday-Friday). **[PM 16 (a, b)]**

As new drugs become available once FDA-approved, <insert practice name> works with their respective manufacturers to ensure access and a reliable supply of medication to reduce the risk of treatment interruption to patients. In the rare case that a drug is unavailable due to a shortage or recall, <insert practice name> works with the patient and prescriber or their agent to recommend alternative therapies that are available in order to minimize treatment interruption to patients. **[PM 16 (a, b)]**

In case where drug shortages persist beyond a few days <insert practice name> has will communicate to prescribers to make them and their agents aware of individual effected patients and help craft alternative therapy plans to minimize patient inconvenience. **[PM 16 (a, b)]**

Medication claims rejected by insurance for prior authorization reasons are forwarded to retail pharmacy financial counselor to obtain approval through insurance. Rejections are communicated back to physician team. Once prior authorization is obtained or denial from insurance plan is received retail pharmacy financial counselor communicates patient copay or denial to physician team and pharmacy. This can be done via phone or documented in Electronic Medical record. If medication approved and physician decides to proceed with therapy patient is contacted to let them know copay amount. When copay is deemed too high by patient, assistance will be sought by retail pharmacy financial counselor through manufacturer program or copay foundation. When copay is at an acceptable level for patient teaching is scheduled with nurse practitioner. Medication delivery or pickup is then arranged with patient and physician team. **[SDRM 1 (a)][SDRM 2 (d)][PM 16 (a, b)]**

Both <insert pharmacy operating system> and <insert 2nd pharmacy operating system if needed> enable <insert practice name> employees to observe and document utilization of prescribed drug therapy for individual patients. By proactively managing patient utilization <insert practice name> staff can improve patient adherence to prescribed drug regimens and improve health outcomes. <insert practice name>’s outbound personalized patient management phone calls provide the opportunity to find out about side effects and discuss reasons why the patient may not be adherent, and triage these calls to a pharmacist, or prescriber as needed. **[PM 3 (i)] [PM 10 (a, b, c, dii)] [PM 16 (c, d)]**

<insert practice name>’s operating system, maintains a complete record of all prescription drug dispensing for each patient and allows <insert practice name> the ability to present refill histories to prescribers upon request. Additionally, <insert pharmacy operating system> is configured to include the date of last dispensing to a prescriber each time a prescription renewal request is sent via fax, electronically, or phone. **[PM 16 (e)]**

When requested by payers, <insert practice name> has the capability to combine data output from <insert pharmacy operating system> and <insert 2nd pharmacy operating system if needed> to offer the following information to those payers: **[PM 3 (i)] [PM 10 (a, b, c)] [PM 16 (f)]**

* A record of patient referral, intake and outcome of first prescription order (patient, prescriber, drug, quantity, or date dispensed) during the reporting period
* A record of all patient prescriptions dispensed (new and refill) during the reporting period

<insert practice name> communicates a plan around coordination of care and/or third party payer programs and multi-discipline teams to patients as appropriate. This includes information about patient assistance programs, which may include coordination of care, benefits, compassionate use and/or others. **[PM 16 (f)]**

 **[PM 16 (f)]**

1. **Patients’ Rights and Responsibilities [PM 17 (a-i)]**

Upon first visit to <insert practice name> patients receive the <insert practice name> Mission statement, a welcome DVD, information about how to contact the main office, satellite clinics, and various departments both during and after hours. Patient also are provided privacy and financial documentation at this time. . [*Refer to “Welcome to* <insert practice name>*” document, Policy Admission Plan*]

1. **Quality Improvement [PM 19] [PHARM Core 17]**

A key component of <insert practice name>’s Patient Management Program is a process to measure the quality of services provided. At least annually, the Patient Management Program activities are evaluated per performance and are continuously monitored across time. The <insert practice name> Quality Management Committee is responsible for reviewing/monitoring performance results and identifying opportunities for improvement. As opportunities for improvement are identified, actions to improve or correct problems or meet acceptable levels of performance are taken. A timeframe for improvement is established and performance is re-measured to assess change. The purpose of this process is to influence the overall quality and safety of services provided by <insert practice name>’s PMP and to ensure program goals are met. *[Refer to Quality Management Program Description*]

Activities measured and monitored may include:

* Using drugs where there is no indication for such drugs to be used;
* Frequency of overdosing;
* Frequency of the selection of improper drugs;
* Indications that are untreated by appropriate medication;
* Frequency of inadequate dosage that indicated;
* Failures in getting the medication to the patient;
* Frequency of adverse reactions to drugs;
* Problems with drug interactions.

Current performance indicators include:

1. Patient satisfaction – Patient satisfaction surveys. See Patient Satisfaction Performance Indicator Policy.
2. Complaints – Turn Around time of complaint resolution. See Complaints and Incidents Performance Indicator policy.
3. Access to services – Average Speed of Answer and Abandonment Rate. See Access to Service Performance Indicator policy.

**Patient Management Program Evaluation and Outcome Reporting [PM 20] [PM 21] [PM 22]**

<insert practice name> will evaluate the Patient Management Program annually and report results to the Quality Management Committee. **[PHARM Core 17]** As related to the specific program offered by <insert practice name>, the evaluation will include:

1. Assessment of projected clinical outcomes of Patient Management Program using measures of previous, current, and projected outcomes, such as chemotherapy administered in the last two weeks of life. **[PM 20 (a-i, ii, iii, iv)] [PM 22 (a)]**
2. Assessment of financial benefits of Patient Management Program using measures of previous, and current outcomes. Metrics used to measure program financial benefits are aggregate of copay assistance dollars and indigent dollars received on a monthly and yearly basis. Total numbers of patients assisted through these efforts are tallied on a monthly and yearly basis. This information will be reported back to the Quality Management committee. **[PM 20 (b-i, ii, iii)] [PM 22 (a)]**
3. Assessment of the other impacts of Patient Management Program, including patient satisfaction survey results. The outcomes/benefits are based on performance measures that include but are not limited to:
	* + previous outcomes,
		+ outcomes for current purchasers, and
		+ projected outcomes for current or prospective purchasers **[PM 20 (c-i, ii, iii)] [PM 22 (a)]**

The organization reports results of the program evaluation, as described the above three bullet points to current and prospective purchasers upon request. The report will be provided to the current or prospective purchaser within 30 days of the request. The report will be emailed to the representative of the company that requested it. **[PM 21]**

The key measurable outcome in specialty pharmacies is patient adherence. Beginning with data for First Quarter 20XX and each quarter thereafter, <insert practice name> will assess Patient adherence. Should patient adherence decline from quarter to quarter, <insert practice name> will assess the potential reasons why and take corrective steps in patient or staff education and support to improve patient adherence in future quarters. **[PM 21]**

The Quality Management Committee will maintain minutes of the meeting during which this review was conducted as well as substantive changes to the program. **[PM 20]**

<insert practice name> will provide the program evaluation results to current and prospective clients upon request. The program evaluation is bases on the assessment of projected clinical outcomes of Patient Management Program, assessment of financial benefits of Patient Management Program using measures of previous, current, and future outcomes and assessment of the other impacts of Patient Management Program, including quality of life, productivity, recruitment and retention of employees, among others. Interested parties should submit their requests in writing to the Pharmacy Manager of <insert practice name>. Payers, Insurers, Employers Groups, Prescribers and other qualified parties will receive the requested information in writing within 30 days of their request. Information available will be limited to only those parties that have a valid, existing business or clinic relationship with <insert practice name> or are evaluating such a relationship. Only the most current outcome evaluation report will be provided unless requested in writing and deemed appropriate by the Pharmacy Manager of <insert practice name>. **[PM 22 (a, b)]**

In the cases when <insert practice name> provides the requested outcomes evaluation, the following will also be provided: **[PM 22 (a, b, c)]**

1. Description of the program evaluation methodology;
2. Description of the strengths and weakness of that methodology and;
3. Evidence of external validation of the program evaluation methodology (when available)

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