2018 NCODA Spring Forum

Exploring Trends & Creating Value For Patients

Implementing Medically Integrated Dispensing and Drug Therapy Management Programs

- Learning Objectives
  - Describe two examples of innovative practice models that have been successfully implemented into traditional clinical pharmacy practice sites.
  - Identify the appropriate and necessary action steps required for the successful implementation of these innovative practice models.
  - Discuss future implications of these innovative practice models and their value proposition as related to the patients, pharmacy practice sites, and members of the interdisciplinary healthcare team.

Implementing Medically Integrated Dispensing and Drug Therapy Management Programs

- Agenda
  - 3:00PM to 3:05PM = **Introduction** of Moderator and Panelists
  - 3:05PM to 3:20PM = **Innovative Practice Models** (7 minutes per each panelist)
  - 3:20PM to 3:35PM = **Implementation** (7 minutes per each panelist)
  - 3:35PM to 3:50PM = **Impact** (7 minutes per each panelist)
  - 3:50PM to 4:00PM = **Question and Answer Session**

Introductions

Implementing Medically Integrated Dispensing and Drug Therapy Management Programs

- Panel Speaker
  - Michelle A. Phillips, Pharm.D.

    Clinical Oncology Pharmacy Specialist

    UR Specialty Pharmacy

    UR Medicine | Wilmot Cancer Institute

Implementing Medically Integrated Dispensing and Drug Therapy Management Programs

- Panel Speaker
  - Ryan Titus, Pharm.D., BCOP, BCPS

    Ambulatory Oncology Pharmacist

    Canton-Potsdam Hospital

    Clinical Assistant Professor

    Clarkson University

    NYS Collaborative Drug Therapy Management Certified

Implementing Medically Integrated Dispensing and Drug Therapy Management Programs

- Panel Moderator
  - Joshua Davis Kinsey, Pharm.D.

    Clinical Assistant Professor

    Mercer University College of Pharmacy

    Director, Community-Based Pharmacy Residency Program

    Mercer University College of Pharmacy

Innovative Practice Models

Innovative Practice Models

UR Specialty Pharmacy

Integrated Specialty Pharmacy

- **Structure:**
  - Five clinical pharmacists in ambulatory oncology clinics
- **Services Offered:**
  - Develop and maintain oral chemotherapy treatment plans
  - Oral chemotherapy education
  - Patient financial assistance
  - Oral chemotherapy dispensing
  - Patient monitoring and follow-up

Innovative Practice Models

Canton-Potsdam Hospital

- **Integrated Medication Therapy Management Program**
  - **Structure:**
    - Outpatient Oncology-Hematology Infusion Center
  - **Services Offered:**
    - Patient education on oral and parenteral chemotherapy side effects and management
    - Chemotherapy guideline and dosing verification
    - Comprehensive review of patient's medical history (allergies, vaccination history, drug interactions, laboratory values, medication reconciliation)
    - Patient Documentation and Provider Notification
    - Follow-up appointments

Implementation

Implementation
UR Specialty Pharmacy

- Based on patient safety and unmet needs
- Identification of specialty medications not previously captured by the pharmacy
- Formal business plan
  - Submission to and approval from hospital administration
- Develop costs associated with the start-up of the program
  - Staffing
  - Physical Space
  - Supplies
  - Inventory
- Barriers to overcome
  - Provider buy-in and participation
  - Limited distribution medications
  - Payer contract limitations

Implementation
Canton-Potsdam Hospital

- Review federal and state laws
  - Medication Therapy Management (MTM)
  - Collaborative Drug Therapy Management (CDTM)
  - Collaborative Practice Agreements (CPA)
- Create Policy and Procedures
  - Review Medical Staff Bylaws
  - Pharmacist Credentialing and Privileging
  - Pharmacy and Therapeutics (PT) Committee approval
- Revenue and finance analysis
  - Fee for Service vs. Cost to Benefit model analysis
- Approval of collaborating provider(s) and hospital administration
  - Medical Executive Committee approval
- Pilot Study
  - Intervention analysis
  - Patient satisfaction scores

Impact

Impact
UR Specialty Pharmacy

- Future Implications
  - Incorporation of pharmacists in ambulatory care setting
    - Minimizes treatment interruptions and delays
    - Improves patient monitoring and follow-up
    - Minimizes waste
      - Partial fill program
      - Treatment decisions chair-side
    - Decreased patient financial toxicity
    - Improves patient and provider satisfaction

Impact
Canton-Potsdam Hospital

- Future Implications
  - Provider Status for Pharmacist
    - Legislation exists for Medication Therapy Management (MTM), Collaborative Drug Therapy Management (CDTM), and Collaborative Practice Agreements (CPA's)
    - Financial opportunities:
      - Cost to Benefit model
      - Incident to physician
  - Privileged Clinical Pharmacist
    - Interprofessional Collaboration
    - Integration within current provider patient care models

References

- Pulvermacher A, Nelson C. Benefits of developing a collaborative, outcomes-based specialty pharmacy program. *Am J Health-Syst Pharm*. 2016; 73: 839-43.
- Rim MH, Smith L, Kelly M. Implementation of a patient-focused specialty pharmacy program in an academic healthcare system. *Am J Health-Syst Pharm*. 2016; 73: 831-8.
- Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: https://www.accp.com/docs/positions/misc/Improving_Patient_and_Health_System_Outcomes.pdf
- McBane S, Dopp A, Abe A, et al. The White Paper. Collaborative Drug Therapy Management and Comprehensive Medication Management—2015 American College of Clinical Pharmacy. Pharmacotherapy 2015;35(4):e39–e50) doi: 10.1002/phar.1563. Available at: https://www.accp.com/docs/positions/whitePapers/CDTM%20CMM%202015%20Final.pdf

Assessment Questions

Assessment Question

- Which of the following statements is **FALSE**?
  - A. Pharmacist Medication Therapy Management (MTM) is a billable service
  - B. In many states, Pharmacist-Provider Collaborative Drug Therapy Management (CDTM) programs include limited pharmacist prescribing privileges
  - **C. Clinical Pharmacist Fee for Service vs. Cost to Benefit analysis suggests little value in pharmacist provided MTM services**
  - D. Studies consistently demonstrate that pharmacist provided MTM services improve patient outcomes and satisfaction

Assessment Question

- Which of the following is **not** a benefit of integrated dispensing?
  - A. Improved patient monitoring
  - **B. Automated delivery to patients**
  - C. Improved side effect management
  - D. Minimize waste

Assessment Question

- Potential barriers to consider when implementing an innovative practice model into an existing clinic include all of the following EXCEPT:
  - A. Provider buy-in and participation
  - B. Physical space
  - C. Inventory and supplies
  - D. Payer contract limitations
  - **E. All of the above should be considered**

Assessment Question

- Most states have legislation in place which enables a pharmacist to bill for medication education and prescribe medications within written provider-pharmacist agreements?

  - **True**
  - False

Assessment Question

- Implementing and integrating Innovative Practice Models into existing clinics **only** benefit the pharmacy in the form of additional revenue?

  - True
  - **False**

Remember, these types of services can benefit the patients, other members of the healthcare team, and all involved pharmacy personnel.

Questions?