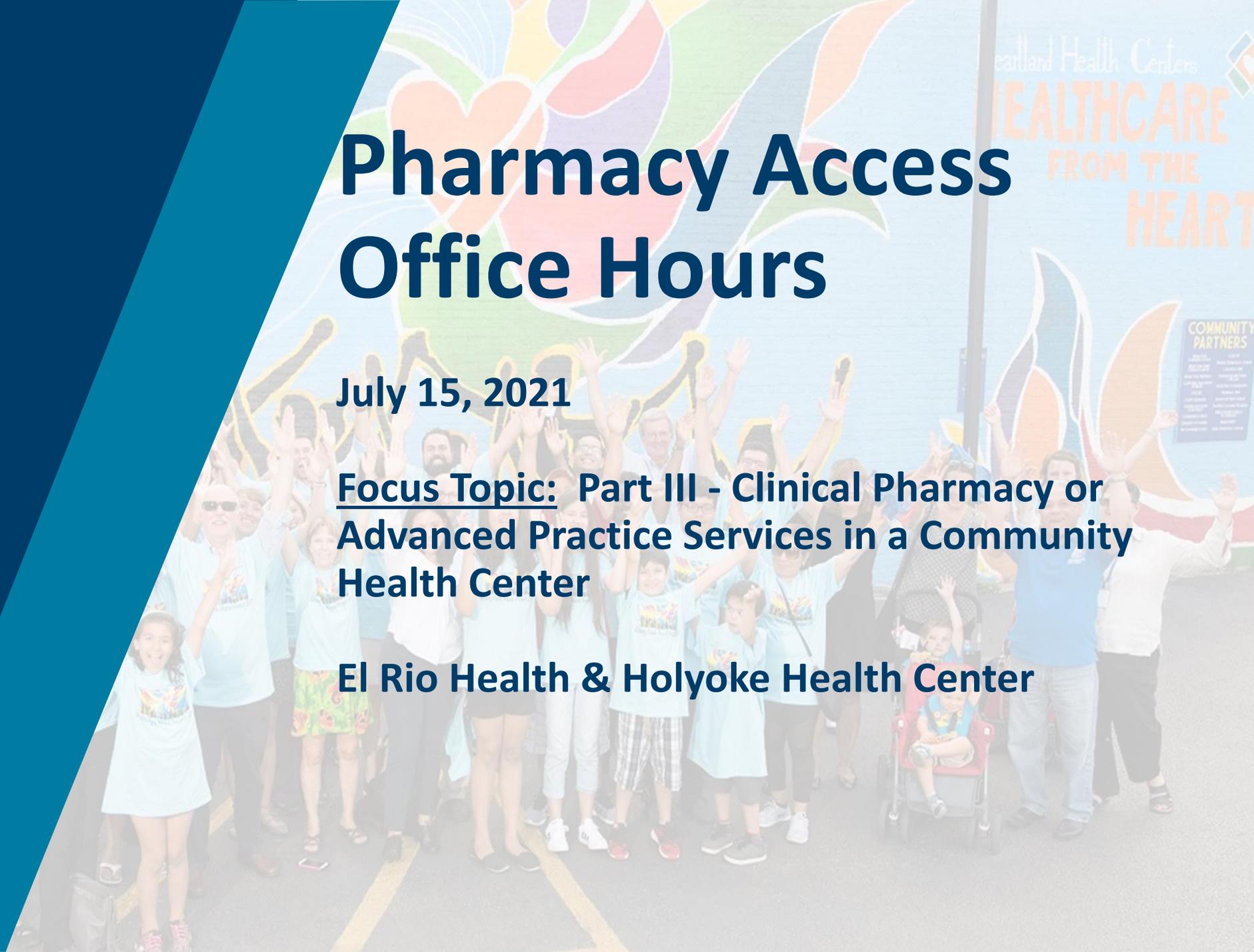


Pharmacy Access Office Hours

July 15, 2021

Focus Topic: Part III - Clinical Pharmacy or
Advanced Practice Services in a Community
Health Center

El Rio Health & Holyoke Health Center



THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



WEBINAR LOGISTICS

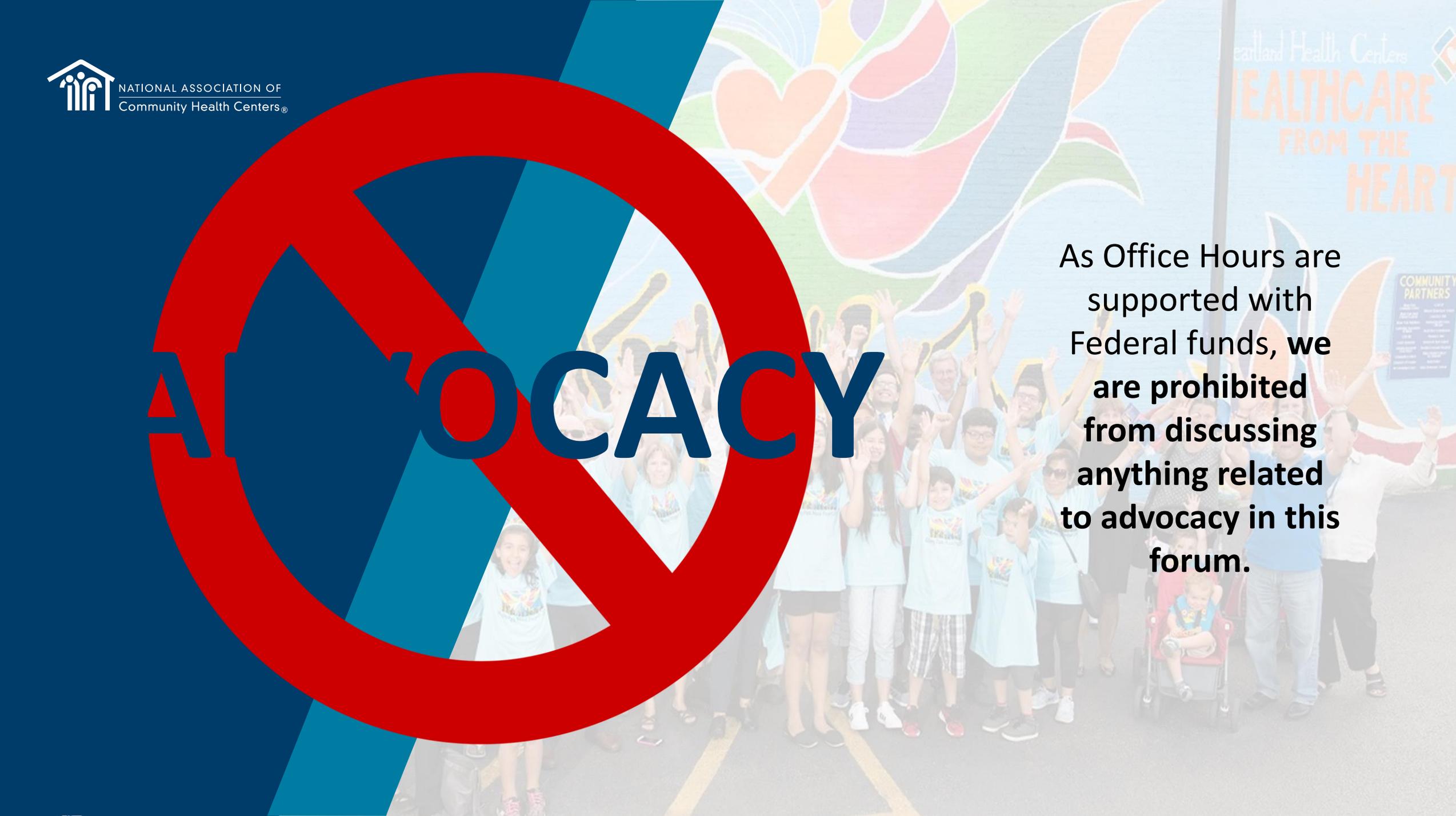
To ask/ answer a question, or share a comment, please use the Chat Box on the right-hand side of the screen.

Looking for the slides?

- They are on Noddlepod (both the Rx Access or 340B Advocacy sites)
- Slides and recordings will be published to NACHC's 340B archives webpage



ADVOCACY



As Office Hours are supported with Federal funds, **we are prohibited from discussing anything related to advocacy in this forum.**

AGENDA

1. Program Alert – New TA Document coming in July 2021:

“Pharmacy Operations Troubleshooting Guide Topic:

Mitigating Manufacturer Actions Impacting 340B Financial Savings to Health Centers”

1. Focus Topic Presentation: Part III - Clinical Pharmacy or Advanced Practice Services in a Community Health Center

2. Q&A

Program Alert

Program Alert – New TA Document coming
in July 2021:

***“Pharmacy Operations Troubleshooting Guide Topic:
Mitigating Manufacturer Actions Impacting
340B Financial Savings to Health Centers”***



EL RIO
HEALTH



Focus Topic:

Session III - Clinical Pharmacy or Advanced Practice Services in a Community Health Center

Presenters:

Marisa Rowen, PharmD; Associate Pharmacy Director-APS
El Rio Health

Alyssa Puia, PharmD; Clinical Pharmacist &
Alexis Dellogono, PharmD; Clinical Pharmacist
Holyoke Health Center



EL RIO
HEALTH

Building healthy communities
HOLYOKE HEALTH

Clinical Pharmacy or Advanced Practice Services in a Community Health Center

SESSION 3

**Marisa Rowen, PharmD; Associate Pharmacy Director-APS
El Rio Health**

**Alyssa Puia, PharmD; Clinical Pharmacist &
Alexis Dellogono, PharmD; Clinical Pharmacist
Holyoke Health Center**

Session Overview

May 2021

What do I have?
What is possible?

- Staffing considerations
- Practice Models

June 2021

Early implementation &
operational considerations

- Role of data
- Clinical/advanced practice services
- Service considerations

July 2021

How do we maintain this
momentum?

- Payment & Funding
- Growth & sustainability
- Layered learning

Direct Patient Care Start Up Costs



Physical Space

Construction of new space
vs. re-purpose current
space

Personnel

Pharmacist
Interpreter
MA or CHW

Technology Needs

Laptop/Desktop computer
Printer/Scanner
Phone

Training

CE/National conferences
Professional licensing
Accreditation

Equipment Needs

BP cuff(s)
Refrigerator (vaccines)
Vaccine supply

State or Legal Requirements

Controlled substance
license



Revenue Streams for Clinical Services

Diabetes Collaborative Model

Direct Revenue

- In person visits use G0108 ● TH can be non-billable or CCM

Cost-savings:

- contribute to value based contracts, vaccine rates, disease state control, STAR meds, retinopathy screening

Medicare Annual Wellness Visit

Direct Revenue

- Available billing codes G0438 (initial) , G0439 (subsequent)

Cost-savings:

- poly pharmacy, CCM enrollment, preventive care measures ● Medicare advantage plan forms, risk adjustment, management

Transitions of Care

Direct Revenue

- Available billing codes 99496, 99495

Cost Savings:

- Enroll in other programs ● Medication reconciliation ● Preventive care gap closure

Out-patient pharmacy

Direct Revenue

- Increased prescription volume (adherence packaging), maximize 340B/Contract

Cost Savings:

- Increased adherence/health outcomes, Medicare STAR ratings

Medication Therapy Management (MTM) or Chronic Care Management (CCM)

Direct Revenue

- Available billing codes

MTM: 99211, 99605, 99606, 99607

CCM: 99490, 99487, 99489

Cost Savings:

- Increased adherence, patient education, improved health outcomes

Collaborative Drug Therapy Management

Direct Revenue

- Available billing codes: 99211

Cost Savings:

- Maximize provider time, improved health outcomes, increased prescription volume

Additional Indirect Revenue Streams

Consultative Services

- Electronic, in person, on-call E&M revenue opportunities
- Closed or open system approach



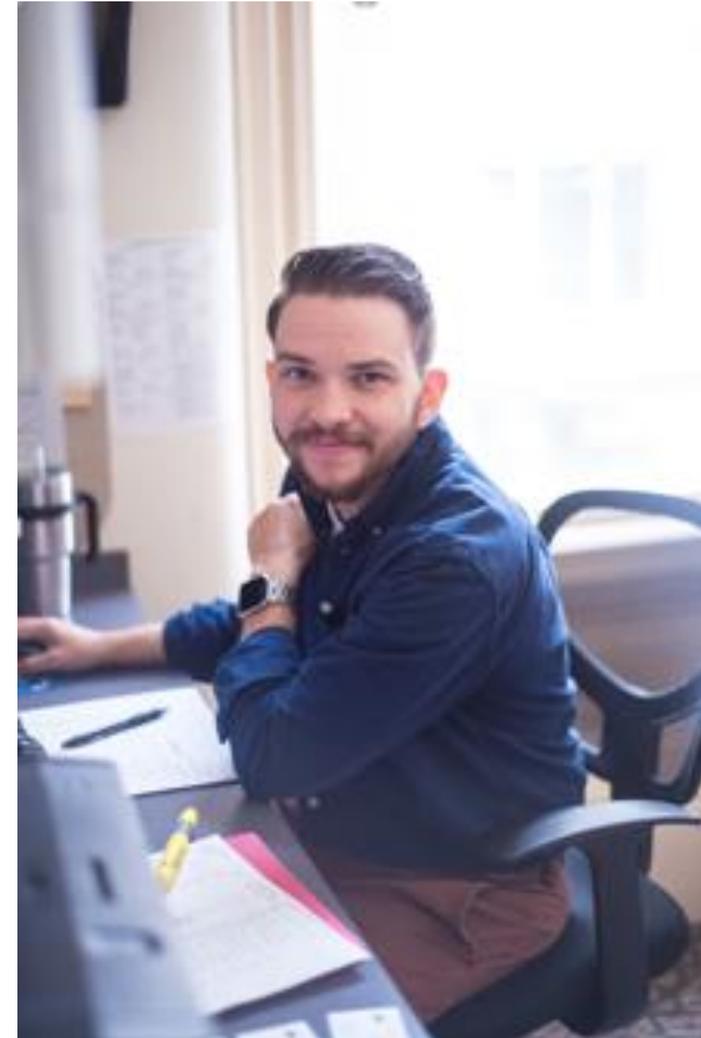
Quality Improvement

- What does in house data tell us?
- Where are the opportunities?
- Match data with desired outcomes
- Transparency in reporting, dashboards, accountability



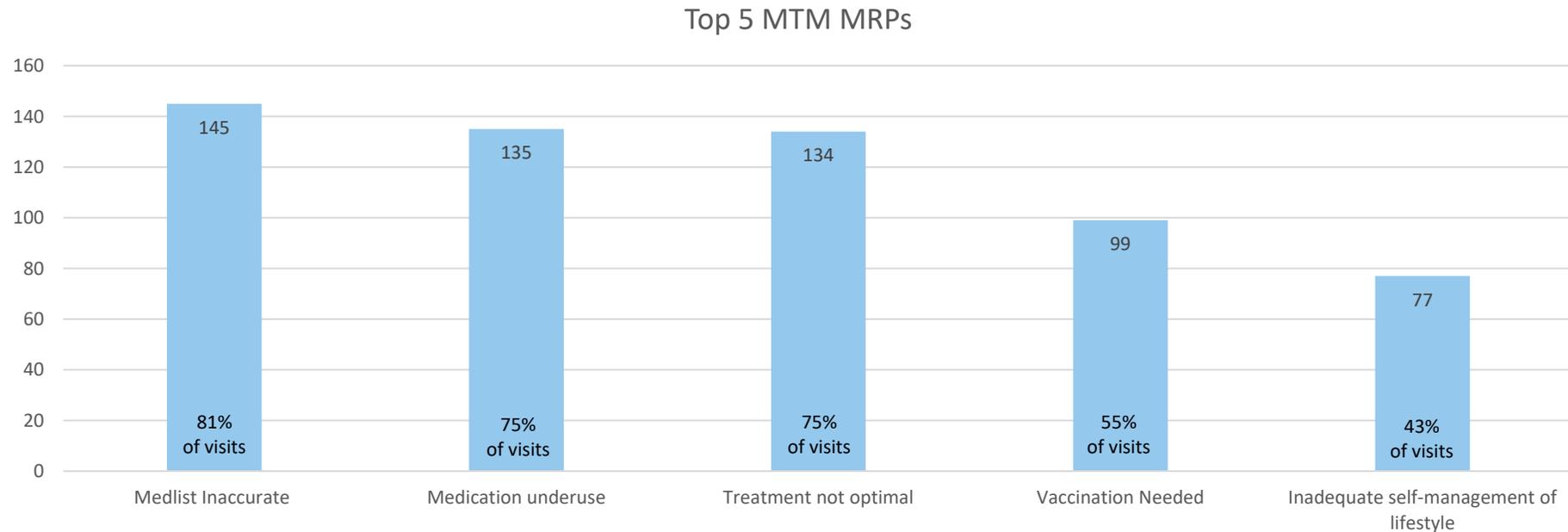
Return on Investment

- Decreased health care spend
 - Hospitalizations
 - Duplicative services
 - Omission of services
- Satisfied customers
 - Staff turn over
 - Patient retention
- Improved quality dollars
 - Medication adherence
 - Disease state management
 - Formulary maximization



Cost-Savings Data (HHC Example)

- A total of 179 MTM visits, representative of 159 unique patients
- A total of 1,194 medication related problems (MRPs), average of 6.7 MRPs/visit
 - Potential adverse drug events (pADEs) = 196, average 1.0/visit
 - Adverse drug events (ADEs) = 69, average 0.4/visit
- Recommendations 1375, average 7.7/visit



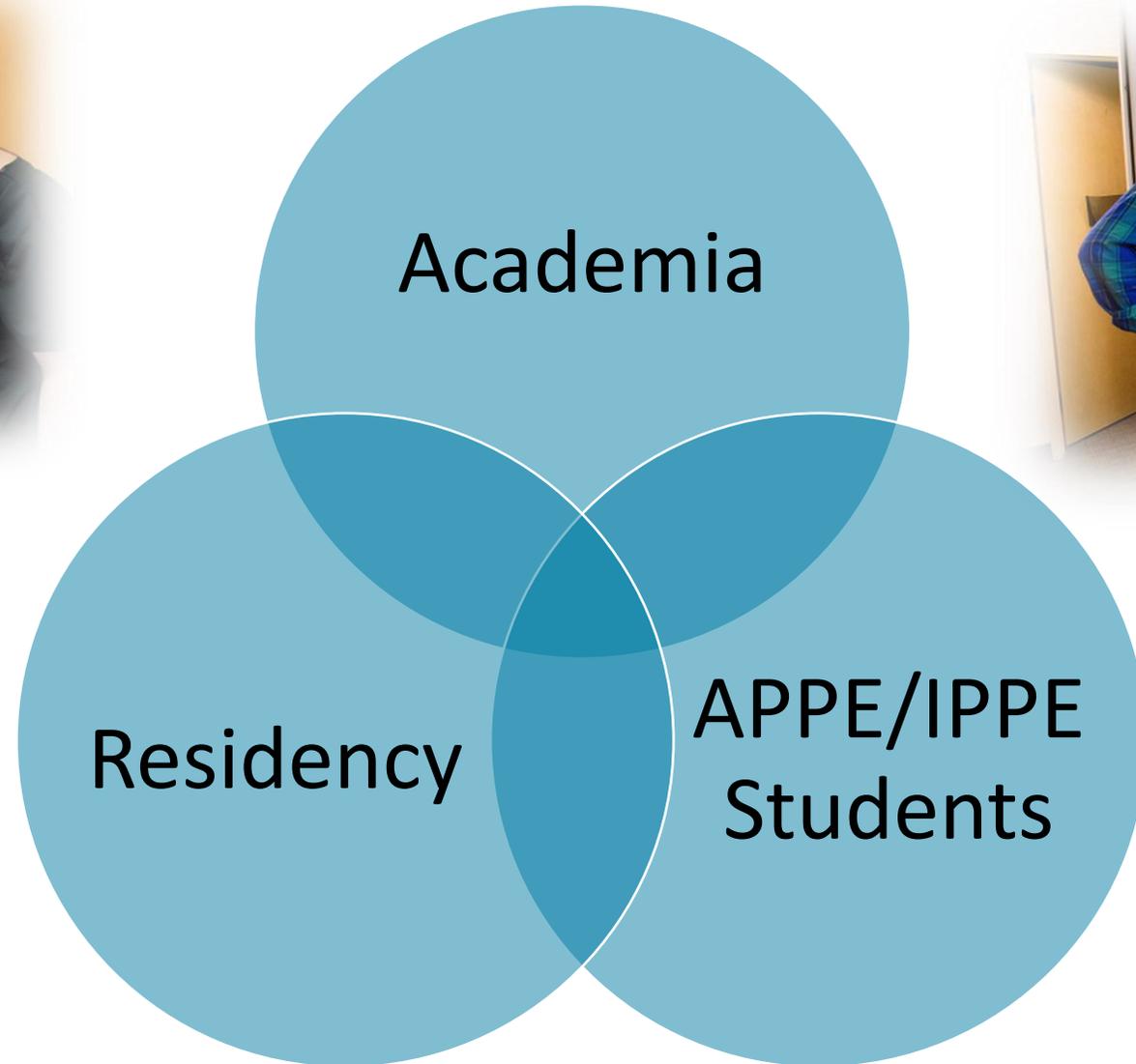
Medication Related Problems (MRPs)		pADE/ADE Classification	Interventions/Recommendations
Appropriateness & Effectiveness	1. Untreated medical problem	<u>Potential Adverse Drug Event (pADE)</u>	101. Discontinue drug(s)
	2. Drug dosing not adequate for treatment goal	pA. Potential for ADE requiring intervention by patient/ provider	102. Substitute drug(s)
	3. Treatment not optimal based on current evidence/guidelines	pB. Potential for ADE requiring ER visit or hospitalization	103. Add drug(s)
	4. Monitoring standards are not being followed	pC. Potential for ADE resulting in permanent harm/disability	104. Change dose/dose interval
Safety (pADE/ADE)	5. Drug dosing excessive for treatment goal	pD. Potential for ADE resulting in life-threatening harm	105. Change duration of tx / quantity
	6. Incomplete/improper directions		106. Change PRN to scheduled
	7. No indication for medication prescribed	<u>Potential Adverse Drug Event (pADE)</u>	107. Change scheduled to PRN
	8. Polypharmacy (RX not needed) / duplication	E. Event occurred, resulting in intervention by patient/ provider	108. Order monitoring (lab / diagnostic test)
	9. Contraindications	F. Event occurred, resulting in ER visit or hospitalization	109. Educate patient
	10. Adverse drug reaction (ADR)	G. Event occurred, resulting in permanent harm/disability	110. Refer to other services
	11. Allergy	H. Event occurred, resulting in life-threatening harm (coma/death)	111. Clarify RX
	12. Drug interaction		112. Substitute dosage form
	13. Therapeutic drug monitoring indicated, not ordered		113. Drug information provided
	14. Abnormal lab result not addressed		114. Refer to MTM
	15. Pharmacy/dispensing error		115. Other
	16. Medication overuse or misuse		116. Request refills
	17. Discrepancy between patient use & prescribed therapy		117. Recommend formulary/covered medication
	18. Using expired medication(s)		118. Vaccination recommended
Non-adherence and Patient Variables	19. Medication underuse/poor adherence		119. Update EHR medlist
	20. Improper administration technique		
	21. Inadequate patient self management		
	22. Patient dissatisfied or refuses treatment		
Miscellaneous	23. Drug not available in prescribed strength	27. No follow-up appointment with PCP	
	24. Refills needed	28 Other	
	25. Non-formulary / not cost effective drug choice	29. Vaccination needed	
	26. Illegible prescription	30. Medlist in EHR inaccurate	

Non-Traditional Funding



- **Grants**
 - Adult Immunizations (NACHC)
 - Million Hearts (NACHC)
 - APHA Foundation Incentive Grants
 - Innovative Services
- **Foundations**

Layered Learning



Billing Resources

MTM/Incident To Billing
*2021Update

Alternatives to
“Incident-To Billing”

Transitions of Care
Billing

Annual Wellness Visits

Contact Us:

Marisa Rowen, PharmD

MarisaR@elrio.org

Alyssa Puia, PharmD

Alyssa.Puia@hhcinc.org

Alexis Dellogono, Pharm D

Alexis.Dellogono@hhcinc.org

Questions?

ARE YOU LOOKING FOR RESOURCES?

Please visit our website www.healthcenterinfo.org



**HEALTH CENTER
RESOURCE
CLEARINGHOUSE**

Q&A

Submit focus topic ideas to
bljones@nachc.org or
tmallett@340Basics.com

**Evaluations will be sent to attendees
following the session**