

Health Home & Pharmacists: A Discussion

April 27, 2020 | 11am-12pm

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Introductions



**CDC 1815: Improving the Health of South Dakotans
through the Prevention and Management of
Diabetes, Heart Disease, and Stroke**



Year One Landscape Analysis: Selected Quotes



“Pharmacists are left out of the discussion a lot of the times. Don’t forget about us and bring us into the conversation and patient healthcare journey.”
-Ambulatory Care Pharmacist

“My challenge is making sure that everyone knows I’m there. Many providers in rural communities aren’t quite sure what all a pharmacist can do for them and their patients.”
–Outpatient Pharmacist



“I think a lot of times nurses maybe just get busy and, um, don’t stop and think about, ‘Oh that person would really benefit from a referral to the dietitian.’ or ‘You know, that person is really struggling with their medication management. They should really go see a pharmacist.’”

-Registered Nurse

“They’re [pharmacist] a resource that I don’t think people take fully advantage of and maybe because they don’t know, um, all the services that a pharmacist can offer now, which I think is getting better... I think that’s quite admirable. It’s not just about the medicine anymore.”

-Certified Nurse Practitioner



“Traditionally, this has been the role of only the physician. This isn’t working. Pharmacists could take the burden off providers, allowing them more time to provide valuable patient visits.”
-Health Plan Representative

“I can know insurance policies down to the nitty gritty, but I don’t know anything about medications.”
-Health Plan Executive



“I just think that I could have been more educated on the medicine that I was on since it was a completely new situation.”

-Patient

“[Doctor] told me hardly anything. Just told me that I needed medication. My blood pressure was too high and I didn’t get any education on it.”

-Patient



Medication Therapy Management

- Original consensus definition from the pharmacy profession:
 - Medication Therapy Management (MTM) is defined as a “distinct service or group of services that optimize therapeutic outcomes for individual patients” that are “independent of, but can occur in conjunction with, the provision of a medication product”
 - Medication Therapy Reviews
 - Pharmacotherapy Consults
 - Anticoagulation Management
 - Immunizations
 - Health and Wellness Programs
 - Other Clinical Services



Medication Therapy Management

- Since this time, the term Medication Therapy Management has evolved to mean a specific group of services payable by both Medicare and some private insurances based on definitions in codified laws and regulations
- A revised and expanded definition in line with the intent of this original definition was approved in March 2018 by the Joint Commission of Pharmacy Practitioners (JCPP) Board of Governors utilizing the term Medication Management Services:

“Medication Management Services are a spectrum of patient-centered, pharmacist-provided, collaborative services that focus on medication appropriateness, effectiveness, safety, and adherence with the goal of improving health outcomes”



Medication Therapy Management

- Medication Therapy Management as a distinct service is a guaranteed patient benefit through Medicare Part D and Medicare Advantage plans who meet certain criteria
- These services may be offered through the plan's employed health providers, or through an intermediary who contracts with local community pharmacies and provides reimbursement for pharmacist-provided services



Pharmacist-provided Care Delivery



Collaborative Practice Agreements (CPAs)

- A formal agreement between two providers regarding some specific aspect(s) of patient care
- Providers are typically physicians, physician assistants, nurse practitioners, and/or pharmacists as well as others
- Do note that the SD Pharmacy Practice Act refers to “protocols” instead of CPAs
 - Many other states use the term Collaborative Practice Agreement as it implies the health care team approach to enhancing patient care
 - For the most part, protocols in SD are relatively similar to CPAs as far as scope of practice and criteria involved



Collaborative Practice Agreements (CPAs)

- If we combine these statements describing the authority of pharmacists, we can begin to create rationale for pharmacists being able to provide clinical services and design what tasks pharmacists will be able to complete as a service provider:
- Examples:
 - Disease state management
 - Initiating/adjusting medications based on POC testing
 - Hypertension medication based on blood pressure
 - Appropriate intensity of statin based on comorbidities
 - Appropriate titration of metformin to maximal dose
 - Immunizations
 - Herpes zoster vaccinations without prescriptions
 - Refill authorization



Collaborative Practice Examples

- If we combine these statements describing the authority of pharmacists, we can begin to create rationale for pharmacists being able to provide clinical services and design what tasks pharmacists will be able to complete as a service provider:
- **Hypertension Clinics**
 - (4) Interpret and apply pharmacokinetic data and other pertinent laboratory data to design safe and effective drug dosage regimens; BP/pulse/other labs, optimize antihypertensives
 - (6) Initiate or modify drug therapy by protocol or other legal authority established and approved within a licensed health care facility or by a practitioner authorized to prescribe drugs; Modify/initiate antihypertensives based on guidelines & prescriber preferences
 - (7) Provide information on prescription drugs, which may include advising, consulting, and educating, as necessary or as required, patients, the public, and other health care providers on the rational, safe and cost-effective use of drugs, including therapeutic values, content, hazards and appropriate use. Educating patients on lifestyle changes for hypertension, ADRs and their management for antihypertensives, home BP monitoring practices



Collaborative Practice Examples

- If we combine these statements describing the authority of pharmacists, we can begin to create rationale for pharmacists being able to provide clinical services and design what tasks pharmacists will be able to complete as a service provider:
- **Optimizing Metformin Use**
 - (4) Interpret and apply pharmacokinetic data and other pertinent laboratory data to design safe and effective drug dosage regimens; **A1c/SMBG, minimum effective dose 1500 mg TDD**
 - (6) Initiate or modify drug therapy by protocol or other legal authority established and approved within a licensed health care facility or by a practitioner authorized to prescribe drugs; **When new/refill prescription received, pharmacist to manage up-titration by 500 mg/week as tolerated, max 2550 mg TDD (IR) or 2000 mg TDD (ER)**
 - (7) Provide information on prescription drugs, which may include advising, consulting, and educating, as necessary or as required, patients, the public, and other health care providers on the rational, safe and cost-effective use of drugs, including therapeutic values, content, hazards and appropriate use. **ADR avoidance (with food, switch to ER), diabetes lifestyle changes**



Collaborative Practice Examples

- If we combine these statements describing the authority of pharmacists, we can begin to create rationale for pharmacists being able to provide clinical services and design what tasks pharmacists will be able to complete as a service provider:
- **Lipid Clinics**
 - (4) Interpret and apply pharmacokinetic data and other pertinent laboratory data to design safe and effective drug dosage regimens; Lipid panel, optimize statin/nonstatin regimen
 - (6) Initiate or modify drug therapy by protocol or other legal authority established and approved within a licensed health care facility or by a practitioner authorized to prescribe drugs; Modify/initiate/discontinue statins/nonstatins (IE appropriate statin intensity)
 - (7) Provide information on prescription drugs, which may include advising, consulting, and educating, as necessary or as required, patients, the public, and other health care providers on the rational, safe and cost-effective use of drugs, including therapeutic values, content, hazards and appropriate use. Educating patients on lifestyle changes for lipids, ADRs and their management for statins/nonstatins



Collaborative Practice Examples

- If we combine these statements describing the authority of pharmacists, we can begin to create rationale for pharmacists being able to provide clinical services and design what tasks pharmacists will be able to complete as a service provider:
- **Appropriate Basal Insulin Titration**
 - (4) Interpret and apply pharmacokinetic data and other pertinent laboratory data to design safe and effective drug dosage regimens; **A1c, SMBG**
 - (6) Initiate or modify drug therapy by protocol or other legal authority established and approved within a licensed health care facility or by a practitioner authorized to prescribe drugs; **10-15% TDD/2-4 unit increase weekly until FPG goal; 10-20% TDD or 4 unit decrease if hypoglycemia**
 - (7) Provide information on prescription drugs, which may include advising, consulting, and educating, as necessary or as required, patients, the public, and other health care providers on the rational, safe and cost-effective use of drugs, including therapeutic values, content, hazards and appropriate use. **Educating patients on lifestyle changes for diabetes, ADRs and their management for insulin, proper injection technique, SMBG changes**





**Community Pharmacy and
Community Pharmacy Enhanced Services Network
CPESN[®] South Dakota**



Pharmacy Specialties – Behavioral Health



Medicaid Health Home Services – Pharmacist Involvement



Questions for the Panelists



How can a Health Home clinic utilize a Pharmacist to meet a core measure?



What is the best way a medication expert, with frequent patient contact and clinical skills (community pharmacist), can help South Dakota Medicaid Health Home patients?



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Questions for the Audience



**In your profession, how do you interact
with pharmacists?**



What do you feel the role of a pharmacist is in providing patient care?



How do you think you could incorporate pharmacists into patient care?



Questions?

Contact our team at:
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References

1. Bluml BM. Definition of Medication Therapy Management: Development of Professionwide Consensus. J Am Pharm Assoc (2003) 2005;45(5):566-72
2. Joint Commission of Pharmacy Practitioners. Medication management services (MMS) definition and key points. Approved March 14, 2018. Available at: <https://jcpp.net/wp-content/uploads/2018/05/Medication-Management-Services-Definition-and-Key-Points-Version-1.pdf> Accessed November 28, 2018.

