

# Canadian Pharmacists Conference 2015

Innovation and Collaboration

## Cost Effective Implementation of Professional Services in Alberta

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Jointly presented by



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# DISCLOSURE

- I have no real or perceived conflicts of interest to declare.



# LEARNING OBJECTIVES

- At the end of this presentation, the learner should be able to:
  - Provide an overview of the Alberta payment framework for pharmacist's services and expanded scope of practice, including Additional Prescribing Authority.
  - Discuss how expanded patient assessment and medication management services have been incorporated into practice and workflow.
  - Identify and discuss barriers, facilitators and challenges to implementation of quality, cost-effective services, at both community pharmacy and systemic levels.

# OUTLINE

- The Pharmacy Services Framework in Alberta
- Professional Services in Practice
- Challenges of Implementing Effective Professional Services
- Facilitators to Implementing Effective Professional Services

# **THE PHARMACY SERVICES FRAMEWORK IN ALBERTA**



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# Pharmacy Services Framework – Service Breakdown

- Patient Assessment Services (\$20 to \$25)
  - Injections
  - Prescribing
  - Refusal to Fill & Trial Rx
  - Follow-Up to a Previously established CACP/SMMA
- Comprehensive Chronic Care Assessments (\$60 to \$125)
  - Comprehensive Annual Care Plans (CACPs)
  - Standard Medication Management Assessments (SMMAs)

# Pharmacy Services Framework – Service Breakdown

- Patient Assessment Services (\$20/service)
  - Administration of Drugs by Injection
  - Administration of Publicly Funded Vaccine (FLU SHOT)
  - Adaptation of an Rx Medication
  - Prescription Renewal
  - Prescribing in an Emergency
  - Refusal to Fill
  - Trial Prescription
  - Discontinuation of a Schedule 1 Medication
  - Prescribing for Initial Access OR Managing Ongoing Therapy (\$25/service)\*\*\*

**\*\*\*Pharmacist must have APA**

# Pharmacy Services Framework – Service Breakdown

- Comprehensive Annual Care Plan (CACP) (\$100/\$125)
  - Conduct assessment and confirm pt understands how to use medication (INTERVIEW)
  - Care Plan is created which includes:
    - ✓Goals of Therapy
    - ✓Drug Therapy Problems
    - ✓Identification of Possible Interventions
    - ✓Plans for Follow-Up
  - Provide patient with accurate Best Possible Medication History (BPMH)
  - Notify other health care providers as appropriate.



# Pharmacy Services Framework – CACPs

## Identifying Eligible Patients:

- 2 or more chronic conditions from group A OR
- 1 chronic condition from group A and 1 or more risk factors from group B.

GROUP A (CHRONIC DISEASES)	GROUP B (RISK FACTORS)
<ul style="list-style-type: none"><li>*Hypertension</li><li>*Diabetes Mellitus</li><li>*Heart Failure</li><li>*Ischaemic Heart Disease</li><li>*Angina Pectoris</li><li>*Asthma</li><li>*Chronic Obstructive Pulmonary Disease (COPD)</li><li>*Mental Health Disorders</li></ul>	<ul style="list-style-type: none"><li>*Tobacco</li><li>*Obesity</li><li>*Addictions</li></ul>

# Pharmacy Services Framework – Service Breakdown

- CACP FOLLOW-UP (\$20/\$25):
  - Pharmacist may provide a follow-up to a CACP pursuant to:
    - A referral from a physician.
    - A hospital admission or discharge within 14 days of the service OR
    - A pharmacist documented decision.
- Pharmacists providing a follow-up to a CACP will need to:
  - Update the CACP and BPMH previously completed.

# Pharmacy Services Framework – Service Breakdown

- Standard Medication Management Assessment (SMMA):
  - All requirements for provision of a SMMA and SMMA follow-up are the same as CACP.
  - Meant for patients who do not meet criteria for CACP but could benefit from a care plan.
  - \$60 Fee (\$75 with APA)

# Pharmacy Services Framework – SMMAs

## Identifying Eligible Patients:

- 1 chronic medical condition from Group A  
AND
  - Currently taking 3 or more Schedule 1 drugs or 2 Schedule 1 drug + insulin.
- OR
- DIABETES + taking insulin or Sch 1 drug.
- OR
- Use Tobacco Daily

GROUP A (CHRONIC DISEASES)	GROUP B (RISK FACTORS)
<ul style="list-style-type: none"><li>*Hypertension</li><li>*Diabetes Mellitus</li><li>*Heart Failure</li><li>*Ischaemic Heart Disease</li><li>*Angina Pectoris</li><li>*Asthma</li><li>*Chronic Obstructive Pulmonary Disease (COPD)</li><li>*Mental Health Disorders</li></ul>	<ul style="list-style-type: none"><li>*Tobacco</li><li>*Obesity</li><li>*Addictions</li></ul>

# Pharmacy Services Framework

	Service	Compensation
Patient Assessment	Administration of Drugs by Injection	\$20
	Administration of a Publicly Funded Vaccine	
	Adaptation of Rx Medication	
	Prescription Renewal	
	Prescribing in an Emergency	
	Refusal to Fill	
	Trial Prescription	
	Prescribing for Initial Access or Managing Ongoing Therapy	\$25 (APA only)
CACP	CACP - Initial	\$100 (non APA)
		\$125 (APA)
	CACP – Follow-up	\$20 (non APA)
		\$25 (APA)
SMMA	SMMA – Initial	\$60 (non APA)
	SMMA – Initial for diabetes mellitus	\$75 (APA)
	SMMA – Initial for tobacco cessation	
	SMMA – Follow-up	\$20 (non APA)
	SMMA – Follow-up for diabetes mellitus	
	SMMA – Follow-up for tobacco cessation	
		\$25 (APA)

# PROFESSIONAL SERVICES IN PRACTICE



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# Episodic Examples of Professional Services

- Adaptation of Rx Medication
- Prescription Renewal
- Prescribing in an Emergency
- Refusal to Fill
- Discontinuation of a Schedule 1 Medication
- Trial Prescription

# Episodic Examples of Professional Services

- Flu Shots
- Other Injections



# Care Plans

- How do CACPs and SMMAs fit into “traditional pharmacy workflow”?
- How can a community pharmacy incorporate these services without completely reinventing the wheel?
- How separated are traditional dispensing services and newer professional services?

# Example #1 – Patient “H.S.”

- 45 year old male.
- Comes into the pharmacy every 3 months to fill his prescription for pantoprazole 40 mg daily which he takes for acid reflux.
- He is otherwise healthy and you don't see him much other than for the occasional OTC question.
- Today he presents with a discharge prescription. He was recently admitted to hospital with a myocardial infarction.



# Example #1 – Patient “H.S.”






- Patient is being discharged on:
  - ASA 81 mg daily
  - Clopidogrel 75 mg daily.
  - Perindopril 8 mg daily
  - Rosuvastatin 20 mg daily
  - Metoprolol 50 mg BID
  - Pantoprazole 40 mg daily

# Example #1 – Patient “H.S.”

## Eligibility Criteria (CACP):

- 2 or more chronic conditions from group A OR
- 1 chronic condition from group A and 1 or more risk factors from group B.

GROUP A (CHRONIC DISEASES)	GROUP B (RISK FACTORS)
<ul style="list-style-type: none"><li>*Hypertension </li><li>*Diabetes Mellitus</li><li>*Heart Failure</li><li>*Ischaemic Heart Disease </li><li>*Angina Pectoris</li><li>*Asthma</li><li>*Chronic Obstructive Pulmonary Disease (COPD)</li><li>*Mental Health Disorders</li></ul>	<ul style="list-style-type: none"><li>*Tobacco</li><li>*Obesity </li><li>*Addictions</li></ul>



# Example #1 – Patient “H.S.”

- During the CACP information is gathered and recorded for the patient:
  - Demographics
  - Allergies and Intolerances
  - Medical Condition History
  - Medication Use History/Review (**Best Possible Medication History**)
  - Lifestyle – weight, tobacco use, EtOH, illicit drugs, caffeine use, exercise.
  - Lab Values and BP Reading(s)

# Example #1 – Patient H.S.”

- Following Interview - Care Plan is created which includes:
  - ✓ Goals of Therapy
    - Cardiovascular Risk Reduction (incl. BP, Lipids, DM Screening)
    - Lifestyle Component (Diet/Exercise, Smoking if applicable)
  - ✓ Drug Therapy Problems
  - ✓ Identification of Possible Interventions
  - ✓ Plans for Follow-Up
    - Overall (many new medication starts – efficacy, safety, compliance)
    - Blood Pressure (home monitoring, in pharmacy monitoring)
    - Diet/Exercise

## Example #2 – Patient “A.S.”

- A 75 year old blister pack patient who has been coming to your pharmacy for several years.
- He is due for his next 4 weeks of blister packs but has no refills. His appointment is in 2 weeks.
- Patient has Type 2 diabetes, hypertension, history of MI and hypothyroidism.



## Example #2 – Patient “A.S.”



- Patient “A.S.” is on 9 blister packed medications:
  - ✓ Metformin 500 mg BID
  - ✓ Gliclazide 80 mg BID
  - ✓ Ramipril 5 mg daily
  - ✓ Atorvastatin 40 mg daily
  - ✓ ASA 81 mg daily
  - ✓ Clopidogrel 75 mg daily
  - ✓ Levothyroxine 75 mcg daily
  - ✓ Pantoprazole 40 mg daily
  - ✓ Vitamin D 1,000 IU daily



# ACP Standards of Practice (12.5)

- In determining whether it is appropriate to adapt a prescription, a pharmacist must:
  - Obtain the patient's informed consent for adaptation.
  - Have sufficient knowledge about the patient's health status and the disease or condition being treated to make the decision to adapt the prescription.
  - Consider the currency and appropriateness of the prescription being adapted.
  - Consider appropriate information as described in Standard 3.
  - Be satisfied that the adaptation will maintain or enhance the effectiveness of the therapy.
  - Be satisfied that the adaptation cannot reasonably be expected to cause a drug therapy problem.
  - Be satisfied that the adaptation will not place the patient at increased risk.
  - Be satisfied that the intended use of any drug or blood product prescribed in the process of the adaptation is for an approved use as described in Standard 11.6.

## Example #2 – Patient “A.S.”

GROUP A (CHRONIC DISEASES)	GROUP B (RISK FACTORS)
<ul style="list-style-type: none"><li>*Hypertension</li><li>*Diabetes Mellitus</li><li>*Heart Failure</li><li>*Ischaemic Heart Disease</li><li>*Angina Pectoris</li><li>*Asthma</li><li>*Chronic Obstructive Pulmonary Disease (COPD)</li><li>*Mental Health Disorders</li></ul>	<ul style="list-style-type: none"><li>*Tobacco</li><li>*Obesity</li><li>*Addictions</li></ul>

- Patient “A.S.” is on 9 blister packed medications:
  - ✓ Metformin 500 mg BID
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  - ✓ Atorvastatin 40 mg daily
  - ✓ ASA 81 mg daily
  - ✓ Clopidogrel 75 mg daily
  - ✓ Levothyroxine 75 mcg daily
  - ✓ Pantoprazole 40 mg daily
  - ✓ Vitamin D 1,000 IU daily

## Example #2 – Patient “A.S.”

- Potential Outcomes of CACP may include:
  - ✓ Review of labs (possible to send patient for labs before physician appt?)
  - ✓ Discontinuation of medication (clopidogrel + ASA, pantoprazole).
  - ✓ Identification of other DRPs or patient issues.
  - ✓ Set-up for future Follow-up.
- Was this the best approach for the patient?
  - ✓ Faxing a “Refill Request”.
- vs.
  - ✓ Comprehensive Care Plan



## Example #3 – Patient “M.V.”

- 25 year old asthmatic patient who approaches the pharmacy counter needing advice on his inhalers.
- He just starting using a new type of device and needs some assistance with inhaler technique.
- Medications include:
  - ✓ Salbutamol 100 mcg 1-2 puffs QID prn
  - ✓ Budesonide/Formoterol 200/6 mcg 2 puffs BID



# Pharmacy Services Framework – SMMAs

## Identifying Eligible Patients:

- ★ 1 chronic medical condition from Group A  
AND
  - ★ Currently taking 3 or more Schedule 1 drugs or 2 Schedule 1 drug + insulin.
- OR
- ★ DIABETES + taking insulin or Sch 1 drug.
- OR
- ★ Use Tobacco Daily

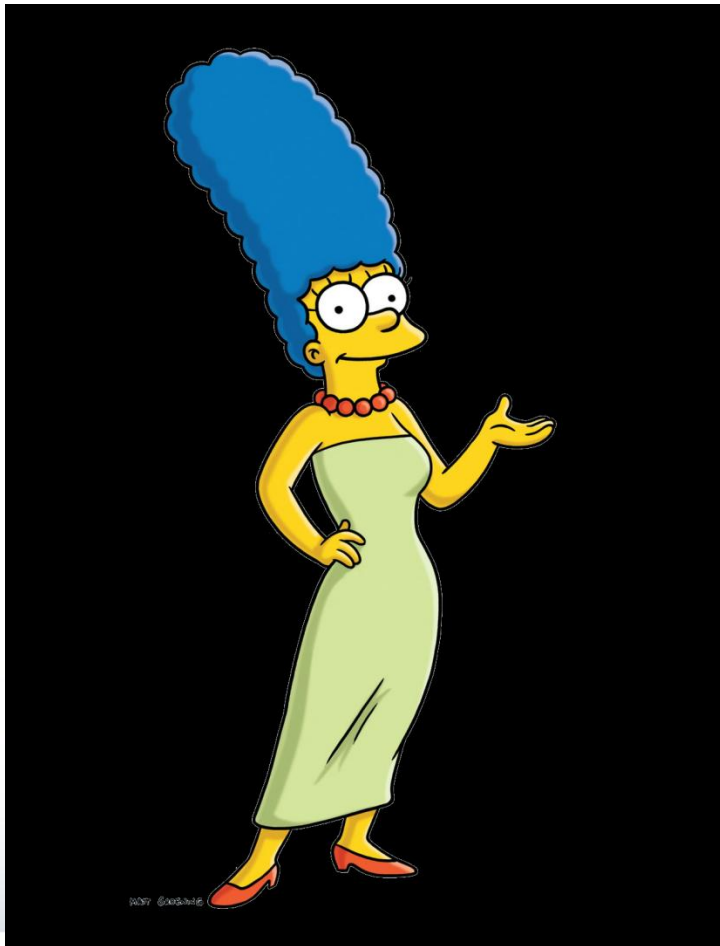
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## Example #3 – Patient “M.V.”

- Outcomes from SMMA:
  - ✓ Better understanding of inhaler technique.
  - ✓ Better understanding of signs that asthma control is worsening (and should see provider).
  - ✓ Opportunity to schedule follow-up when clinically relevant.





# Example #4 – Patient “M.S.”



- 42 year old female who phones in wondering if she can take some natural health products she read about on the internet with her prescription medications.
- She currently takes:
  - ✓ Citalopram 20 mg daily
  - ✓ Lorazepam 1mg daily prn
  - ✓ Ramipril 2.5mg/HCTZ 12.5mg daily
- Patient qualifies for CACP! Schedule in person appointment!



# Example #4 – Patient “M.S.”

GROUP A (CHRONIC DISEASES)	GROUP B (RISK FACTORS)
<ul style="list-style-type: none"><li>*Hypertension </li><li>*Diabetes Mellitus</li><li>*Heart Failure</li><li>*Ischaemic Heart Disease</li><li>*Angina Pectoris</li><li>*Asthma</li><li>*Chronic Obstructive Pulmonary Disease (COPD)</li><li>*Mental Health Disorders </li></ul>	<ul style="list-style-type: none"><li>*Tobacco</li><li>*Obesity</li><li>*Addictions</li></ul>

- Patient “M.S.” is on 4 medications:
  - ✓ Citalopram 20 mg daily
  - ✓ Lorazepam 1 mg daily prn
  - ✓ Ramipril 2.5 mg/HCTZ 12.5 mg daily



# Example #4 – Patient “M.S.”

- Outcomes from CACP:
  - Comprehensive Discussion
  - Issues with Efficacy/Safety of current regimen leading to patient seeking out alternatives?
  - Further education/discussion on chronic conditions (hypertension + depression).
  - Opportunity for future follow-up (hypertension + depression).



# Incorporating Professional Services

- All pharmacies have patients that would benefit from a CACP or SMMA on a daily basis.
- This is why “big” disease states or risk factors were picked for criteria.
- Pharmacists and Pharmacy Teams can start here with professional services – extend interactions already happening.

# More “Specialized” Professional Services

- Tobacco Cessation
  - SMMA in Alberta
  - Pharmacist and patient collaboratively manage quit attempt.
    - Includes Pharmacological and Non-Pharmacological.
  - Additional Prescribing Authorization (APA) important for this – bupropion, varenicline, others?
  - Significant impact on patient’s health and broader health system.
  - Improved relationship with other health providers as impact on patient so significant.

# More “Specialized” Professional Services

- Specific Chronic Disease Areas
  - Certified Diabetes Educator (CDE)
  - Certified Respiratory Educator (CRE)
  - Certified Geriatric Pharmacist (CGP)
  - Certificate in Travel Health (CTH)
  - Hypertension
  - Women’s Health
  - Etc.

# More “Specialized” Professional Services

- Patient Assessment and Prescribing
  - Initial Access OR Managing Ongoing Therapy
    - “Minor Ailments”
    - Chronic Disease Management

# **KEYS TO SUCCESSFUL IMPLEMENTATION OF PROFESSIONAL SERVICES**



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# Enablers of Successful Implementation

- Expanded Scope of Practice in place already
  - Prescribing
  - Injecting
  - Lab Values
- Pharmacy Services Framework
  - Payment available for:
    - Assessment for administering a drug by injection
    - Assessment leading to a prescription.
    - Assessment for purposes of creating a care plan.
- Pharmacy existing infrastructure
  - Limited start-up costs.
  - Biggest costs – wages and education/resources.



# Enablers of Successful Implementation

- Pharmacist Accessibility
  - Often extended hours
  - Can often access these services “on demand”.
  - Availability when something goes wrong (Critical labs, Prescribing).
- Patient Demand
  - Injection admin, travel consults, smoking cessation assistance etc.
- Pressure on the Healthcare System
  - What role can pharmacists play in alleviating pressure?



# Enablers of Successful Implementation

- Pharmacy Staff:
  - Full buy-in from entire staff:
    - Pharmacists
    - Pharmacy Technician(s)
    - Pharmacy Assistants
  - Regulated technician(s) practicing to full scope.
  - Pharmacy Management (Store level and Organization level):
    - provide necessary support to staff (tools, education, time).
  - Communication and sharing amongst staff.
  - Adjust current workflow to fit clinical services.

# Enablers of Successful Implementation

- Continuing Education Providers
  - Providers are responding to pharmacist need:
    - RxA: Administering Injections and Immunizations
    - RxA: Additional Prescribing Authorization (APA)
    - RxA: Care Plans in Alberta: Developing Your Patient Care Process
    - RxA: Saving Hearts by Quitting Darts
    - RxA: ABCDE's of Diabetes: Helping you to care for your Diabetic patients
    - CPhA: ADAPT program
    - CPhA: Lab Tests program
    - CPhA: Medication Review Services

# Enablers of Successful Implementation

- Other Health Providers
  - Some are aware of and recognize the value of specific clinical services and may refer patients.
- Tools
  - Many pharmacies have developed (or downloaded) practice-friendly forms/checklists/resources that increase clinical service efficiency and quality.
- Technology
  - Varies based on software capabilities.
  - Huge potential to increase efficiency and quality.

# **CHALLENGES TO IMPLEMENTATION OF PROFESSIONAL SERVICES**



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# Challenges of Successful Implementation

- Pharmacy Staff Challenges
  - Resistance to Change and/or Difficulty of Change
  - Staff Shortages (Pharmacists, Pharmacy Technicians, Pharmacy Assistants)
  - Lack of Adequate Support from Management
  - Potential burnout of pharmacists if trying to do too much

# Challenges of Successful Implementation

## Medication reviews may miss patients who need them:

Pharmacists speak out on need to “cherry-pick” low risk patients to meet quotas for billable services.

*Marketplace CBC News  
24Mar2015.*

## Are pharmacists turning into salespeople?

Internal company emails show push on pharmacists to keep “driving those numbers”.

*Marketplace CBC News  
25Mar2015.*

<http://www.cbc.ca/news/health/medication-reviews-may-miss-patients-who-need-them-1.3005870>

<http://www.cbc.ca/news/health/are-pharmacists-turning-into-salespeople-1.3007463>

# Challenges of Successful Implementation

- Technology
  - Most professional service documentation is at least partly paper based.
  - As professional services continue to grow paper burden becomes difficult to manage.
  - Without technology with Alberta-specific professional services:
    - Less efficiency
    - Less ability to readily access past service documentation.

# Challenges of Successful Implementation

- Pharmacist Training and Education
  - Assessment and Patient Interview skills
  - Documentation skills
  - Knowledge and experience working with the Pharmaceutical Care Process
  - Presence of effective licensee leadership



# Challenges of Successful Implementation

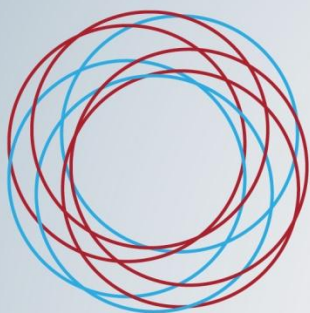
- Patient Demand
  - Professional services (excluding injection admin) remain a relatively new concept to the average patient.
  - In many cases pharmacists will need to proactively identify and engage with patients on these services.
  - Patient expectations around dispensing and complete service level expectation on pharmacist.

# Challenges of Successful Implementation

- Resistance from other health providers
  - In many cases this resistance can be overcome.
  - In some cases relationships with other health providers can boost services.
- Overall health system culture
  - Recognition of the value of the pharmacist.

# Challenges of Successful Implementation

- Rising costs of healthcare delivery in Alberta and Canada.
  - Opportunity and challenge
- Pressure to demonstrate value of pharmacist interventions.
  - flu shots, prescribing, care plans.



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