Cost Effective Implementation of Professional Services in Alberta

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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
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.

<table>
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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

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*Diabetes Mellitus  
*Heart Failure  
*Ischaemic Heart Disease  
*Angina Pectoris  
*Asthma  
*Chronic Obstructive Pulmonary Disease (COPD)  
*Mental Health Disorders

GROUP B  
(RISK FACTORS)
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PROFESSIONAL SERVICES IN PRACTICE
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.

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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.”

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
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
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.”

- 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

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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
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
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.

Are pharmacists turning into salespeople?
Internal company emails show push on pharmacists to keep “driving those numbers”.

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.
Cost Effective Implementation of Professional Services in Alberta

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