

# Health Plan --- of San Joaquin

HPSJ's Cognitive Services Program



# Pharmacy & MTM Services

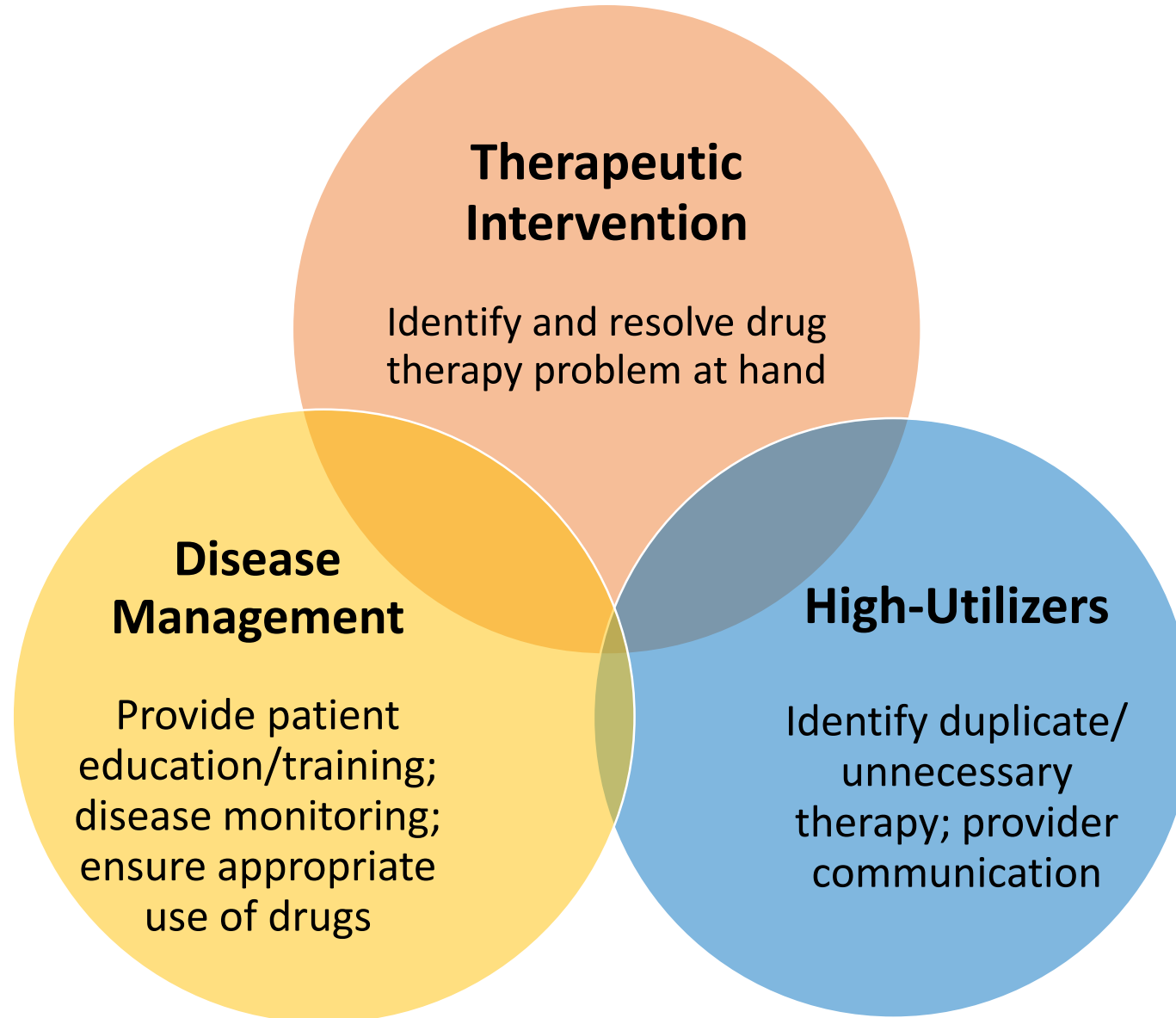
- **Growing demand for MTM services**
  - Each year, inappropriate use of medications have led to \$1.5 million dollars spent on preventable, medication-related adverse events and \$177 billion dollars in morbidity and mortality.
  - A 1-year study of a pharmacist-directed MTM in a managed care system demonstrated that for every \$1 spent on MTM, \$12 was saved.
  - Many community chains have set aside rooms for clinics.
- **Evolving profession of pharmacists**
  - In May 2014, the Joint Commission of Pharmacy Practitioners (JCPP) adopted the Pharmacist's Patient Care Process.
  - The pharmacy profession has evolved from dispensary to clinical-oriented patient care services.
- **Increasing accessibility to health information technology**
  - Online patient charts, telehealth programs/software, etc.





The purpose of this program is to compensate pharmacists for performing *value-added clinical services* beyond the mandatory patient counseling required by State Law.

Cognitive services are clinically based interventions carried out for the purpose of improving medication prescribing and use.





Interventions can be Pharmacist-Identified or Plan-Identified

There are 6 different intervention categories:

- Addition of Necessary Medication
- Discontinuation of Unnecessary Medication
- Suboptimal Therapy
- Medication Adherence
- Medication Safety
- Other

# Addition of Necessary Medication



- Standard of care recommends all diabetics, unless contraindicated, to be on a moderate-high dose statin.
- Patients taking Methotrexate should also take folic acid supplementation.
- Asthma patient filling Ventolin/ProAir inhalers frequently.
- Diabetic patient on insulin therapy without glucometer.



# Discontinuation of Unnecessary Medication

- Patient on both Onglyza and Janumet.
- Patient on both Warfarin and Xarelto.
- Long-term use of PPIs without indication.



- **Wrong Drug**: Prescriber writes for Penicillamine 250mg QID x 10 days for infection.
- **Wrong Dose**: Doctor prescribes Xarelto 10mg daily x 12 refills for atrial fibrillation.
- **Wrong Duration**: Patient s/p knee replacement surgery. Prescriber writes Enoxaparin 40mg/0.4ml daily x 1 week.





# Medication Adherence

- **Underuse**: Patient hasn't filled maintenance medications (Metformin, Atorvastatin, Lisinopril, etc.) since 2 months ago.
- **Overuse**: Patient consistently fills medications early (Albuterol, controlled medications).
- **Education**: Patient is a newly diagnosed diabetic. Doctor prescribed insulin therapy.
- **Consolidation**: Prescriber prescribes Pramipexole 0.25mg tablet "Take 4 tablets by mouth TID" #360.



- **Allergies**: Patient allergic to penicillin. Prescriber writes for Ampicillin.
- **Drug-Drug Interaction**: Patient taking a statin and gemfibrozil.
- **Drug-Disease Interaction**: CHF patient on Furosemide 40mg BID but also taking Naproxen PRN for osteoarthritis.
- **Contraindication**: Pregnant patient near term with a prescription for Macrobid or Bactrim.
- **Excessive Dose/Duration**: Patient discharged from hospital admission on Xarelto 15mg BID long-term.



# Compensation Form

## Complete Form in 5 steps:

1. Patient information
2. Problem Identification
3. Intervention type/summary
4. Outcome
5. Patient Survey

Steps  
#1-4

Step  
#5

### Pharmacy Cognitive Services Compensation Form (1/1/2012)

Patient Name: \_\_\_\_\_ Last First MI      DOB: \_\_\_\_\_

HPSJ Member ID: \_\_\_\_\_ Drug intervened on: \_\_\_\_\_ Changed to: \_\_\_\_\_  
*If applicable*

Step 1: Problem Identification	Step 2: Intervention Carried Out	Step 3: Outcome
<b>1. Addition of Medication</b> <input type="checkbox"/> Necessary Medication	<input type="checkbox"/> Extended Education <input type="checkbox"/> Consulted Provider: Dr. _____	<b>1. Addition of Medication</b> <input type="checkbox"/> Added Medication
<b>2. Unnecessary Medication</b> <input type="checkbox"/> Therapeutic Duplication <input type="checkbox"/> Continuation of D/C'd Med(s) <input type="checkbox"/> Not Indicated	<b>Explanation of Service</b> Problem: _____ _____ _____ _____	<b>2. Unnecessary Medication:</b> <input type="checkbox"/> Discontinued Medication
<b>3. Suboptimal Therapy</b> <input type="checkbox"/> Drug <input type="checkbox"/> Dose <input type="checkbox"/> Duration	Intervention: _____ _____ _____ _____	<b>3. Suboptimal Therapy</b> Altered Therapy: <input type="checkbox"/> Changed Drug <input type="checkbox"/> Changed Dose <input type="checkbox"/> Changed Duration
<b>4. Compliance Issue</b> <input type="checkbox"/> Overuse <input type="checkbox"/> Underuse <input type="checkbox"/> Administration or Technique <input type="checkbox"/> Medication Consolidation	Outcome: _____ _____ _____ _____	<b>4. Compliance Issue</b> <input type="checkbox"/> Patient Education <input type="checkbox"/> Medication Consolidation
<b>5. Safety</b> <input type="checkbox"/> Adverse Effect <input type="checkbox"/> Allergy <input type="checkbox"/> Drug-Drug Interaction <input type="checkbox"/> Excessive Dose or Duration	_____ _____ _____ _____	<b>5. Safety</b> Altered Therapy: <input type="checkbox"/> Changed Drug <input type="checkbox"/> Changed Dose <input type="checkbox"/> Changed Duration
<b>6. Other Intervention</b> <input type="checkbox"/> Please Explain →	_____ _____ _____ _____	<b>6. Provider Refusal</b> <input type="checkbox"/> Prescriber declined recommendation

Patient Satisfaction		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	If I had a choice, I would request that my health plan (Health Plan of San Joaquin) allow this pharmacist to continue these pharmacy services.	1	2	3	4	5
2	My satisfaction with my pharmacist has increased as a result of the services that were provided to me today.	1	2	3	4	5
3	My satisfaction with my health plan (Health Plan of San Joaquin) has increased as a result of the services that were provided to me today.	1	2	3	4	5

Patient Signature: \_\_\_\_\_

Pharmacist Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ NPI: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please fax completed form to (209) 942-6302**

Additional forms and information available at [www.hpsj.com](http://www.hpsj.com) → Provider Corner → Scroll to Pharmacy Resources

Version 1-1-12

# Example



- A pharmacist received a prescription for Augmentin for a patient with a MRSA skin infection.
- Realizing that Augmentin will not cover MRSA, the pharmacist called the provider and recommended switching to Doxycycline or Bactrim.
- The prescriber took the pharmacist's recommendation and changed medication to Bactrim.





# Example



## Complete Form in 5 steps:

1. Patient Information
2. Problem Identification
3. Intervention Type & Summary
4. Outcome
5. Patient Survey

Patient Name: <u>Doe</u> <u>Jane</u> <u>MI</u> <small>Last First MI</small>		DOB: <u>1/1/2015</u>
HPSJ Member ID: <u>200000000</u>		Drug intervened on: <u>Augmentin</u> Changed to: <u>Bactrim</u> <small>If applicable</small>
Step 1: Problem Identification	Step 2: Intervention Carried Out	Step 3: Outcome
1. Addition of Medication <input type="checkbox"/> Necessary Medication	<input type="checkbox"/> Extended Education <input checked="" type="checkbox"/> Consulted Provider: Dr. _____	1. Addition of Medication <input type="checkbox"/> Added Medication
2. Unnecessary Medication <input type="checkbox"/> Therapeutic Duplication <input type="checkbox"/> Continuation of D/C'd Med(s) <input type="checkbox"/> Not Indicated	<b>Explanation of Service</b> Problem: _____	2. Unnecessary Medication: <input type="checkbox"/> Discontinued Medication
3. Suboptimal Therapy <input checked="" type="checkbox"/> Drug <input type="checkbox"/> Dose <input type="checkbox"/> Duration	<b>MD prescribed Augmentin for CA-MRSA skin infection.</b>	3. Suboptimal Therapy Altered Therapy: <input type="checkbox"/> Changed Drug <input type="checkbox"/> Changed Dose <input type="checkbox"/> Changed Duration
4. Compliance Issue <input type="checkbox"/> Overuse <input type="checkbox"/> Underuse <input type="checkbox"/> Administration or Technique <input type="checkbox"/> Medication Consolidation	Intervention: <b>Called MD to recommend switching to Bactrim or doxycycline.</b>	4. Compliance Issue <input type="checkbox"/> Patient Education <input type="checkbox"/> Medication Consolidation
5. Safety <input type="checkbox"/> Adverse Effect <input type="checkbox"/> Allergy <input type="checkbox"/> Drug-Drug Interaction <input type="checkbox"/> Excessive Dose or Duration	Outcome: <b>MD took the recommendation and changed drug to Bactrim.</b>	5. Safety Altered Therapy: <input type="checkbox"/> Changed Drug <input type="checkbox"/> Changed Dose <input type="checkbox"/> Changed Duration
6. Other Intervention <input type="checkbox"/> Please Explain →		6. Provider Refusal <input type="checkbox"/> Prescriber declined recommendation

# Example



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5. Patient Survey

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6. Other Intervention <input type="checkbox"/> Please Explain →		6. Provider Refusal <input type="checkbox"/> Prescriber declined recommendation





# Example

## Complete Form in 5 steps:

1. Patient Information
2. Problem Identification
3. Intervention Type & Summary
4. Outcome
5. Patient Survey

## Compensation Rates:

- Extended Education = \$10/claim
- Provider Outreach = \$20/claim

Patient Satisfaction		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	If I had a choice, I would request that my health plan (Health Plan of San Joaquin) allow this pharmacist to continue these pharmacy services.	1	2	3	4	5
2	My satisfaction with my pharmacist has increased as a result of the services that were provided to me today.	1	2	3	4	5
3	My satisfaction with my health plan (Health Plan of San Joaquin) has increased as a result of the services that were provided to me today.	1	2	3	4	5

Patient Signature: \_\_\_\_\_

Pharmacist Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ NPI: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please fax completed form to (209) 942-6302**

*Additional forms and information available at [www.hpsj.com](http://www.hpsj.com) → Provider Corner → Scroll to Pharmacy Resources*

# Reporting



- Reporting is done on a monthly basis (usually second Monday of the month).
- All area pharmacies will receive a **Network Performance Report** showing the participating pharmacies, the number of interventions, and the total compensation received by each pharmacy.



## Pharmacy Cognitive Services Network Performance Year to date (1/1/2015 – 6/30/2015)

This is a summary of pharmacy participation in the HPSJ Cognitive Services program.

### Total Interventions



### Total Compensation



### Encounter of the Month:

The pharmacist received a prescription for fluconazole 150mg with the instructions, “Take 1 tablet now then take the second tablet 1 hour later.” The pharmacist called the prescriber to verify the directions as usual dosing for fluconazole is 1 tablet now, may repeat dose one week later. The prescriber took the pharmacist’s dosing recommendation.

# Reporting (cont.)



- Participating pharmacies will receive a **Pharmacy Dashboard Report** which further breaks down the number of interventions (clinical vs. educational), the total compensation received, and the stats of the top performing pharmacy.



## Pharmacy Cognitive Services Performance Dashboard From 2/1/2015 to 2/28/2015

This is a summary of cognitive services interventions made by your pharmacy over the last period. Please review to see how you are doing compared with the rest of the Health Plan of San Joaquin contracted pharmacies. Thank you for your participation!

**Pharmacy Name:** Carepoint Pharmacy Inc      **Phone:** 209-957-2295  
**Address:** 73 W March Lane Ste D      **Fax:** 209-957-2325  
**City/State:** Stockton, CA      **Rx Volume:** 3817 (HPSJ only)

### Benchmarking

	Your Pharmacy	Interventions Per 100 Rx's	Network Average	Top performer
<b>Total Interventions</b>	21	0.5502	21	82
<b>Total Compensation</b>	\$ 420.00	-	\$ 232.00	\$ 820.00

### Intervention Summary

Interventions Identified	Your Pharmacy's Performance	Interventions Per 100 Rx's	Network Average	Top performer
<b>Total Clinical Interventions</b>	17	0.4454	8	17
<i>Add necessary medication</i>	3			
<i>D/C unnecessary medication</i>	0			
<i>Suboptimal therapy</i>	7			
<i>Patient Safety (interaction, allergy)</i>	7			
<b>Total Educational Interventions</b>	4	0.1048	21	82



- In general, if you perform a service requiring clinical knowledge, we will compensate you for it.
- The pharmacy will be paid in an aggregate sum for all interventions on a monthly basis through the Account Receivable System.
  - A check from HPSJ (San Joaquin County Auditor Office)
  - Itemized reports detailing each intervention will be sent on a monthly basis along with the Pharmacy Dashboard Report.

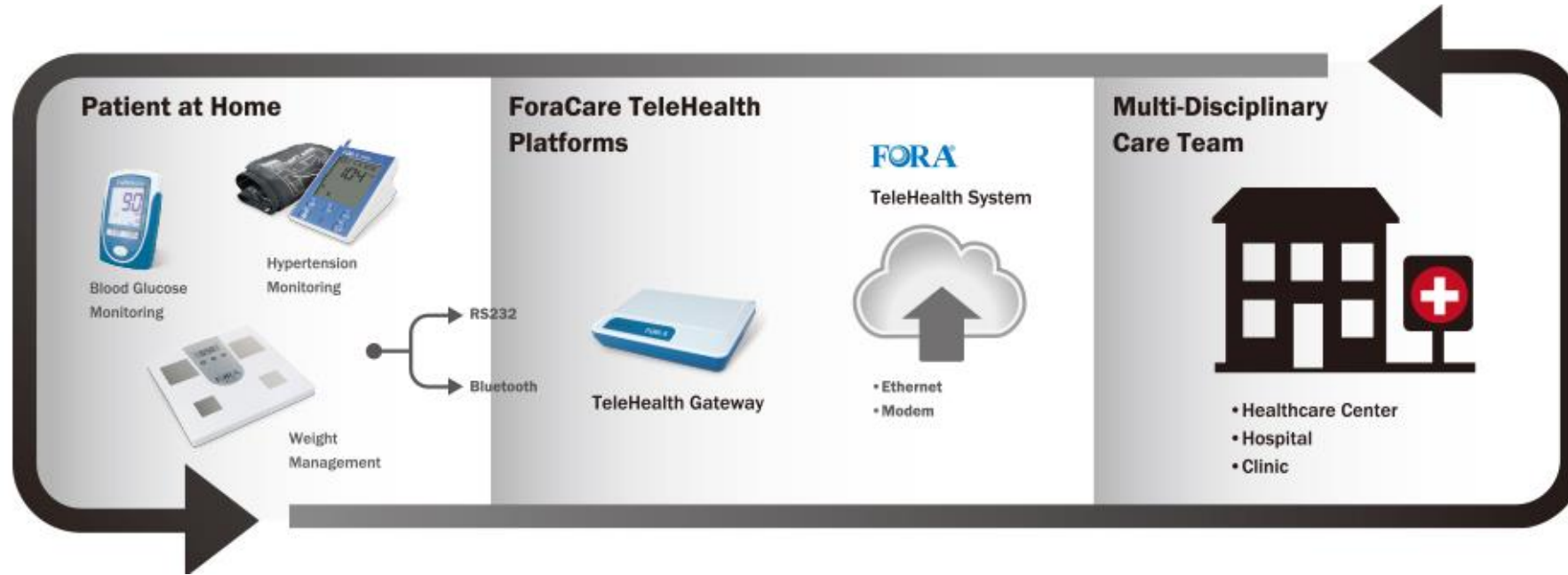


# Denial Types

- Standard counseling
- Change to formulary drug
- Unbundling of claims
- No supporting documentation
- Duplicate claim
- Compliance to non-essential medication



# Pilot Project: Diabetes Management



- Collaboration with a local independent pharmacy using ForaCare's Telehealth Platform
- A series of 5-10 minute sessions per patient
- Focus on diabetes patients to improve diabetes management and education:
  - SMBG: technique and interpretation of results
  - Disease management: lifestyle modifications, hypoglycemia, eye and foot care
  - Lab reminders: A1c, serum creatinine, urine albumin, etc.



*Cognitive Services Claim Form* available online at:  
***www.hpsj.com*** → ***“I am a Provider”*** → ***Forms*** → ***under***  
***“Pharmacy Tools & Resources”***

Email: [pharmacy@hpsj.com](mailto:pharmacy@hpsj.com)