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All planners, presenters, and reviewers of this session report no financial relationships relevant to this activity.



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- Describe the concept of community-based pharmacist practitioners (CPPs) and community-based settings
- Explain the importance of establishing relationships with CPPs
- Identify strategies to develop relationships with CPPs in your region
- Discuss expanding opportunities in advanced clinical services delivery through multiple community-based settings





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More and more are providing health & wellness screenings, managing chronic conditions, and providing medication management

- Physician offices
- Ambulatory clinics
- Outpatient clinics
- Patient-centered medical homes
- Other community-based settings

Confounds the notion of "traditional community pharmacy" locations

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- Group identified and recognized:
  - Community-based practices continue to expand and so do the roles of pharmacists
  - Pharmacy training has evolved into chronic care management, medication optimization, and care coordination
  - Term “practitioner” identifies that someone is 6\$fi%7” &°(i) ž( /”& iand ž( \$°” . %i& %/ ž a certain level of care





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APhA

## COMMENTARY

# Recognition of community-based pharmacist practitioners: Essential health care providers

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### ABSTRACT

*Objectives:* To introduce the term community-based pharmacist practitioner (CPP), detail how community pharmacists are transitioning into this essential role, suggest 4 tenets of CPPs, and discuss the role of CPPs in future pharmacy practice.

*Summary:* The focus and nature of community pharmacy is expanding into new practice settings and including enhanced patient care services. With these shifts toward better meeting the health care needs of the communities they serve, community-based pharmacists who provide patient care services have refined specialized skills and should be widely viewed and accepted by the profession, patients, other health care providers, and the public as health care practitioners. Four suggested tenets of CPPs are: deliver direct patient care, contribute to team-based care, manage patient care services, and serve as leaders for advancing patient care.

*Conclusion:* Pharmacist-provided patient care services are expanding in a variety of community-based settings. The term "community-based pharmacist practitioner" highlights the unique skillset that pharmacists use when they provide patient care services, and it brings recognition to the value community pharmacists contribute to patients, communities, and the health care system.

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# Community Pharmacy

- Describes a pharmacist that routinely provides enhanced patient care services within the community
- Essential members of the health care team and the future of the profession due to the trajectory of community practice
- Engaging patients in any community-based setting such as physician offices, outpatient clinics, PCMHs, and traditional pharmacies



# Community-based settings

CPP = PCP (primary care provider), but specific for pharmacy

Community-based settings = physician office, PCMH, FQHC, health-system associated clinic

“Simply stated, CPPs are engaging patients anywhere in the community where health and medication needs exist.”



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Direct patient care

Team-based care delivery

Patient care services management

Leadership for advancing patient care services

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- CPPs serve as a provider of patient care to the communities they serve
- CPPs utilize the Pharmacists' Patient Care Process to guide their patient care to ensure optimal, quality outcomes



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Medication  
Optimization

Wellness Services

Team-based Care

Patient  
Empowerment

Population Health

Assessment,  
management,  
monitoring of acute  
& chronic disease

# CPPs: A Model for Patient-Centered Care

- CPPs create, advance, and influence team-based care for the benefit of the patients they serve
- CPPs integrate broadly into teams in their community, within physician offices, or medical home



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- CPPs strive enhance management of community-based practices to focus on delivery of patient care
- CPPs align resources, develop and train staff, and ensure quality of care



1. CPPs serve as leaders within their community-based practice setting, their local communities, and within the pharmacy profession

- CPPs serve as leaders within their community-based practice setting, their local communities, and within the pharmacy profession
- CPPs innovate, provide vision, and lead change to meet the evolving needs of patients and the health care system





# 9. Community-based settings

## Community-based settings

- Mutual care for a patient in community-based settings
- Proximity to one another for ease of patient access
- Insurance alignment for coverage of services

## Challenges

- Patient perception of the role of the CPP
- Pharmacist perception of the role of the CPP
- Insurance/payment not accepted

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Increased access to quality  
health care services

Improved  
health  
outcomes

Increased  
quality

Decreased  
costs



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Step 1: What are some facilitators and barriers to working with other pharmacists across settings?

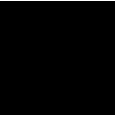
Facilitators	Barriers





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# Medical Underserved Areas

- Mission
  - “to improve the health of our patients and positively impact the communities we serve.”
- Location
  - 4 locations in “the lead belt” of rural southeast Missouri
- Population
  - Medically Underserved Areas or Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.
  - 6 of 8 counties are MUA's





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Medication Synchronization	Compliance Packaging	Durable Medical Equipment
Immunizations	Medication Therapy Management	Long Term Care Dispensing & Consulting
Transitions of Care	Non-sterile Compounding	Diabetes Education
Wellness Classes	Point of Care Testing	Community Outreach



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“Drugs don’t work in patients who don’t take them.”  
~C. Everett Koop, MD, US Surgeon General

“Nonadherence has been estimated to cost the U.S. health care system between \$100 billion and \$289 billion annually.”



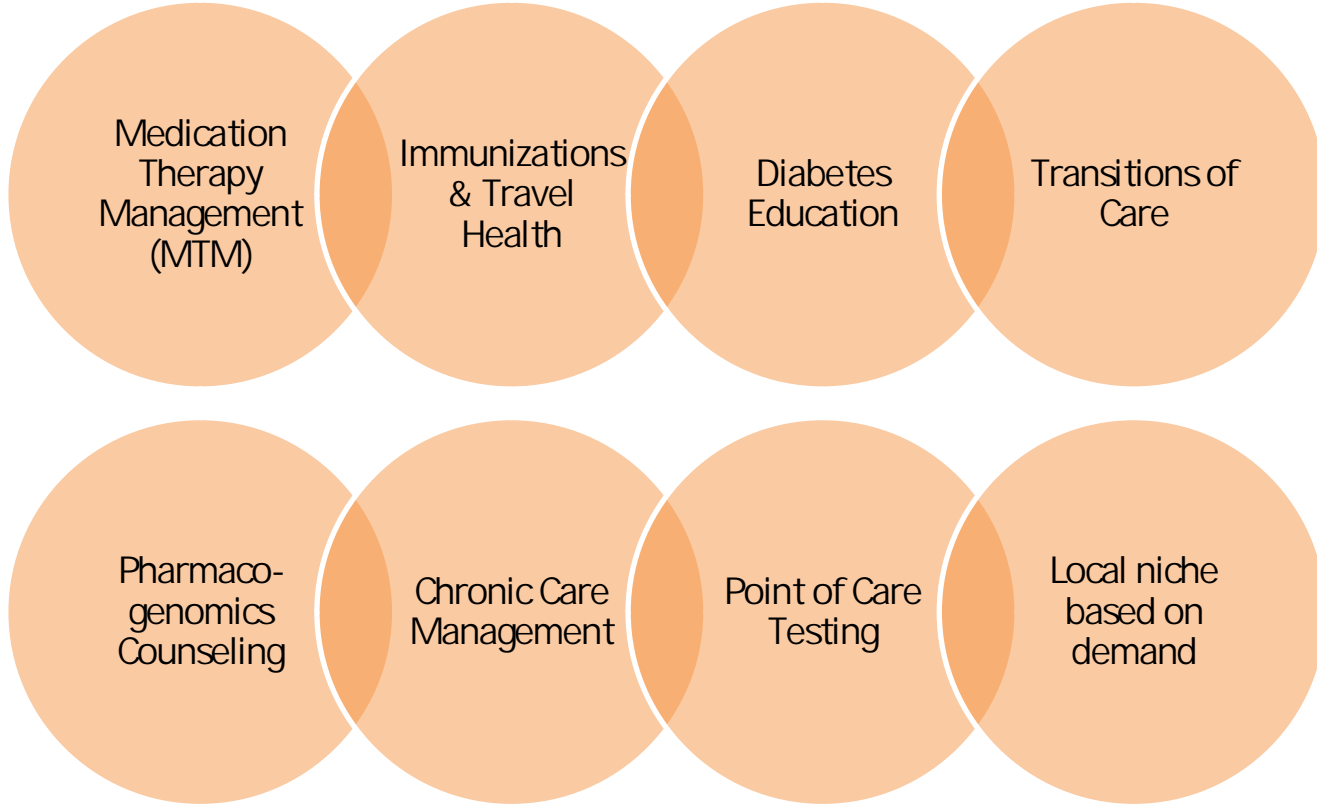


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- Pharmacy coordinates refills to come due at the same time each month
- Identify & overcome patient-specific barriers
  - Memory aids, compliance packaging, patient assistance programs, coupon cards, home delivery, referrals to outside organizations, Medicare Part D review, etc.
- Personalized contact with a member of the pharmacy care team maintains pharmacy-patient relationship and lays the groundwork for additional interventions



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- Cholesterol Proportion of Days Covered (PDC)
  - Statins
- Hypertension Proportion of Days Covered (PDC)
  - RASA
- Diabetes Proportion of Days Covered (PDC)
  - Non-insulin
- High Risk Medication (HRM) Use in Elderly
- Comprehensive Medication Review (CMR) Completion Rates



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- If you search QPP, 11 of 271 MIPS Quality Measures have “medication” listed in the description
- Dozens of others can be directly impacted by pharmacists
  - Disease state management
    - DM A1c >9%
    - Controlling high blood pressure
  - Risk assessment
    - Screening for future fall risk
    - Preventative screening: BMI, influenza, depression, and HTN
  - Meaningful use
    - Appropriate antibiotic selection
    - Antiplatelet use in CAD



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- A relatively new service designed to improve care coordination in the primary care setting
- Performed by a physician or a non-physician practitioner and their clinical staff every month for patients with two or more chronic conditions
- Emerging shared-services model where CCM services are being billed by the primary care office and delivered by the partnering pharmacy



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Structured recording in patient's chart using EHR

Maintaining a comprehensive care plan

Providing 24-7 access to care & continuity of care

Comprehensive care management

Transitional care management

Home & community based care coordination

Enhanced communication opportunities

Patient consent

Medical decision-making (moderate to high level for complex CCM)



## 2.1.1.1 (Z@)

- Community Pharmacy Enhanced Services Network (CPESN)
  - Developing a network of networks to create a billable framework for clinical pharmacy services at high performing community pharmacies
  - Participating pharmacies
    - Focus on patients
    - Cultivate strong relationships with patients & providers
    - Provide enhanced services
  - Goals
    - Improve health outcomes
    - Decrease total health care costs



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- Hospitals
  - Small, large, critical access, specialty considerations
- Primary care organizations
  - Private group, FQHCs, RHCs
  - Hospital or non-hospital associated
- Payer groups
  - Self insured employer groups
  - Individual plans, ACO's
- Home Health Care Organizations
  - Strong community partners with direct patient contact & influence
- Long Term Care Facilities
  - SNF discharge patients-high risk with associated QMs
- Community Pharmacies
  - Transitions of care, specialized service provision





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- Pharmacists
- Providers
- C-suite
- Support staff

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- Establish a meeting
- Identify their needs
- Request feedback on current service provision



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- Maintain the relationship with periodic follow up
  - Determine preferred method of contact
  - Set touch points throughout the year
  - Stay visible through community events
- Seize the day!
  - Continue the conversation and make the pitch for new, mutually beneficial services
- If at first you don't succeed, try again!



# Step 2: Who are the key stakeholder CPPs in your region? What services could you partner together to provide? How would you start to establish these services with the identified stakeholder?

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Key Stakeholder CPPs	Services	How to start?





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# 1. FQHC

1. FQHC

Federally qualified health center (FQHC) recognized as a National Committee for Quality Assurance (NCQA) Tier 3 patient-centered medical home (PCMH)

2. FQHC

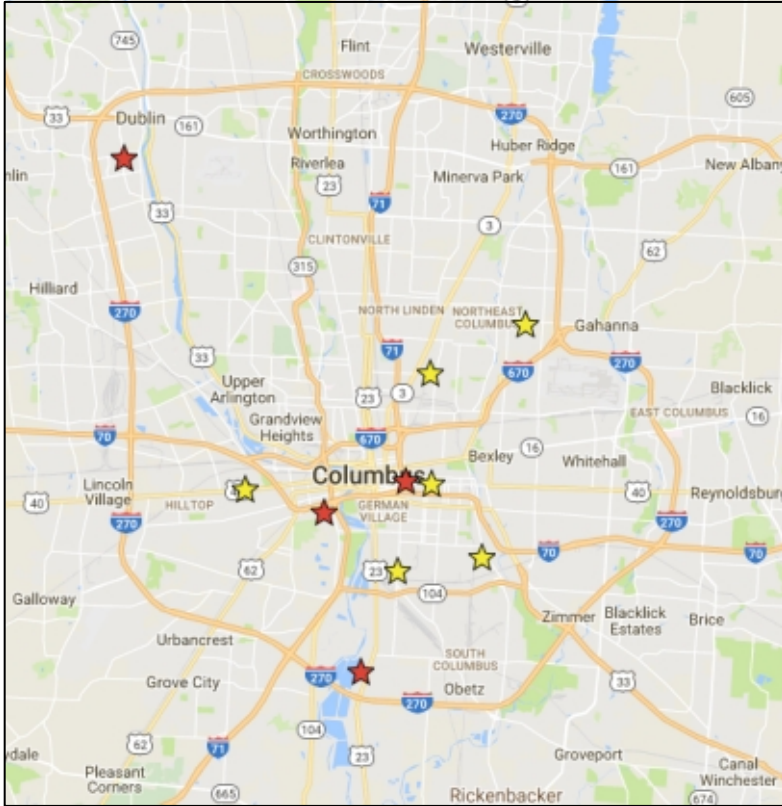
To provide access to services that improve the health status of families including people experiencing financial, social, or cultural barriers to health care

3. FQHC

Quality healthcare for all



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- 9%/ , sites throughout central Ohio
- Pharmacy services offered at fl: locations



# Services

- Adult Medicine
- Family Medicine/ Pediatrics
- OB/GYN
- Dental
- Vision
- Behavioral Health
- Pharmacy Services
- Nutrition Services
- Physical Therapy
- Specialty Services
  - Cardiology
  - Dermatology
  - Gastroenterology
  - Psychiatry
- Health Care for the Homeless



# Faculty and Staff

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  - Lead clinical pharmacist (shared faculty)
  - Two part-time pharmacists
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  - 340B program coordinator
  - Pharmacy technician
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  - PGY-2 ambulatory care resident
  - IPPE students
  - APPE students
  - Other residents/fellows for longitudinal experience





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- Chronic disease management
  - Diabetes
  - Hypertension
- Smoking cessation service\*
- Comprehensive medication reviews
- Spirometry/COPD management\*
- Anticoagulation consultations
- Drug information
- Provider/staff education



*\*Collaborative practice agreements*



# Pharmacist Prescribing

- Conditions currently managed with CPA:
  - 1) COPD management
  - 2) Smoking cessation
- CPA was signed by pharmacists and providers in Jan 2018
- With a referral from a physician and patient verbal consent to participate, pharmacists at PrimaryOne Health can now:
  - Order new prescriptions
  - Change the drug, dose, frequency, duration of script
  - Order blood and urine tests relevant to drug monitoring



# PrimaryOne Health seeks 340B partner to provide pharmacy services for uninsured & underinsured patients

PrimaryOne Health sought a 340B partner to provide pharmacy service for uninsured & underinsured patients



19 Kroger pharmacies in Columbus, OH contracted for 340B services

Kroger Pharmacists provide a variety of services to mutual patients:

- Medication dispensing and counseling
- Medication therapy management (MTM)
- Medication synchronization
- Immunizations
- Prescription delivery

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- PrimaryOne Health pharmacists have engaged with Kroger pharmacists through:
  - 1) Invitations to PrimaryOne Health P&T meetings
  - 2) Development of Prescription Abandonment Program
  - 3) Creation of shared APPE student rotation
  - 4) Development of community CPA for therapeutic interchanges



# PrimaryOne Health P&T Meetings

- Kroger pharmacists were invited to PrimaryOne Health P&T meetings so clinic providers could ask questions for clarify regarding the processes at the pharmacy:
  - Electronic refill requests
  - Prior authorizations
- Provided great opportunity for our providers to gain insight from the community pharmacists about workflow and pharmacy laws that were causing some of the frustrations and inefficient workflows
- Hearing the perspective of the community pharmacist was eye-opening for some of our providers and those in attendance learned a few new “tricks” for avoiding call backs from the pharmacy



# Prescription abandonment rates at the community pharmacy were especially high for patients of PrimaryOne Health

- Prescription abandonment rates at the community pharmacy were especially high for patients of PrimaryOne Health
- Pharmacists from both sites worked together to develop an intervention to identify and address potential causes of prescription abandonment
  - Community pharmacy provided the FQHC with a report of prescriptions written by the FQHC providers and filled for at least seven days
  - FQHC ambulatory care pharmacy technician analyzed the report for potential barriers that may lead to prescription abandonment, corrected barriers wherever possible, and then called patients to remind them prescriptions are ready



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- ž\* (-, ( . † 1% . ~ 1, " " -3% . <ĪŽ( °fi°''( . allowing students to experience patient care across the continuum by working with patients at a federally qualified health center (FQHC) at PrimaryOne Health and in a 340B pharmacy at Kroger

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Kroger	Kroger	FQHC	FQHC	Kroger
PM	Kroger	Kroger	FQHC	FQHC	Topic Discussions/ Screenings



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- Demonstrate an ability to care for patients across the continuum of care, specifically from an ambulatory care FQHC clinic to a community 340B pharmacy
- Identify and relate opportunities for collaboration between clinic-based pharmacy practice and community pharmacy practice
- Establish an appreciation for and show ability to practice as a member of an interprofessional team, from both the community and ambulatory care perspectives





# 4.3.3.1.8.1.4

- 9/11/17: develop short educational handout and presentation (5 minutes) to update providers on evidence-based practice for commonly treated conditions in the clinic
- 1/11/18: presentation of patient case (one identified in the clinic and one identified in the pharmacy), considering both perspectives of community pharmacist and ambulatory care pharmacist
- 02/21/18: to be identified by the student, and should identify and complete at least one from clinic and at least one from the pharmacy
- 03/21/18: identify and resolve an issue or improve a process to strengthen the partnership between PrimaryOne Health and Kroger



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- PrimaryOne Health is working with Kroger pharmacists to develop a collaborative practice agreement to be used by community pharmacists allowing therapeutic interchange based on formulary restrictions
  - Community pharmacists would follow standardized protocol
  - Technology teams at both sites are collaborating to improve communication between clinic and pharmacy



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Step 3: Create SMART goals to maximize your facilitators, eliminate your barriers, and contact your key stakeholder CPPs.



Community-based Pharmacist Practitioners (CPPs)

- True or False: Community-based Pharmacist Practitioners (CPPs) only work in traditional "retail" pharmacy locations.



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- True or False: Engaging with a CPP always requires a formal collaborative practice agreement.



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- Which of the following are ways to develop relationships with CPPs in your region?
  - a) Identify local CPPs and their practice sites
  - b) Establish contact with local CPPs
  - c) Determine a time to meet with CPPs +/- associated key stakeholders
  - d) Remain firmly entrenched in your pharmacy silo and wait for entrepreneurs to come to you.
  - e) a, b, & c



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- CPPs from multiple community-based settings can work together to advance clinical services through:
  - a) Enhanced communication to clarify issues in workflow processes across sites
  - b) Development of collaborative practice agreements
  - c) Optimizing data transfer through technology systems
  - d) All of the above



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Community-based Pharmacist Practitioners (CPPs) are engaging patients in any community-based setting such as a physician office, PCMH, or traditional pharmacies
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CPPs can work together across practice settings to engage key stakeholders in their communities, establish lasting partner relationships, and implement innovative pharmacy care delivery models.
- IK D9Ciž D9 Ł C  
CPPs from multiple community-based settings can partner together to optimize patient care by identifying process issues and developing sustainable solutions.







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