

Community Pharmacy: Exploring a New Frontier

Geoffrey Twigg, PharmD, BCACP, CDE
John Motsko, RPh, CDE

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Geoffrey Twigg, PharmD, BCACP, CDE

- Graduated with PharmD from Shenandoah University 2006
- Board Certified Ambulatory Care Pharmacist – 2011
- CDE – 2012
- MTM specialist – national advisory board member to OutcomesMTM
- Preceptor and guest lecturer at UMES school of pharmacy

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John Motsko, RPh, CDE

- 46 years experience in pharmacy
- 36 year experience in diabetes marketing for large pharmaceutical company.
- Passion for diabetes came from mother who used and struggled with insulin for 55 years
- After "retirement" presented idea of a pharmacy based diabetes center to owner of Apple Discount Drugs
- CDE in 2010; program AADE accreditation in 2011
- Over 500 patients seen since 2011

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Who is Core Clinical Care

- Independent Retail Pharmacy specializing in healthcare
- 21,000 square foot facility located on the rural Eastern Shore of Maryland
- Part of the Apple Group
 - 4 retail, community pharmacies
 - Closed door home infusion pharmacy
 - Durable Medical Equipment store in Virginia

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Pharmacy Services Provided

- A full service pharmacy offering
- Traditional Pharmacy Services
 - Long Term Care Specialty Pharmacy
 - Durable Medical Equipment
 - Respiratory Therapy
 - Extemporaneous compounding
 - Sterile Home Infusion
 - Comprehensive Medication Management services
 - Diabetes Self-Management Education

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Awards & Distinctions

- Most Innovative Pharmacy Practice 2004 & 2013
- McKesson National Pharmacy of the Year
- PDS Entrepreneur of the Year
- Bowl of Hygeia Award Winner

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Ability to Manage Co-Morbidities

- PharmaSmart
 - Allows for monitoring of blood pressure, BMI, and weight
 - Results are recorded directly into the pharmacy dispensing software and can be sent to prescribers
- CLIA Waived Point of Care testing
 - Cholesterol testing
 - A1C testing

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Why the Name Core Clinical Care?

The "Apple Discount Drugs" name is extremely well known in our community.

Owner, Jeff Sherr, wanted a name similar to the Apple pharmacy, but different to define our services as more than traditional pharmacy

Thus the name "CORE CLINICAL CARE" came to be the name of our clinical services

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Development of Core Clinical Care

- Apple Discount Drugs and the Apple Diabetes Center formed a new corporation to house its clinical services
- CORE takes a multi-disciplinary approach to patient services by utilizing a physician Medical Director, a nurse practitioner, CDEs & Registered Dietician

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Core Clinical Care

- Jeffrey Sherr, RPh, owner and CEO
- John Motsko, RPh, CDE, Coordinator, Instructor
- Geoffrey Twigg, Pharm.D., BCACP, CDE, MTM Provider
- Sara Grosky, CRNP
- Nicole Acle, RD, MNT Specialist
- Alon Davis, MD, Primary Care Physician; Medical Director
- Richard Dwyer, community member, Advisory Board
- Randy Russell, Billing Specialist, Advisory Board

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Partnerships in Innovation

- Community Pharmacy Foundation Grant to help expand clinical opportunities
- Partnerships with the UMES School of Pharmacy
- Named to the URAC Advisory Board to help draft first ever community pharmacy accreditation standards
- National MTM advisory board member
- Multi-disciplinary local, community diabetes boards

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Maryland's Lower Eastern Shore

- The Apple Diabetes Center serves an area that has been traditionally underserved in regards to health care.
- The incidence of diabetes in the area is in excess of 17%.
 - Underserved by primary care providers and diabetes specialists.
 - Two endocrinologists serve the entire three county area.
 - Individuals needing immediate care for complex diabetes issues are forced to travel to surrounding metropolitan areas a distance of 120-150 miles.

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Diabetes Center

- Providing diabetes services since 2009
- AADE accredited January 2011
- Individual assessment, instruction daily by appointment
- Multiple Monthly group classes: 3 – three (3) hour sessions
- Follow up to goal setting is done by phone or by personal visit at 1, 3 and 6 month intervals based on goal setting schedule
- DMSE curriculum based around AADE 7

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Diabetes Center

- Utilizes innovative smart phone apps to help train technology savvy patients
- Insulin pump training center
- COPD and CPAP internal referrals to our respiratory therapist

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Diabetes Center

- Meter training for all our patients using monitors
- Diasend Glucose Meter Download System
 - Gives the diabetes management team the ability to see trends and monitor testing habits
 - Results are shared with patient and provider
 - Patients have ability to remotely download their data

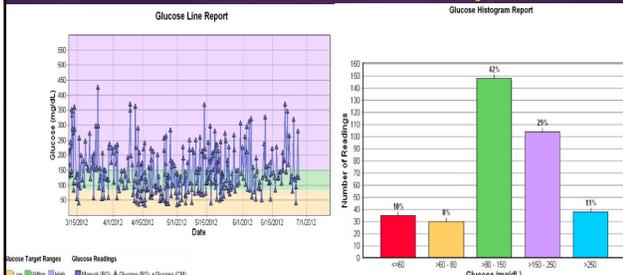
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Case Study for meter download

- SS is a 70yo white female who came into the pharmacy believing that she well managed due to having an A1C of 6.9 and having her BMI drop to 27. She injects a total insulin dose of 160 units every day. Her CC was, "I'm spending way too much money on insulin."
- Her blood glucose readings showed the following.

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Patient Management Glucose Monitor Report



Resolution of Issue

- Shared "trend" and daily testing with provider.
- Explained the patient was "rebounding" from lows to highs
- Patient's insulin dose was reduced 60%
- Elimination of glucose swings
- Reduction of lows by 80%

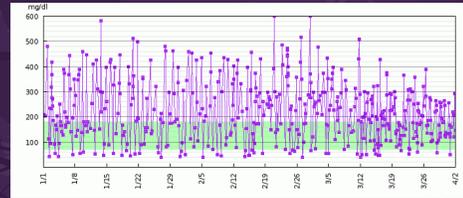
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Patient Information

76 year old female-Using 45 units of basal insulin bid and 20 units of bolus insulin with meals
 67 inches, 146 pounds
 A1C of 7.4
 Possible dementia
 Concern "Spending too much on insulin, can you help me; I am not happy with my current provider"

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Example 2-Benefit of Meter Data Review



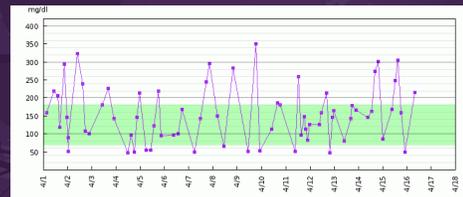
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Actions taken

Asked PCP for individual vs. group instruction
 Determined she was "chasing lows" by overloading on carbohydrates when her sugars were low, then overdosing with bolus insulin when sugars went high.
 Reduced basal insulin to 22 units at bedtime and reduced bolus insulin to "no more than 12 units per meal"
 Gave patient basic carb/insulin scale.

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Early Results-Average 158- total insulin per day is now 46 units



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Class Participant Outcomes

- 2013
 - # Patients 77
 - A1C reduction 8.39 to 7.37
 - Weight reduction 232.4 to 212.07
- 2014
 - # Patients 90
 - A1C reduction 8.19 to 7.17
 - Weight reduction 216 to 196

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Clinical Successes

- HTN management study
- Medication Therapy Management programs
- PSPC/AIMM programs

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Challenges

- Neither Pharmacist nor CDEs are considered to be 'providers' by CMS
- It has been difficult to get third party payers to discuss reimbursement for diabetes education making this a 'value added service' only
- CMS requires pharmacy billing through the durable medical equipment benefit of Medicare

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Challenges

- Time and space considerations
 - 'Normal, daily' diabetes counseling time is not considered applicable to the hours to sit for CDE
 - Space in many pharmacies not conducive to private counseling
 - Overhead with limited reimbursement opportunities

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Challenges

- Initial perception of the pharmacist CDE by the medical community
 - "Your *just* a pharmacy!"
 - Considerable time spent by marketing staff and pharmacist CDEs to show the value of care
 - Local Endocrinologist "must" refer to the hospital's education program

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Billing Hurdles

- Commercial payers were denying claims to pharmacy
 - Diabetes education was covered so as long as it was not performed by a pharmacist
- This model of education delivery opened up avenues for more potential billing opportunities

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Clinic not a Pharmacy

- Establishing a clinic as opposed to using a traditional pharmacy model for billing allows the pharmacy to bill using recognized rendering providers other than pharmacists.
 - In many cases will allow the pharmacy to bill copayments to secondary insurances
 - The rendering provider will not have to submit their own billing using this model

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Impact of Core Clinical Care

- CORE has become a reference point of diabetes education in the local community
 - Some of the physician's who initially gave the most pushback are now the largest referral sources
- Some local health care systems have asked CORE Clinical Care to take over their diabetes education services

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Incident to Billing

- Services performed by the pharmacist can be billed incident to the rendering provider such as our MD, CRNP, or RD depending on which is on site to provide provider oversight
- The amount of oversight that is required by a rendering provider may vary by commercial payer

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Successes

- CareFirst, the pharmacy's largest commercial third party payer, contacted the diabetes center to offer pharmacist CDEs limited provider status for DMSE/T
 - CareFirst now routinely refers patients into the Apple Diabetes Center

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Patient Response to DSME/T

- Diabetes Education in a pharmacy based location provides patients with "ONE STOP SHOPING" experience.
- Patients appreciate the convenience of obtaining diabetes education, innovation prescription services, MTM, DME and CPAP services in one convenience location. We *know* our patients and they *know* us.
- Patients are comfortable visiting the pharmacy; many already do it several times a month.

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The value of the Community Pharmacist as CDE

- The average diabetic takes about 8 medications
 - Working as a 'gatekeeper' to provider medication reconciliation to multiple prescribers
- The pharmacist is for most patient's the most accessible member of their healthcare team
- The profession of pharmacy is consistently ranked as one of the most trusted professions in pharmacy

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The Road Ahead

- Looking to take the success of partnering with CareFirst to more commercial third party payers
 - Expand the offerings of the diabetes education to more comprehensive care such as HEDIS measures and Point of Care testing

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The Importance of Provider Status

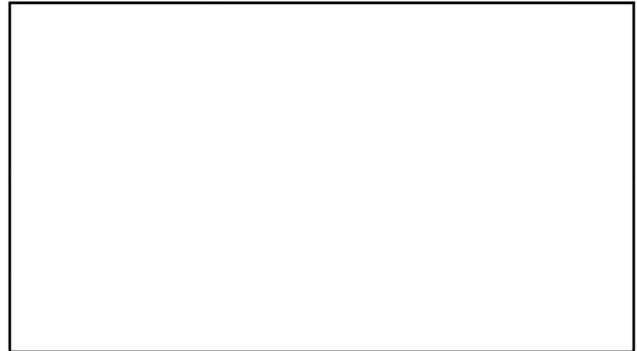
- Issues such as the one faced by Core Clinical Care would be alleviated should pharmacist or CDEs be granted provider status
- All players in this field (Pharmacist, CDEs and their organizations) must support this effort for provider status

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APhA Model Pharmacy

- <https://www.youtube.com/watch?v=XOopjrJZHxk>

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Questions



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