



Shannon Finks, Pharm.D.
Professor, University of Tennessee College of Pharmacy

Building an Airplane in the Air: Growing A Concierge Clinical Pharmacy Practice

CPPI Seminar Series
Monday, June 27, at noon ET
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Center for Pharmacy Practice Innovation (CPPI) Seminar

Building an Airplane in the Air: Growing A Concierge Clinical Pharmacy Practice - 6/27/2022

Speaker(s): Shannon Finks, PharmD, BCPS

Topic: Building an Airplane in the Air: Growing A Concierge Clinical Pharmacy Practice

CPPI invites various health care professionals from around the country and globe to speak on issues relating to innovation in the health care space.

Please contact the Center for Pharmacy Practice Innovation to request a meeting password by clicking [here](#).

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Meeting ID : 972 0552 6057

Purpose or Objectives: At the conclusion of this activity, the participant will be able to:

1. Review changes in health care delivery that likely impact pharmacy practice.
2. Describe current trends in contemporary pharmacy practice as they relate to interprofessional collaboration.
3. Discuss practice innovations designed to improve health outcomes.
4. Discuss role delineation for pharmacists on the interprofessional health care team.

Date/Time: 6/27/2022 12:00:00 PM

Accreditation:



In support of improving patient care, VCU Health Continuing Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Credit Designation(s):

0.75 ANCC contact hours.



This activity provides 0.75 contact hours of continuing education credit. ACPE Universal Activity Number (UAN): Pharmacist: JA4008237-0000-22-164-L04-P Technician: JA4008237-0000-22-164-L04-T

NOTE FOR PHARMACISTS: Upon closing of the online evaluation, VCU Health Continuing Education will upload the pharmacy-related continuing education information to CPE Monitor within 60 days. Per ACPE rules, VCU Health Continuing Education does not have access nor the ability to upload credits requested after the evaluation closes. It is the responsibility of the pharmacist or pharmacy technician to provide the correct information [NABP ePID and DOB (in MMDD format)] in order to receive credit for participating in a continuing education activity.



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Name of individual	Individual's role in activity	Name of Ineligible Company(s) / Nature of Relationship(s)
Dave Dixon, PharmD, FACC, FCCP, FNLA, BCACP, BCPS, CDE, CLS	Activity Director	Contracted Research-Boehringer Ingelheim Vetmedica GmbH - 08/04/2021
Shannon Finks, PharmD, BCPS, BCCP, FCCP	Faculty	
Dana Burns, DNP	Planning Committee	Nothing to disclose - 12/16/2021
Teresa M Salgado, MPharm, PhD	Planning Committee	Nothing to disclose - 10/25/2021
Evan Sisson, Pharm.D., MSHA, BCACP, CDE, FAADE	Planning Committee	Nothing to disclose - 11/18/2021

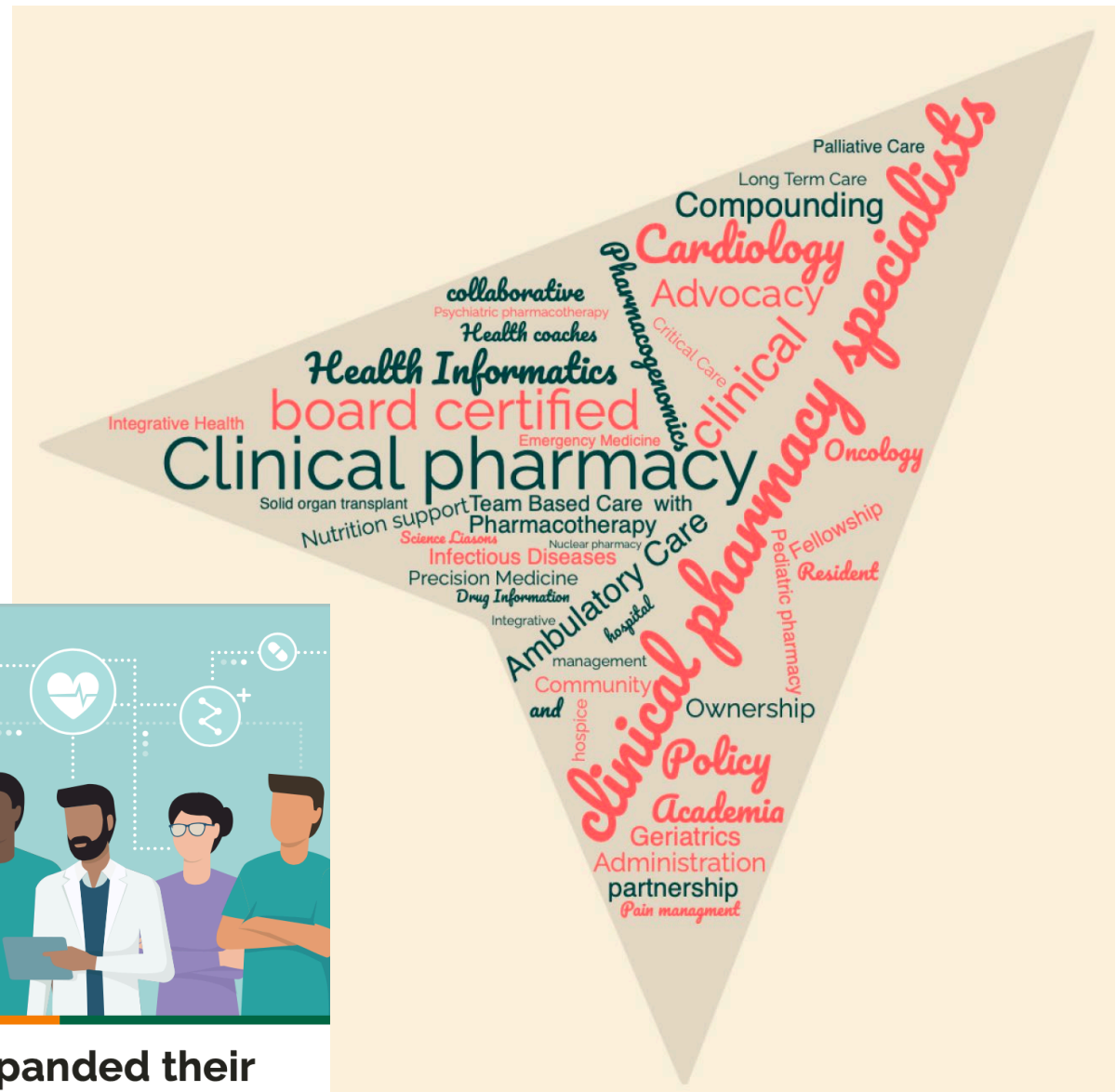
Lecture Objectives

- Describe a pharmacy practice model created for interprofessional collaboration and contemporary practice.
- Demonstrate how pharmacists can create a viable business model within a concierge medicine practice.
- Identify unique opportunities for pharmacists on the interprofessional health care team.

Contemporary Pharmacy Practice



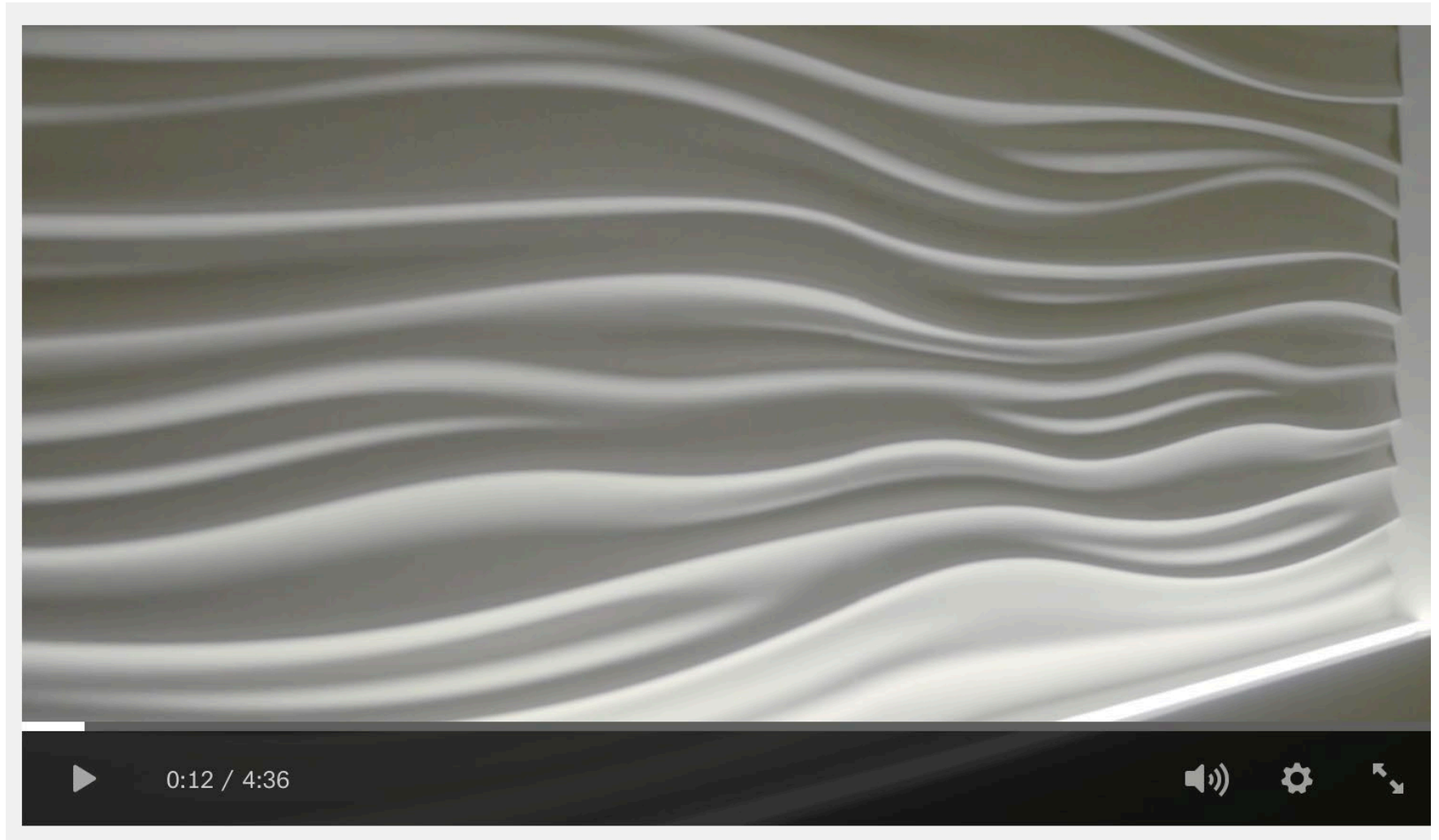
Pharmacists have **expanded their role in team-based care**



Our wish list

- Collaborative Team Based Care
- **CMM and Pharmacogenomics**
- Urgent and Primary Care with dispensary
- Radical hospitality
- Efficiency
- *Intentionally* Different

Our Story: ZüpMed



<https://youtu.be/a3ZgJ-rhTxU>

What is Concierge Medicine?

Patient Benefits

- Same day appointments
- Relationship with providers
- Quality and quantity of time spent

Provider Benefits

- Limits number of patients seen daily
- Less burnout
- Less stress
- Greater professional satisfaction
- Higher level of care coordination

Disclaimer: Disadvantage- This value based care comes at a cost.

Concierge Medicine Success

- Driven largely by 2 forces:
 - Patients who desire a better service experience from their medical doctors and are willing to pay for it
 - Doctors who are very happy to make more money by seeing fewer patients

“But, Where’s the Concierge?”

- Dr. Lloyd Finks, MD

Pharmacist Integration Opportunities

- Average physician visits are less than 15 minutes with only 38 seconds spent on new medication education
- Personalized care with pharmacogenomics
- Comprehensive Medication Management
- OTC and prescription dispensary experience for a one stop shop
- Integrative options which support patient adherence

COVID Catastrophe? Or Opportunity?

- Certificate of Occupancy March 20, 2020
- City wide shut down on March 21, 2020
- Forced shift of focus toward COVID care

“It’s like building an airplane.... In the air.”
- Dr. Lloyd Finks, MD

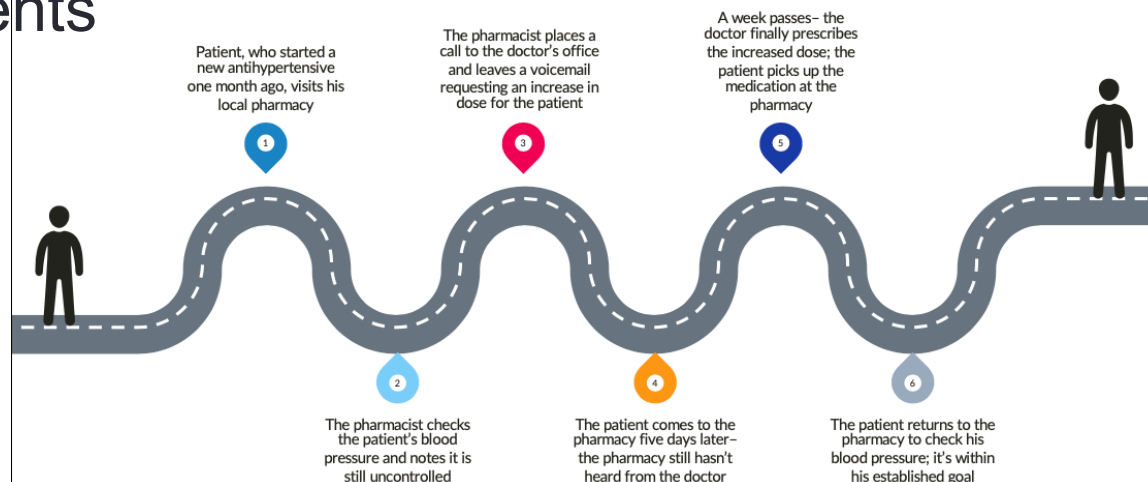
Our Intercollaborative Team

- 1- Physician, CMO, Co-Owner
- 2- NPs, Providers*
- 1- Clinical Pharmacist*, Co-Owner and President
- 1- Pharmacy Resident
- 1- Nurse
- 2- Xray Technologists/MA
- 2- Medical Scribes (Intern positions)
- 5- Front desk concierges

*Collaborative Practice Agreements exist

Collaborative Practice Agreement

- Structured and formal agreement in which a licensed provider makes a diagnosis, supervises patient care, and refers patients to a pharmacist under a protocol that allows the pharmacist to perform specific patient care functions
- Not essential for ensuring high quality, team-based care; however, can be a vital tool in increasing efficiency of care for patients



CPA Resources

- Centers for Disease Control and Prevention
 - <https://www.cdc.gov/dhds/pubs/docs/cpa-team-based-care.pdf>
 - <https://www.cdc.gov/dhds/pubs/toolkits/pharmacy.htm>
 - <https://www.cdc.gov/dhds/pubs/guides/best-practices/pharmacist-cdtm.htm>
- National Alliance of State Pharmacy Associations
 - <https://nasp.us/resource/cpa/>
- Tennessee Pharmacists Association
 - <https://www.tnpharm.org/events-resources/practice-based-resources/collaborative-pharmacy-practice/>

Structured Patient Visits

- Urgent and primary care seen by NP
- CMM and Pharmacogenomics seen by PharmD
- Emergency/complicated visits seen by MD
- MAs/RN staff are utilized in POC testing
- Pharmacists are involved in POCTs and counseling in COVID care, strep, sinusitis, influenza, other
- Pharmacists are involved in cardiometabolic risk and member annual visits*
- Pharmacists are called to recommend drug therapy in OTC/supplement use
- Pharmacists are asked to help NP/MD with drug therapy selection, dispensing, and/or patient counseling

*Opportunity for Medicare wellness visits

Comprehensive Medication Management

GTMRx Institute

10 Steps to Achieve Comprehensive Medication Management (CMM)

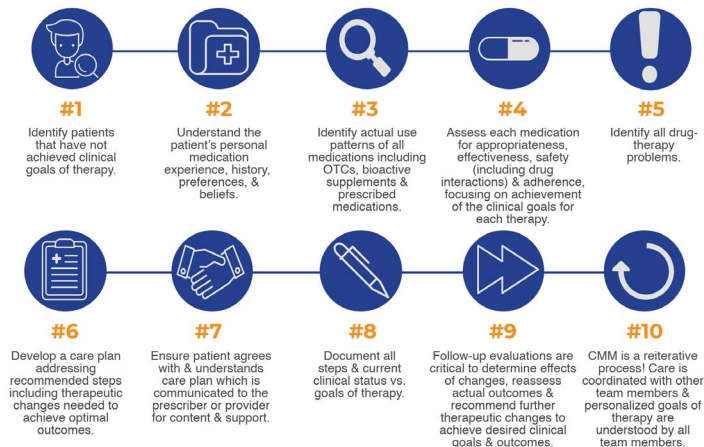
Pharmaceuticals are the most common medical intervention, and their potential for both help and harm is enormous. Ensuring that Americans get the most benefit from advances in pharmacology is a critical component of improving the national health care system.¹

What is CMM?

A systematic approach to medications where physicians and pharmacists ensure that medications (whether they are prescription, nonprescription, alternative, traditional, vitamins, or nutritional supplements) are individually assessed to determine that each medication is appropriate for the patient, effective for the medical condition, safe given the comorbidities and other medications being taken, and able to be taken by the patient as intended.²



10 steps to CMM:



CMM is the standard of care that ensures each patient's medications (whether they are prescription, nonprescription, alternative, traditional, vitamins, or nutritional supplements) are individually assessed to determine that each medication is appropriate for the patient, effective for the medical condition, safe given the comorbidities and other medications being taken, and able to be taken by the patient as intended.



About the GTMRx Institute

The GTMRx Institute™ is a catalyst for change that brings critical stakeholders together, bound by the urgent need to get the medications right. We are physicians, pharmacists, health IT innovators, drug and diagnostic companies, consumer groups, employers, payers and health systems—aligned to save lives and save money through comprehensive medication management, or CMM. By showcasing evidence and innovation, we motivate practice transformation and push payment and policy reform. Together, we ACT to champion appropriate, effective, safe and precise use of medication and gene therapies. Learn more at gtmr.org.

(703) 394-5398

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Suite 420
Tysons Corner, Va

¹ "Pharmaceuticals: The Good and the Bad." *Informing the Future: Critical Issues in Health, Fourth Edition*, Institutes of Medicine, National Academy of Sciences, 2007, pp. 13-17. Accessed 4 Jan 2019. <http://nationalacademies.org/hmd/~/media/Files/about/~/Documents/inf4.pdf>.

² McInnis, Terry, et al., editors. *The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes*. 2nd ed., Patient-Centered Primary Care Collaborative, The Patient-Centered Medical Home—Integrating Comprehensive Medication Management to Optimize Patient Outcomes. PCPCC Medication Management Task Force collaborative document.

<https://gtmr.org/what-is-the-comprehensive-medication-management-process/>

ACCP CMM Implementation Academy

The graphic features a woman with curly hair, wearing a blue patterned top, sitting at a desk and smiling while looking at a laptop. To her left is a dark blue box with white text. The text in the box reads "ACCP CMM Implementation Academy" and lists four bullet points: "CMM Foundations", "Making the Business Case", "Implementation and Measurement", and "Evaluation and Reporting". The word "ACADEMY" is written in small white letters in the top right corner of the image area.

ACCP CMM Implementation Academy

- CMM Foundations
- Making the Business Case
- Implementation and Measurement
- Evaluation and Reporting

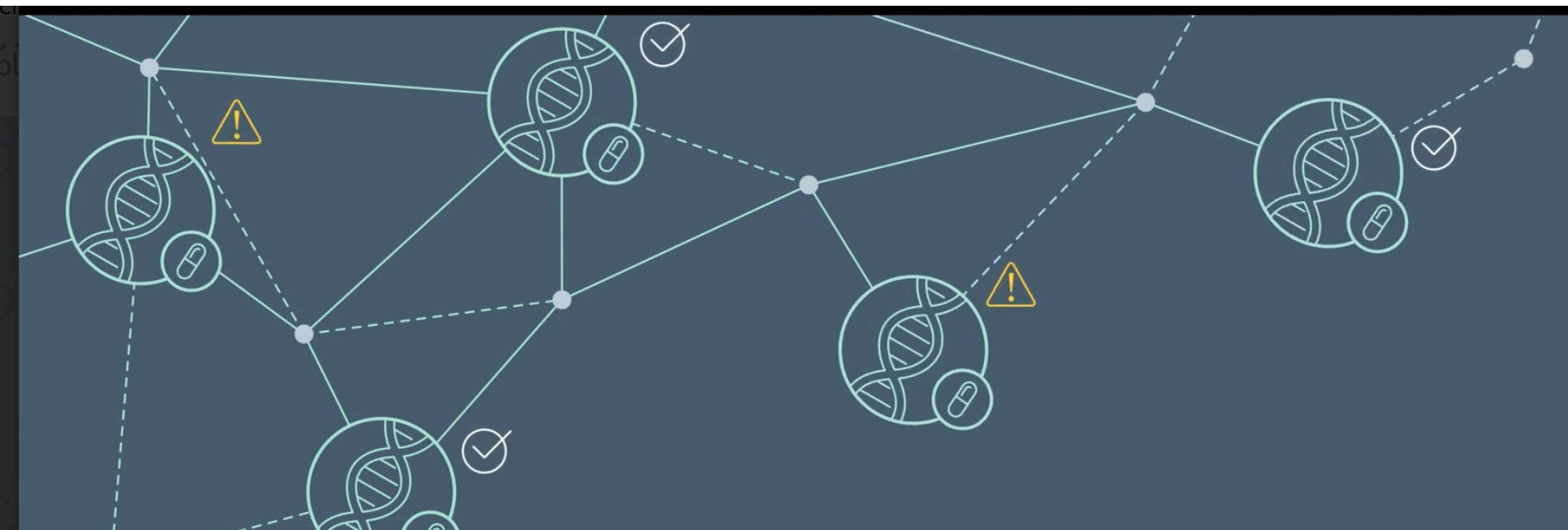
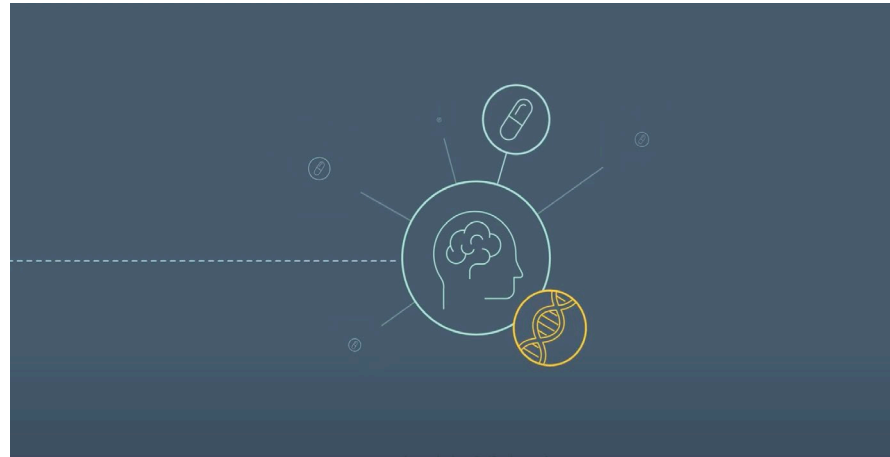
ACCP Launches the CMM Implementation Academy

Check out this self-paced, on-demand program designed for clinicians and clinical administrators interested in implementing new comprehensive medication management (CMM) services or enhancing/expanding existing CMM services.

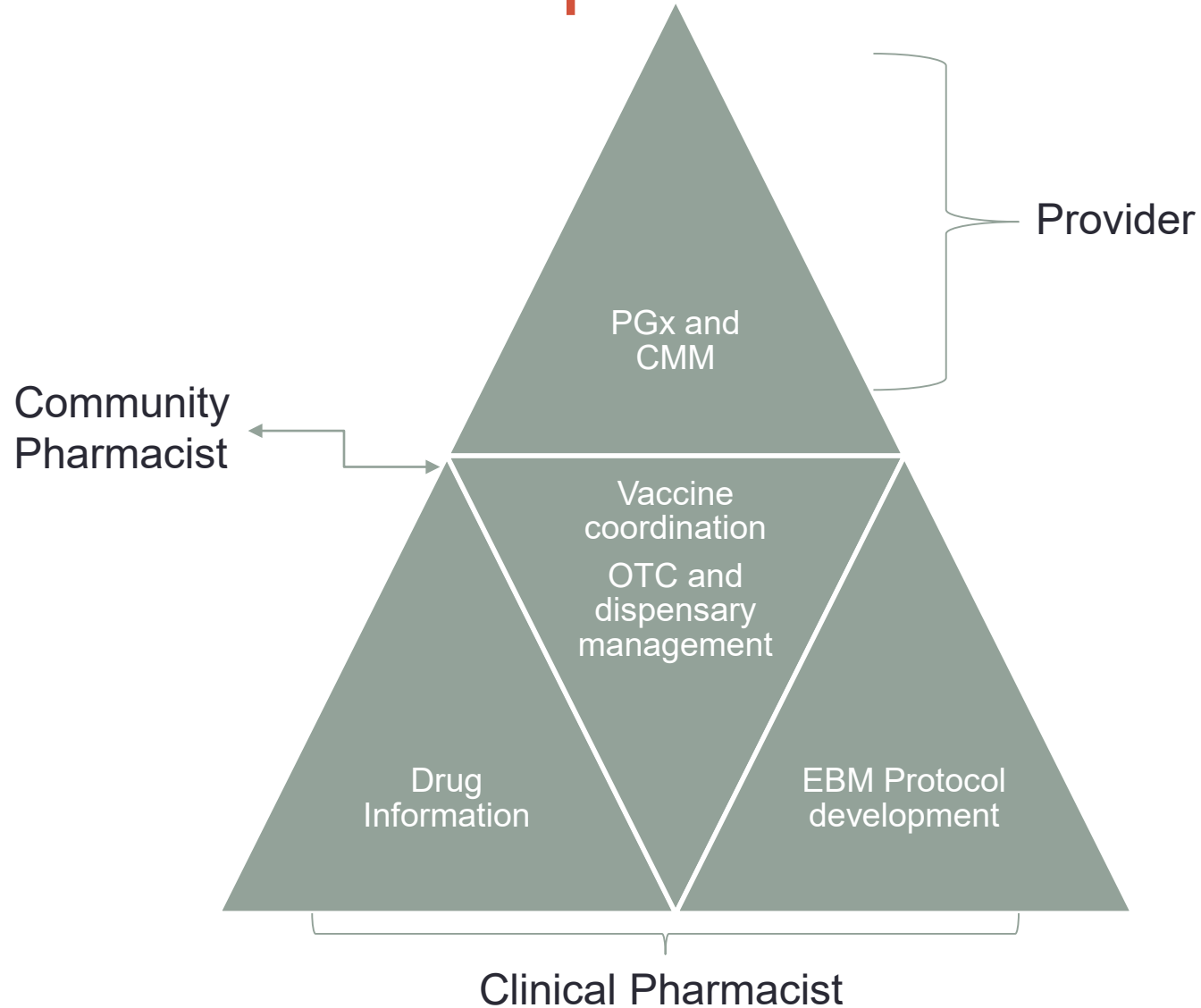
- Opens in July 2022!
- Designed to provide clinical pharmacists and clinical pharmacy administrators with the knowledge and skills to implement, enhance, or expand CMM services
- Self-paced over 12-24 months

<https://www.accp.com/report/index.aspx?iss=0622&art=3>

Pharmacogenomics



Pharmacist Responsibilities



Value Added- by PharmD

- More accurate medication histories/allergies
- Refills and adherence monitoring
- Quicker turnaround for drug related portal entries
- Prior authorization initiation/management
- Answering drug related questions
- Vaccination Program
- Point of Care Testing
- Drug information
- Drug monitoring/surveillance



Can pharmacists be reimbursed for these activities?

Comparison to other traditional clinics

- Clinical function and knowledge is expected to be similar
- Billing is not based on pharmacist-patient visits per day, rather allows for pharmacist to support other providers in providing whole patient care
- Pharmacists as “providers” require meticulous billing practices and salary support is biggest obstacle

Reimbursement is Complicated!

CPT	Description	Avg. Reimbursement
99203	New patient E/M, 30 minutes	\$110
99213	Established patient E/M, level 3	\$74
99214	Established patient E/M, level 4	\$109
99442	Telephone E/M, 11-20 minutes	\$28- \$76 (Covid)
99605, U3	TennCare MTM, High or Critical Risk	\$75
99605, U1/2/5	TennCare MTM, Med or Med-High Risk	\$55
G0439	Medicare Annual Wellness Visit	\$119

Part time/Full time 24/40 visits/wk



Creating a Model for Pharmacist Care

1. Chase your dream!
2. Identify gaps in care that you can offer.
3. Make this *your* own.
4. Develop a *team-based* partnership (CPA).
5. Specify your *scope of practice*.
6. Target your patient group.
7. Make sure you can feed yourself.
8. Be willing to *adapt* quickly.
9. Be *persistent* to your end goal.
10. Collect data and share!

Collaboration

Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results - Andrew Carnegie

Key Question #1

- Concierge medicine is best described as which of the following:
 - a. A hybrid between urgent and primary care
 - b. An expensive service only affordable by the upper class
 - c. A model that improves both patient and provider interaction and satisfaction
 - d. A medical practice that includes a pharmacist

Key Question #2

The CMM process includes all the following except:

- a. Ensuring each patient's medications including prescription and nonprescription are individually assessed
- b. Individualizing a care plan with appropriate follow-up
- c. Optimizing each patient's medication experience and clinical outcome
- d. Participating in P&T process for medication monitoring

Key Question #3

Reducing the trial and error approach to medication prescribing can be achieved through:

- a. Medication Therapy Management
- b. Pharmacogenomics
- c. Pharmacokinetics
- d. Disease State Management

Key Question #4

A pharmacist is partnering with a physician on achieving blood pressure control in a primary care office. Which of these models is the most efficient use of resources, given appropriate training has occurred?

- a. Establishing a Collaborative Practice Agreement between MD and Pharmacist
- b. Pharmacist calling the physician office if patient's BP is not at goal at time of refill
- c. Pharmacist given a list of practice's hypertensive patients
- d. Offering the patient a referral number to discuss medications with the pharmacist

The Sky Is the Limit

- What services do you want to provide within primary care that will elevate your practice and improve care?

Review

Utilization of Collaborative Practice Agreements between Physicians and Pharmacists as a Mechanism to Increase Capacity to Care for Hematopoietic Stem Cell Transplant Recipients

Julianna A. Merten^{1,*}, Jamie F. Shapiro², Alison M. Gulbis³, Kamakshi V. Rao⁴, Joseph Bubalo⁵, Scott Lanum⁶, Ashley Morris Engemann⁷, Sepideh Shayani⁸, Casey Williams⁹, Helen Leather¹⁰, Tracey Walsh-Chocolaad¹¹

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ASBMT
American Society for Blood and Marrow Transplantation

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Collaborative drug therapy management
Pharmaceutical services
Medication Therapy Management
Physician capacity
National Marrow Donor Program

ABSTRACT
Survival after hematopoietic stem cell transplantation (HSCT) has improved and the number of allogeneic HSCTs performed annually in the United States is expected to reach 10,000 by 2015. The National Marrow Donor Program created the System Capacity Initiative to formulate mechanisms to care for the growing number of HSCT recipients. One proposed method to increase capacity is utilization of pharmacists to manage drug therapy via collaborative practice agreements (CPAs). Pharmacists have managed drug therapy in oncology patients with CPAs for decades; however, there are limited HSCT centers that employ this practice. Engaging in collaborative practice and billing agreements with credentialed pharmacists to manage therapeutic drug monitoring, chronic medical conditions, and supportive care in HSCT recipients may be cost-effective and enable physicians to spend more time on new or more complex patients. The goal of this paper is to provide a framework for implementation of a CPA and address how it may improve HSCT recipient capacity.
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INTRODUCTION
Over 20,000 hematopoietic stem cell transplants (HSCT) are performed in the United States each year [1]. The number of HSCT procedures is expected to rise as a result of increased utilization because of increased diversity and availability of graft sources, improved supportive care, more frequent use of reduced intensity regimens, and expanding indications for HSCT [2]. Current projections forecast the number of allogeneic HSCTs performed by 2015 will double compared with 2010 [2,3]. Additionally, advances in transplantation techniques and supportive care practices have improved long-term survival after HSCT [4]. Health care providers are exploring ways to expand the capacity to care for the increasing number of HSCT recipients. Pharmacists are key contributors to HSCT recipient care and are routinely involved in therapeutic drug monitoring, managing adverse drug reactions, addressing drug interactions, providing supportive care management, and conducting patient education. Other processes pharmacists may facilitate to improve efficiency and HSCT patient capacity include responses to prescription insurance, prior authorization requests, compliance with Risk Evaluation and Mitigation Strategies programs, and medication requests from patient assistance programs.
Drug therapy is one of the foundations of health care delivery. Effective management of complex drug therapy regimens and reduction in medication errors are essential. According to the Institute of Medicine, medication errors harm approximately 1.5 million patients in the United States each year, resulting in over 3 billion dollars in medical costs [5]. A multidisciplinary team approach that includes pharmacists in the oncology setting has been shown to significantly reduce medication errors [5,6]. The use of a collaborative practice agreement (CPA) is one avenue to formalize clinical pharmacy practice as part of the multidisciplinary team. A CPA is formal partnership between a pharmacist(s) and physician(s) that permits a pharmacist(s) to manage a patients' medication therapy [7-10].

Financial disclosure: See Acknowledgments on page 512.
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Questions?



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