

Development of a CDTM Practice

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KJMC Statistics



- ⇒ 864 Bed Single entity Acute & LTC
- ⇒ 10,559 discharges annually
- ⇒ 33,000 emergency department visits annually
- ⇒ 91,000 outpatient visits
- ⇒ 2,400 employees
- ⇒ \$260 million in annual revenue

Table of Organization Department of Pharmacy

- ⇒ Chief Pharmacy Officer reports to COO and EVP
- ⇒ Director of Pharmacy oversees operational staff
- ⇒ Director of Pharmacotherapy oversees clinical staff
- ⇒ Coordinators
 - Infectious Diseases and Geriatrics
- ⇒ Clinical Specialists
 - Critical care, emergency medicine, IM, psychiatry, geriatrics, ambulatory care
- ⇒ Pharmacy Residents
 - PGY-1 and PGY-2

Clinical Pharmacy Team

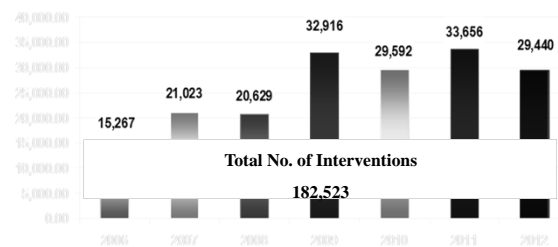
Optimal Drug Therapy for all Patients

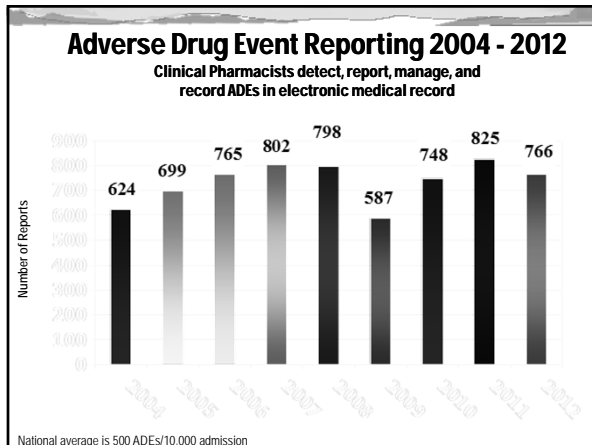
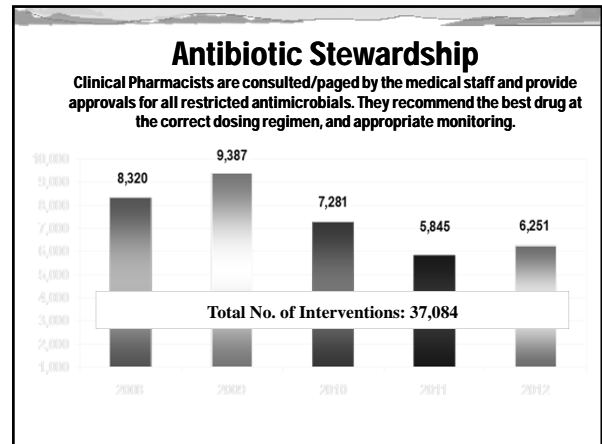
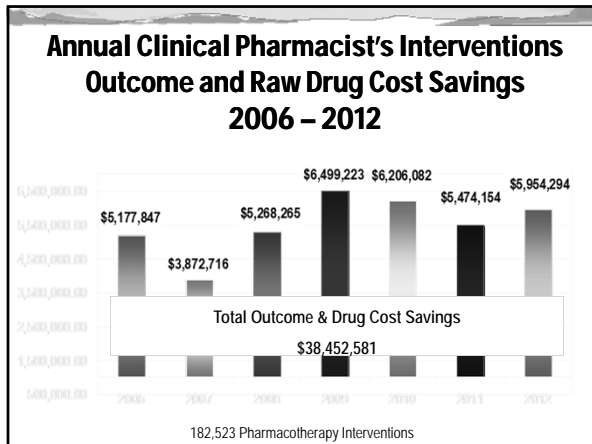
- ⇒ Re-deployed Pharmacists from transcribing and order entry to unit-based Clinical Pharmacists
- Clinical Pharmacists
Qualifications & credentials
- ⇒ Pharm.D. Degree
 - ⇒ 2-years of Residency experience
 - Pharmacy Practice Residency (PGY-1)
 - Specialty Residency (PGY-2)
 - Board Certified
1. Critical Care
 2. Surgery
 3. Internal Medicine
 4. Emergency Medicine
 5. Infectious Diseases
 6. Geriatrics
 7. Psychiatry
 8. Wound Care
 9. Ambulatory Care

Post-Graduate Training Program

- ⇒ 8 Pharmacy Residents
 - Pharmacy Practice (PGY-1)
 - Critical Care (PGY-2)
 - Geriatrics (PGY-2)
 - Internal Medicine (PGY-2)
- ⇒ Evening & Weekend Clinical Pharmacist coverage
- ⇒ Justifying Pharmacy Residency Training
 - Residents Salary \$45,000
 - Pharmacists Salary plus fringe benefits is \$140,000
 - GME funding

Annual Pharmacotherapy Interventions 2006 - 2012





- ### Clinical Pharmacist-Based Ambulatory Care Practice at KJMC
- ⇒ Types of Clinics
 - Warfarin/Anticoagulation
 - Pharmacotherapy
 - Tobacco Cessation
 - Diabetes Self Management Education and Training
 - ⇒ Staffing: Ambulatory Care Clinical Pharmacist Specialist
 - Traditional Pharm.D. plus PGY-2 Ambulatory Care Residency
 - Board Certified Ambulatory Care Pharmacist (BCACP)
 - Certified Anticoagulation Care Provider (CACP)
 - Residents rotating through 5 week clerkships

Examples of Reimbursement Audits completed periodically

Patient/Care	Physician	Clinic	Insurance	Reimbursement
Enoxaparin-Warfarin	Oncologist	Warfarin	Medicaid	\$95
Enoxaparin	Oncologist	Warfarin	Medicaid	\$165
Warfarin INR	Primary Care	Warfarin	Elderplan	\$85
Warfarin, ASA, Clopidogrel	Hematologist	Warfarin	Cigna	\$180
DM, CHF	Primary Care	Pharmacotherapy	Capitation	Capitation
DM, HTN	Primary Care	Pharmacotherapy	Medicaid	\$160
Drug Interactions	Primary Care	Pharmacotherapy	Medicaid	\$77
Drug-Induced ADEs	Pulmonary	Pharmacotherapy	Fidelis	\$180
Asthma/smoking	Pulmonary	Pharmacotherapy	Oxford	\$140

- ### Benefits of a Clinical Pharmacist Based Ambulatory Care Clinic
- ⇒ Reduce LOS
 - ⇒ Reduce Re-admissions
 - ⇒ Reduce ADEs
 - ⇒ Increase institutional revenue
 - ⇒ Adds to hospital portfolio of services
 - ⇒ Appealing service to medical staff
 - ⇒ Availability of Clinical Pharmacist *expert* in clinic
 - ⇒ Provides teaching and scholarship opportunities

Clinical Pharmacist-Based Ambulatory Care Proposal

- ⇒ Preamble: Collaborative Drug Therapy Management (CDTM)
- ⇒ ...is a performance of services by a pharmacist relating to the review, evaluation, and management of drug therapy to a patient who is being treated by a physician for a specific disease or disease state. Pharmacists are empowered to implement, modify, and manage drug therapy, write prescriptions (including controlled substances), order laboratory tests, perform routine patient monitoring such as vital signs and targeted physical exams, and collect patient histories.
- ⇒ Patients will be counseled extensively regarding disease state, medication therapy, and diet therapy.
- ⇒ Medication reconciliation will be performed.
- ⇒ The Clinical Pharmacists will be available on-call for patient questions and refills when needed.

Clinical Pharmacist-Based Ambulatory Care Proposal

- ⇒ Clinical Pharmacist Qualifications
 - Pharm.D. Degree and a PGY-1 and PGY-2 Residency
 - Ambulatory Care Residency preferred
- ⇒ Cost
 - Salary of a Clinical pharmacist \$105,000 plus fringe benefits (30%) = \$136,000.
 - Supplemental staff will include an Ambulatory Care PGY-2 Pharmacy Resident (salary \$45,000/annually).
 - Hence, 2 FTEs may be used at the clinics for a total salary of \$150,000 annually.

Clinical Pharmacist-Based Ambulatory Care Proposal

- ⇒ Case load assumptions
 - 20 minutes per case
 - 3 patients per hour
- ⇒ Billing method
 - *Incident to Billing*
- ⇒ Net revenue for 5 day/week clinic
 - Reimbursement minus cost of salaries

"Incident to" Billing



- ⇒ WHAT?
Service is "... integral, although incidental, part of the physician's personal professional services in the course of diagnosis or treatment of an injury or illness."
- ⇒ WHO?
Physician bills for services provided by non-physicians
Service requires "... direct physician supervision of auxiliary personnel."
- ⇒ WHERE?
Direct supervision requires "... the physician must be present in the office suite and immediately available to provide assistance and direction ..."

<http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>

Clinical Pharmacist-Based Ambulatory Care Proposal

Type of Clinic	Sessions (days)	Total Weekly Visits	Revenue at present rate (\$90/case)	Revenue with Home Model (\$135/case)
1. Diabetes	2	18	1,620	2,430
2. Hypertension	0.5	9	810	1,215
3. Hyperlipidemia	0.5	9	810	1,215
4. Heart Failure	0.5	9	810	1,215
5. Warfarin (Coumadin)	0.5	9	810	1,215
6. Antithrombosis (Aspirin, Plavix, Pradaxa, Brilinta)	0.5	9	810	1,215
7. Pharmacotherapy (General Medicine)	0.5	9	810	1,215
	Weekly Revenue		\$8,100	\$12,150
	Annual Revenue		\$420,000	\$631,000
	Salaries		\$150,000	\$150,000
	Annual Net revenue		\$270,000	\$481,000

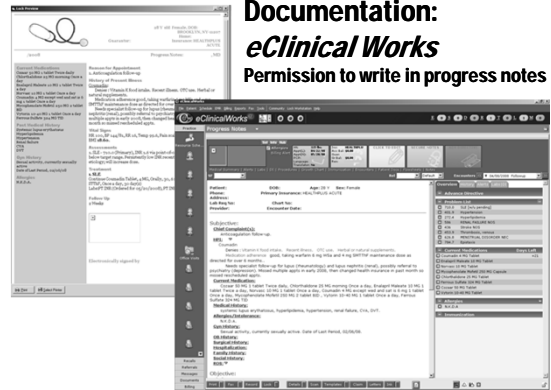
Essentials to Start a Clinical Pharmacist-Based Ambulatory Clinic

- ⇒ Physician Champion and Partners
- ⇒ CDTM Agreements
- ⇒ Physician Referrers
- ⇒ Laboratory partnership
- ⇒ Billing and Finance collaboration
- ⇒ Marketing services to physicians
- ⇒ Nursing support
- ⇒ Ambulatory clerical staff for scheduling

Ambulatory Clinic - Space



Documentation: *eClinical Works* Permission to write in progress notes



Point-of-Care Testing – INR Devices, Glucose Testing



Ambulatory Clinic Opportunities

- | | |
|--|--|
| <ul style="list-style-type: none"> ➤ Immunization/Vaccine ➤ Asthma/COPD ➤ Psychiatry ➤ Dementia ➤ Depression ➤ Seizure ➤ Osteoporosis | <ul style="list-style-type: none"> ➤ Infectious Diseases ➤ HIV ➤ Hepatitis ➤ Pain ➤ Rheumatology ➤ CHF ➤ Lipids ➤ Hypertension |
|--|--|

Conclusions

- The benefits of a CDTM practice include reduced LOS, readmissions, and therapeutic misadventures.
- A proposal for ambulatory CDTM clinics should include a description of CDTM, costs and qualifications of clinical pharmacist providers, case load, types of clinics, and revenue per patient case, and total net revenue.
- Essentials to start a CDTM ambulatory practice include physician champions and partners, collaboration with billing and finance, and a working partnership with laboratories.

