



**SUCCESSFUL IMPLEMENTATION  
AND MANAGEMENT OF A  
CDTM AMBULATORY PRACTICE**

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**OUR HISTORY... THEN AND NOW..**

<p><b>Clinical Pharmacy Services</b></p> <ul style="list-style-type: none"> <li>• <b>Anticoagulation</b> <ul style="list-style-type: none"> <li>• Policies and practices initially under private practice umbrella</li> <li>• transferred to "hospital practice" and policies approved via P&amp;T Committee</li> </ul> </li> <li>• <b>Collaborative Diabetes Care</b> <ul style="list-style-type: none"> <li>• Worked as attending pharmacist along side an attending physician to educate medical residents at the point of care</li> </ul> </li> </ul>	<p><b>CDTM Pharmacy services</b></p> <ul style="list-style-type: none"> <li>• <b>Anticoagulation</b> <ul style="list-style-type: none"> <li>• Practice remains unchanged</li> </ul> </li> <li>• <b>Diabetes Care</b> <ul style="list-style-type: none"> <li>• Practice evolved into an independent pharmacy service</li> <li>• Patients formally referred</li> <li>• Used as a formal training site for medical residents. Part of their standard rotation experience</li> </ul> </li> <li>• <b>Medication Management</b> <ul style="list-style-type: none"> <li>• Natural evolution to increasing pharmacy presence and services</li> <li>• Used as a formal training site for their standard rotation experience</li> </ul> </li> </ul>
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**"SUCCESSFUL" IMPLEMENTATION**

**SUCCESSFUL:**

Adjective

1. Accomplishing an aim or purpose: "a successful attack on the town".
2. Having achieved popularity, profit, or distinction.

Synonyms

prosperous - lucky - fortunate

**"SUCCESSFUL" IMPLEMENTATION**

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**SUCCESSFUL "IMPLEMENTATION" STEPS TO SUCCESS**

1. Established relationship with Medical Director and physicians in clinic
2. Identify "need" for all constituents
3. Develop CDTM protocol consistent with "identified needs"
  - Addressing not only the clinical but financial and operational
4. Approval from Compliance and Legal Departments
  - Informed consent, legal implications, credentialing, operational aspects (RX writing)
5. CDTM Protocol approval
  - P&T Committee, collaborating MD's, whomever
6. Medical Executive Committee -
  - Approval of protocols and approval to recognize pharmacist as providers in institution (? Part of credentialing process?)
7. Ongoing outcome collection and reporting
  - quality measures and financial validation reports
8. Expansion
  - due to potential to add value while remaining cost neutral



## ADMINISTRATIVE RELATIONSHIP

- **Legal**
  - Evaluated language in protocols to protect institution and to assure it reflected legislation
- **Compliance**
  - Assessed note structure for appropriateness of billing
    - ICD-9 codes (visit diagnosis) supported by SOAP note
- **P&T**
  - Required element at our institution
    - understanding may not be required in all
    - Pharmacist at Upstate are hired by hospital not by provider group
- **Medical Executive**
  - Attempt made to change local bylaws to recognize pharmacists as providers based on new CDTM protocol
    - Currently this was denied – however does not impact service
- **Departmental – Pharmacy**
  - Credentialing became part of the hiring process
  - Assurance of Continuous Professional Development (CPD)

**UPSTATE UNIVERSITY HOSPITAL**  
**MEDICATION THERAPY MANAGEMENT PROGRAM**

Patient Name: \_\_\_\_\_ MRW  
 Account # \_\_\_\_\_ DRG \_\_\_\_\_ Date \_\_\_\_\_

Your doctor has referred you to the Medication Therapy Management (MTM) Program to teach you about your medicines. In this program University Hospital Pharmacists, with special experience, participate in your care and work closely with you and your doctor to assure that as a team we control your disease by reviewing, evaluating, and managing your medication treatment. If your doctor requests, the pharmacist may change the amount or strength of your medication, how often you take it, how it is taken by you (empty pill or patch) and may substitute your medication with another medication that your doctor has approved. The pharmacist may take your pulse or blood pressure, ask you about your medical history, and order laboratory tests if necessary.

**By signing below you agree as follows:**

I understand that I am not required to work with the pharmacist in my medication management and can decline to agree to participate in this program and will be able to be cared for by my doctor. I understand that my doctor who orders my medication or will be at all other medical procedures involved in my care will be given information about how I am managed by this program.

I understand that the pharmacist may not diagnose disease and help me only as stated above in terms of management of my medication treatment.

I understand that receiving care in this program does not take the place of the care by a doctor.

I understand that I will need to see my primary care doctor at least twice a year and maybe as often as four times a year while I am participating in this program.

If I have diabetes, I agree that I will test my blood sugar at home as told to me by the pharmacist and bring my results and meter with me to all appointments.

I agree to tell the pharmacist about any changes in my medications (prescription, over the counter, and/or herbal products).

I agree to have my health reviewed very closely by the pharmacist in order to protect me from problems that could be linked to medication misuse.

I understand that not coming to appointments may result in serious health risks and may result in me being taken out of the program. I agree to keep all scheduled appointments if I am unable to, to call and re-schedule as soon as possible.

I agree to have lab work done if ordered by the pharmacist.

I agree to follow all instructions regarding medication and lifestyle changes that the pharmacist and I agree on.

I agree to be called by telephone if necessary and I will tell the clinic if my address or phone number changes so that the pharmacist can reach me.

I have been provided with a full opportunity to ask any questions or express any concerns I may have and questions have been answered to my satisfaction. I understand that I may ask for further information and the information will be given to me.

PH22: MTM Program Page 1 of 2 300 30322

Patient Name: \_\_\_\_\_ Account # \_\_\_\_\_ MRW  
 I have read this entire document and understand the contents. I have crossed off any portions that do not agree with before I signed.

I understand that I am free to withdraw any portion of my consent at any time.

I understand that I may contact a pharmacist at 864-520-6111 have questions.

**Patient Signature:**  
 Date: \_\_\_\_\_ Day: \_\_\_\_\_ System or Place: \_\_\_\_\_ First Name: \_\_\_\_\_

**Pharmacist/Expanding Provider:**  
 Date: \_\_\_\_\_ Day: \_\_\_\_\_ System or Place: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Staff Signature:**  
 Date: \_\_\_\_\_ Day: \_\_\_\_\_ System or Place: \_\_\_\_\_ First Name: \_\_\_\_\_

**Verification of Pharmacist CDTM Qualifications**

Date: \_\_\_\_\_ Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
 NYS: \_\_\_\_\_ NYS Pharmacist License Number: \_\_\_\_\_

PH22: CDTM/MTM/MTM Ethics/updates 10/11/11

Pharmacist must meet specific education and experience requirements. Complete all sections to validate requirement fulfillment.

**Education:** (Circle all used in Education Law section 6052-a(2)(b). A year of experience shall mean not less than 1,000 hours of work as a pharmacist within a period of one calendar year. In order to be credited as a year of experience that includes clinical experience in a health facility, such experience shall include, on average, not less than 12 hours per week of clinical experience which involves consultation with physicians and requires drug therapy, as determined by the facility that employs or is affiliated with the pharmacist.)

MD in Clinical Pharmacy or Pharm D - 1 year experience of \_\_\_\_\_ (1) MD Clinical Pharmacy (1) Pharm D

BS in Pharmacy within last 10 years 1 year experience of \_\_\_\_\_ (1) BS Pharmacy which is in facility involving drug therapy consults with MD (or residency)

**Experience:**

Facility:	Experience:
Start Date:	Start Date:
End Date (if applicable):	End Date (if applicable):
Experience: <input type="checkbox"/> Residency <input type="checkbox"/> Employment	Experience: <input type="checkbox"/> Residency <input type="checkbox"/> Employment
MD reference: _____ Name: _____ Telephone: _____ Email: _____	MD reference: _____ Name: _____ Telephone: _____ Email: _____

\*Document any additional experience on separate page.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Page 2 of 2

1. Participate pharmacist must complete 1 yr of relevant Pharm attach certificate of participation in LPE Continuing

**Verification of Pharmacist CDTM Qualifications, cont.**

Education program of at least 5 hours credit over past 7 years.

containing education, "acceptable to the department in the area of practice generally related to any substance drug therapy management protocols in which the pharmacist may be involved, provided that such continuing education shall not be considered a self-study"

Pharmacist must be employed by or otherwise affiliated with the facility. Date of hire: \_\_\_\_\_

Additional Qualification	ID Number	Active through date:
BCACP (Board Certified Ambulatory Care Pharmacist)		
CACP (Certified Ambulatory Care Provider)		
CDE (Certified Diabetes Educator)		
Other:		
Other:		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CLINICAL COLLABORATION

- **Medical Director and collaborative providers**
  - Identify need for pharmacist services
- **Nursing/MOA's**
- **Operations Flow:**
  - Receptionist, Phone room staff, Scheduling
  - Clinic space
  - Support staff - MOA
- **Triage of patients**
- **Documentation and charting**

## THREE PRONGED APPROACH OUTCOMES ASSESSMENT

- **Clinical**
  - Activities reported quarterly to Department of Pharmacy and upper administration
  - Ongoing Quality Assurance/Adverse Event Monitor
  - Outcomes assessment
- **Financial**
  - Facility billing for all CDTM appointments
    - reports specific to CDTM services generated and reported
  - Professional Fees using Diabetes Education Codes starting 7/1/13 after umbrella affiliation with Joslin Diabetes of UUH
- **Continuous Professional Development (CPD) requirements**
  - On-going maintenance of credentialing requirements as required by NYS Dept of Education

## OUTCOMES ASSESSMENT ONE

# Clinical

### OUTCOMES ASSESSMENT PRODUCTIVITY REPORT

DATA COMPILED MONTHLY BY: GREGORY SZYMANIAK, BS PHARM, PHARM.D, BCACP

2012 - 1st Quarter												
AmCare THP @ UHCC Quarterly Report	Jan-12				Feb-12				Mar-12			
	Visit		Telephone		Visit		Telephone		Visit		Telephone	
Medication Management Service	New Pt	Exist Pt	New Pt	Exist Pt	New Pt	Exist Pt	New Pt	Exist Pt	New Pt	Exist Pt	New Pt	Exist Pt
Anti-thrombosis (# INR evaluated)	38	235	32	304	13	80	106	333	2	38	128	307
Diabetes Management	25	13	15	13	18	12	21	48	3	10	28	50
Chronic Disease Medication	1	22	1	53	0	0	25	46	0	0	25	50
Cardiac Medication	0	0	0	0	0	0	0	0	0	0	0	0
MM Consultations	0	0	0	0	0	0	0	0	0	0	0	0

## CLINICAL OUTCOMES

- Activities report presented monthly to Department of Pharmacy and upper administration

2013 - 1st Quarter AmCare THP @ UHCC Quarterly Report	Jan-13			
	Visits		Telephone	
Medication Management Service	New Pt	Exist Pt	New Pt	Exist Pt
Anti-thrombosis (# INR evaluated)	38	235	117	352
Diabetes	13	87	100	100
Chronic Diseases	8	2	43	53

- Ongoing Quality Assurance/Adverse Event Monitor - on file

## CLINICAL OUTCOMES ASSESSMENT

- Diabetes Management - N=50 patients
  - Those with increase A1C: managed over 1-16 months
  - Those with decrease A1C managed over 3-15 months

## OUTCOMES ASSESSMENT ONE

# Financial

## OUR CHALLENGES

- Lack of understanding and appreciation by:
  - Hospital billing, compliance and legal staff
  - Hospital administration
  - Other third party payers
- Lack of knowledge of billing processes/politics
  - Lack of provider status under Medicare Part B and ability to directly bill? Maybe...

### LEARNING HOSPITAL-BASED TERMINOLOGY

"Incident To" is synonymous with **Facility billing/ Technical Fee**

"Incident To" has a *COMPLETELY* different definition than its application in free standing clinics

#### Two Sources of Billing:

1. **Professional fee**
  - Billing for physician services
  - Use E/M codes by recognized Medicare Providers
2. **Facility/Technical Fee**
  - hospital's technical charge for services provided in an outpatient department of a hospital and represents "hospital resources used"

### FACILITY FEE AKA "INCIDENT TO" CRITERIA

- Pharmacists can bill "incident to" a physician in a hospital-based clinic on the same day a physician bills a professional fee and a facility fee for their services.

#### Services included:

1. furnished by or under arrangements made by participating hospital
2. an integral though incidental part of a physician's or non-physician practitioner's services
3. furnished in the hospital or in dept of the hospital
4. furnished under direct supervision of a physician or non physician practitioner

### WHAT DOES THAT MEAN FOR ALL PHARMACISTS IN A HOSPITAL BASED CLINICS?

- Until we recognized as Medicare Part B providers – pharmacists employed by hospital-based clinics can then be considered "resources" and their services reimbursed through facility fee billing and use a 99211 E/M +/- with modifier to designate the facility fee
- For levels 99212-99215 - **Physician must provide "face time" as presence in exam room** and SOAP notes must be written MD and collaborating pharmacist
- In both cases insurances "see" the billing provider as the physician providing oversight on the date of service
- Credentialing with individual managed care plans is also a viable option to increase revenue – V codes – Med Management Codes

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### SUSTAINABILITY OF SERVICES

- Use Technical Fee/99211 usually on different day than MD/NP visit
- Our pharmacists are thought of as "service providers"
- Bill for POC testing
- Document using SOAP format to support all ICD9 Codes we associate with visit
- Route all notes to PCP and Attending Physician Billing provider for DOS
- Will be adding modifier to our 99211 code (ie 99211-TC) to differentiate our bill
- After affiliation with UUH Joslin Diabetes Center (expected 7/1/13) will also begin to bill professional G Codes for diabetes education in addition to facility fees for those CDTM visits

### AN ALTERNATIVE OPTION- SAME DAY VISIT

- Clinical pharmacists can see patients on same day as physicians and physicians bill accordingly with E/M codes
- Physicians might bill 99214 versus 99213 to reflect coordination of care
- Requires documentation and face time by MD and collaborating pharmacist
- Pharmacist would need direct physician oversight for all patient visits as they occur

Requires MD, PA or NP oversight – at our institution that resource was not available – However working with a mid-level practitioner is a novel, cost effective model to consider

OUTCOMES ASSESSMENT THREE

# CPD requirements

- Reviewed by Director of Pharmacy Annually
- Maintained by Each Qualified CDTM Pharmacist
- Reference our attached CDTM qualifications and requirements section of CDTM protocol

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Adjective

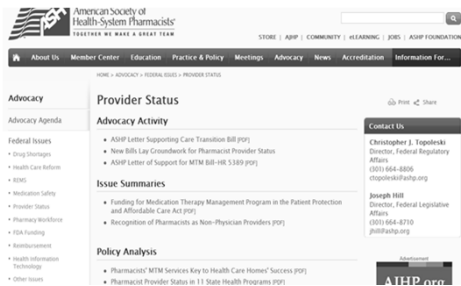
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MOVING FORWARD ...  
MAINTENANCE OF SUCCESS & INNOVATION

1. ASHP initiatives to assure pharmacists are recognized as vital to health care team in a sustainable model



MOVING FORWARD ...  
MAINTENANCE OF SUCCESS & INNOVATION

To quote Curt Haas – ACCP president regarding the initiative towards pharmacist as recognized providers of a health care team

*“The road map to success for this initiative starts with clearly defining what will be provided by clinical pharmacists that differentiates their contributions from those of other members of the health care team and what fills a need that is not otherwise capable of being met through the existing processes of care”*

*“The primary purpose, to my mind, of achieving “provider status” for clinical pharmacists is to achieve a pathway for broader recognition and incorporation of clinical pharmacists as members of the patient care team with the intent of providing comprehensive medication management for patients who do not achieve therapeutic goals or who experience adverse events.”*

MOVING FORWARD ...  
MAINTENANCE OF SUCCESS & INNOVATION

**Innovation – using Pharmacist Clinicians expertise to train members of the health care team.**

- Capitalizing on the expertise we bring to the health care team. (“our niche”)
- Look to the vital role pharmacists play as academic detailers and educators of optimal drug therapy through our extensive knowledge of pharmacology, therapeutics and evidence-based medicine.
- Expand services beyond just direct patient care activities to become sites of training for our health care colleagues.

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*Indeed...being part of and leading the vision for the future!*

SUCCESSFUL IMPLEMENTATION  
IS THE RESULT OF OUR TEAM

- Mary Jo Lakomski, BS Pharm, CDE, BCACP
- Lisa Phillips, BS Pharm, PharmD, CACP, BAAP
- Gregory Szymaniak, BS Pharm. PharmD, BCACP
- Jen Morgan, PharmD, CACP

RESOURCES

Pharmacist Billing for Medicare Patients at Hospital Based Clinics - FAQ:

<http://www.ashp.org/DocLibrary/MemberCenter/SACP/Billing-for-Medicare-Patients.aspx>

CDC PROGRAM Guide for Pharmacists:

[http://www.cdc.gov/dhdsp/programs/nhdsp\\_program/docs/pharmacist\\_guide.pdf](http://www.cdc.gov/dhdsp/programs/nhdsp_program/docs/pharmacist_guide.pdf)

Report to Surgeon General:

[http://www.usphs.gov/corpslinks/pharmacy/sc\\_comms\\_sg\\_report.aspx](http://www.usphs.gov/corpslinks/pharmacy/sc_comms_sg_report.aspx)

THANK YOU!

?QUESTIONS?

