

# **The Clinical Community Pharmacist – Specialty in community-based patient care services**

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Clinical Coordinator, Middleport Family Health Center

Director, Community Pharmacy Residency Program

# Objectives

- Review of residency training and why I chose specialty
- Discuss job description(s) and daily activities
- Discuss how I fit into the healthcare team

# Background

Review of residency training and why I chose specialty:

- Internships before/during pharmacy school
- Why community pharmacy based patient care services as a specialty?
- Decision to pursue residency
- Residency training
- Job search
- Today and the future

# Site Overview



## **Prescription Services:**

- 2,200 prescriptions per week
- Nursing homes
- Compounding
- Refill synchronization
- Pill box fill/bubble packing
- Durable medical equipment

## **Clinical Services:**

- Immunizations:  
influenza/  
pneumococcal/herpes  
zoster
- Medication Therapy  
Management: Mirixa/  
Outcomes
- Diabetes Self-  
Management Education  
and Training
- Collaborative practice



# Job Descriptions

Clinical Coordinator

Residency Director

Consultant Pharmacist

DSME/T Program Coordinator

Certified Pump Trainer

# Clinical Coordinator

# Clinical Coordinator - Responsibilities

Clinical Coordinator, Middleport Family Health Center

- Owner and President: Stephen L. Giroux, RPh
- Primary responsibilities include:

Coordinate company initiatives and patient care services between Middleport Family Health Center, Transit Hill Pharmacy, and Summit Park Pharmacy

Provide medication therapy management, point of care testing, diabetes self-management and general patient education

Administer immunizations (influenza, pneumococcal, and herpes zoster)

Develop and market patient care and other pharmacy services

Prepare and dispense prescription medications and compounded products

# Simplify My Meds

## Service

### ***Refill Synchronization***

Includes:

- Consultation with the pharmacist
- Copy of Personal Medication Record
- Coordination with prescriber for refills
- Monthly medication fill and reminder phone calls

### ***PillPak Adherence Packaging*** Includes:

- Refill synchronization service outlined above
- Monthly packaging of all medications in a safe, fast, and convenient multidose pack

### ***Comprehensive Medication Review***

Includes:

- Consultation with the pharmacist to comprehensively review all of your medications
- Targeted interventions and communication with your provider



# MIDDLEPORT FAMILY HEALTH CENTER

Qty	Pharmacist Service	Price
<b>Simplify My Meds</b>		
	Refill Synchronization Annual Enrollment includes: <ul style="list-style-type: none"><li>- Consultation with the pharmacist</li><li>- Copy of Personal Medication Record</li><li>- Coordination with prescriber for refills</li><li>- Monthly medication fill and reminder phone calls</li></ul>	\$20/ year
	Pill Pak – Adherence Packaging	\$24.95/ month
	Refill Synchronization with Pill Box Fill or Bubble Packaging*	Package Pricing
<b>Cholesterol Services</b>		
	Lipid Counseling + Blood Pressure	\$15
<b>Blood Pressure Services</b>		
	Blood pressure check x 1	\$5
	6-month BP Club membership	\$29
<b>Medication Therapy Management Services</b>		
	Comprehensive Medication Review	\$30 per 15 minutes
	Targeted Medication Review	\$30 per 15 minutes
	Adherence Counseling	\$30 per 15 minutes
<b>Natural Products</b>		
	Natural Product Consultation	\$30 per 15 minutes
<b>Diabetes Monitoring Services</b>		
	Diabetes Self-Management Education Classes	Package Pricing
	Blood Glucose Check	\$10
	Hemoglobin A1C Counseling	\$10
	Meter Training	\$30
	Foot Exam/Foot Care Consult	\$20
<b>Clinical Services / Vaccines</b>		
	Influenza Vaccine (Includes Admin Fee)**	\$39
	Pneumococcal Vaccine (Includes Admin Fee)	\$75
	Shingles Vaccine (Includes Admin Fee)	\$225
	Vaccine Administration Fee	\$25
	Tobacco Cessation	Package Pricing
	Weight Loss Management	

\*Fee applies up to 5 medications, \$1 per month for each additional medication

\*\*Contract pricing/\$15 coupon available

Date of Service:	Location:
Patient Name:	
Provider:	
NPI:	

<b>Other</b>		
	Durable Medical Equipment Consultation	\$30 per 15 minutes
	General Consultations	\$30 per 15 minutes
	Inhaler Technique Training	\$10

Billing Codes:

99605

99606

99607

Subtotal:

Total Patient charge:

*I hereby certify that the above services/care related activities have been rendered and the fees submitted are those that have been charged to the indicated patient.*

# 'PillPak' Adherence Packaging



# PioneerRx

Workflow Patient Account Sale Item Inventory Ordering Analysis Location System

Rx Edit Rx Profile Batch Process Batch Post Find Post Post Edit

Data Entry Rx Post Edit

Actions Tools Reports Search

**Rx Profile - Joseph Smolen**

Quick Search: Smolen, Joseph

Phone: (716) 983-0296 DOB: 4/28/1955 58

Rxs Show: All

Rx Number	Dispensed Item	Refills Left	Days Supply
6823653	Pro Omega Fish Oil	12	90
6823651	Centrum Cardio Tablet	12	90
6801119	*lisinopril 40mg Tablet	1	90
6801118	*Omeprazole Dr 20mg C...	0	90
6807822	*lisinopril 40mg Tablet	3	30
6800463	*Cephalexin 500mg Cap...	1	7
6767888	*lisinopril 40mg Tablet	0	90
6758119	*Omeprazole Dr 20mg C...	0	90
6761012	Reglan 10 Mg Tablet	1	2
6758118	Zestril 20 Mg Tablet	4	90
6751487	*lisinopril 20 Mg Tablet	3	90

**Edit Patient - 'Smolen, Joseph'**

Common Profile Rx History Patient Links Facilities Categories HIPAA Emergency Contacts Documents Item Preferences Claim Overrides Escript Alias MTM

Name: (Last, First) Smolen, Joseph

Primary Address

Street: 7 Treehaven Rd

City: West Seneca

State: NY

ZIP Code: 14224 Country: USA

Third Party Worker's Comp Cash A/R / Autopay

Third Parties: Filter: Active

Name	Use	Start Date	Expiration Date	End Date	BIN	PCN	Cardhol Name
Independent Health	P	11/3/2011	No Expiration		004626		Smolen,

**Patient Report Card Report**

Print Immediately Print... Fax Excel Text

100 % 1/1 Backward Forward

**Patient Report Card**  
Middleport Family Health Center

Patient: Smolen, Joseph  
7 Treehaven Rd  
West Seneca, NY 14224  
P: (716) 983-0296

Physician:

Primary: Independent Health  
Secondary:

Name	MMPR	MPR	LMPR	Gap	MPR History
ACE Inhibitors	100%	96%	83%	0	
Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors	108%	106%	96%	0	

The report has completed

Refil - F2 New Rx - F3 Edit - F4 Renew - F5

# Prescribe Wellness



Patient Engagement Center

Growth

StarWellness

PeakWellness

Transitional Care

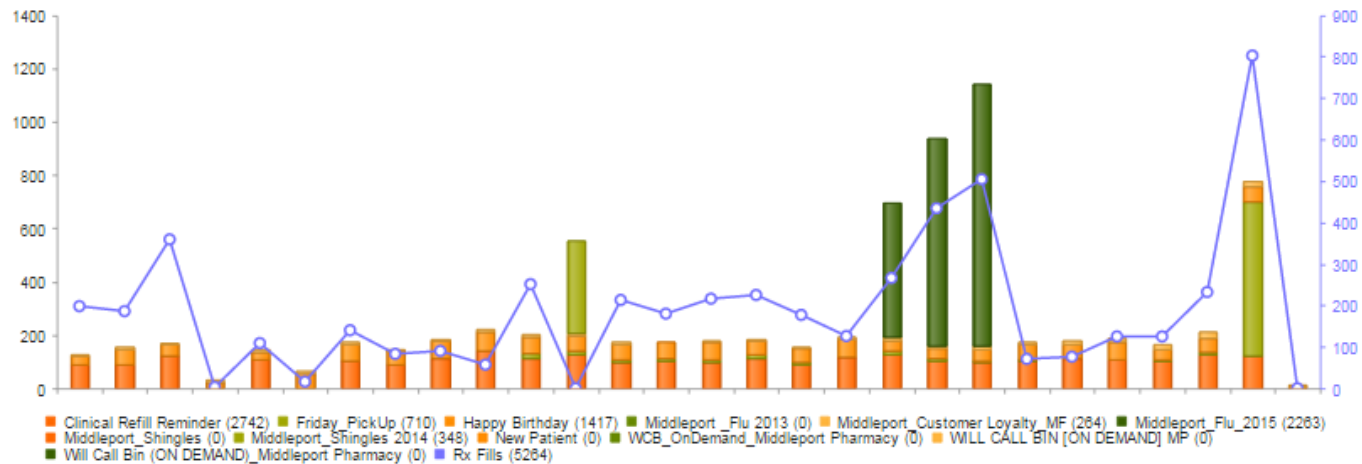
More



All

ASmolen - Tuesday, Nov 18, 2014 - Print

Patient Connections Made



Middleport Pharmacy  
Account: 84254

7.6k  
CONNECTIONS  
LAST 6 MONTHS

13  
CHRONIC DISEASES  
LAST 12 MONTHS

5.0k  
PATIENTS ACTIVE  
LAST 12 MONTHS

3.7k  
DRUGS  
LAST 12 MONTHS

2.0k  
PHYSICIANS  
LAST 12 MONTHS

459  
PHYSICIAN GROUPS  
LAST 12 MONTHS

More

ADHERENCE



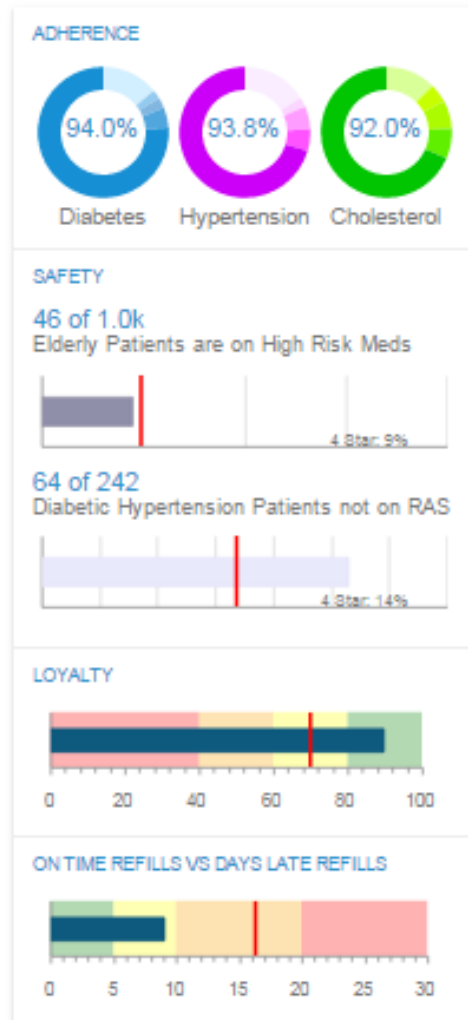
Calls

Print

CONNECT DATE	CALLS	CAMPAIGN	PHONE	PATIENT	ANSWERED...	RXLIST	MESSAGE	ACTIONS
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# CMS 5-Star Quality Rating System



- Effort to control Medicare spending
- Incentives versus termination for plans
- Plan ratings driven by pharmacy claims
- 5 areas of weighted pharmacy measures
- Pharmacy performance networks

# Medication Therapy Management



# **Medication Therapy Management in Pharmacy Practice**

***Core Elements of an  
MTM Service Model***

# MirixaPro

System http://proweb.rdcdrug... Mirixa Sign In OutcomesMTM - Phar...



[My Account](#) | [Admin Tools](#) | [Training and Support](#) | [Sign Out](#)

User: **Jonathan Rabey**

Pharmacy: **MIDDLEPORT FAMILY HEALTH CENTER**



**Home**

**Cases**

**Notifications (4)**

**Calendar**

**Programs**

**Updates from Mirixa:** Your pharmacy's setup has been updated. See the [Notifications tab](#) to review what has changed.

## Case Summary

<a href="#">Not started</a>	2
<a href="#">In progress</a>	1
<a href="#">Due within 7 days</a>	0
<a href="#">Overdue</a>	0
<a href="#">Total open</a>	3
<a href="#">Total closed</a>	213



## Training & Support

### Receive Training When and Where it's Convenient

Make it easier to deliver patient services. Receive fast and focused MirixaPro training right from your desktop. Visit [Training and Support](#) to access:

- Live online training
- Training Materials
- The MirixaPro Support Center

## Best Practice Resources

### Update your Mirixa Profile

Mirixa notifies you of patient care opportunities via email. Don't forego patient care opportunities.

[Learn More](#)

### Learn From Other Successful Pharmacists

Mirixa Best Practice tips are designed to help you deliver patient services.

[Learn More](#)

## What's New

### CMS 2013 MTM Requirements

The MirixaPro Platform and Mirixa Pharmacy Network Management Processes Support all of the New 2013 CMS Requirements for MTM. Click through to see what has changed for 2013.

[Learn more](#)

### Patient care programs available now on MirixaPro!

Click the "Learn more" link below to see what programs are currently available, and check back often!

[Learn more](#)

### Create your own patient care programs with MirixaEdge<sup>SM</sup>

Proactively design and administer patient care programs for any patient, regardless of the patient's health plan, employer, or age.

[Learn more](#)

## Active Programs

[2013 CVS Caremark Non-Standard MTMP](#)

[2013 CVS Caremark SilverScript MTMP](#)

[2013 CVS Caremark Standard MTMP](#)

[2013 CVS Caremark Standard Plus MTMP](#)

[Aetna Commercial MTM Program](#)

[Aetna Commercial MTM Targeted Medication Review](#)

[CVS Caremark Star Ratings Program](#)

# Outcomes



[HOME](#) [ABOUT](#) [EVENTS](#) [CAREERS](#) [CONTACT](#) [LOG IN](#)

Pharmacy

Health Plans

Face-to-Face Difference

Search



Log In to My Account

[Log In](#)

[Create an Account](#)

Personal  
Pharmacist™ Finder

Radius (miles):      Zip Code:

of

OR

--Select State--



[Search](#)

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Introducing a revolutionary

News

[View All News](#)



# Immunizations



# PGY-1 Community Pharmacy Residency Program Director

# CPRP Program Director - Responsibilities

- Program Director, PGY-1 Community Pharmacy Residency Program
- Primary Responsibilities include:

Prepare resident pharmacists for any of the following: clinical patient care position, adjunct or clinical track faculty position, PGY-2 in ambulatory care, pharmacy ownership and organization leadership, or independent entrepreneurship in community-based patient care

Collaborate with the University at Buffalo School of Pharmacy and Pharmaceutical Sciences (UBSoPPS) Residency Program and serve as a member of the UBSoPPS Residency Advisory Committee

Design, implement, document, and evaluate the program according to the Accreditation Standard for Postgraduate Year One (PGY-1)

Community Pharmacy Residency Programs

ASHP/APhA Accredited through 2016



# PGY-1 Community Pharmacy Residency Program

‘...one year postgraduate training programs focused on advancing skills in:

- direct patient care,
- patient care service development,
- and practice management.’

*Postgraduate Year 1 (PGY1) community pharmacy residency programs are accredited by the American Society of Health-System Pharmacists (ASHP) in partnership with the American Pharmacists Association (APhA).*

# Consultant Pharmacist

# Consultant Pharmacist - Responsibilities

*Consultant Pharmacist, Lake Plains Medical*

- Physician: Thomas J. Madejski, MD
- Primary responsibilities include:

Provide medication therapy management and disease state education and follow up to patients upon referral

Provide drug information and medication-related inservices to providers

# ‘Collaborative Practice’

## Lake Plains Medical

- Patients seen by referral for DSME/T, medication-related problems and counseling, insulin pump training and adjustment, etc.
- ‘Incident to’ billing under the provider
- Clinic contract with insulin pump manufacturer for direct reimbursement
- Continuous glucose monitoring services
- Drug information and consultation

# DSME/T Program Coordinator

# DSME/T Program Coordinator Responsibilities

- Program Coordinator, Western New York Diabetes Solutions  
June 2011-Present
- Primary responsibilities include:

Provide oversight for planning, implementation and evaluation of the DSME/T program

Coordinate delivery of diabetes educational services and direct marketing activities for Middleport Family Health Center, Transit Hill Pharmacy, and Summit Park Pharmacy

Ensure that DSME/T program accreditation requirements are met and maintained

Develop and maintain relationships and partnerships with community groups, payers and potential referral sources

# Diabetes Self-Management Education



## What is Diabetes Self-Management Education? (DSME)?

- Current national guidelines recognize DSME as a critical element of care for all diabetic patients and essential to improving patient outcomes
- National Standards for diabetes self-management education (DSME) provide the structure for our program
- Our independent community pharmacy-based program is for individuals with diabetes and is accredited by the American Association of Diabetes Educators
- The program is a collaborative process involving the individual with diabetes, their physician, and pharmacist educators with an expertise in the area of diabetes management
- Educational sessions are designed to provide patients with Type 1 and Type 2 Diabetes the tools to support informed decision making, self-care behaviors and problem solving skills

## AADE7 Self-Care Behaviors

*Diabetes education focuses on 7 self-care behaviors that are essential for improved health status and greater quality of life.*

### The AADE7 Self-Care Behaviors are:

- Healthy Eating
- Being Active
- Monitoring
- Taking Medication
- Problem Solving
- Reducing Risks
- Healthy Coping

## DSME is recommended if you:

- Are a patient newly diagnosed with diabetes
- Have difficulty with blood sugar control
- Have had changes in your diabetes medication or have started insulin
- Have experienced recent complications requiring hospitalization or emergency room treatment

*Based upon your individual need you may benefit from selected classes or may participate in the full program.*

## Getting Started...

Call our primary location at:

**Middleport  
Family Health Center**  
to schedule an appointment  
by dialing **716-735-3261**  
between the hours of  
**9:00a.m. and 5:00p.m.**  
**Monday through Friday.**

[www.middleportfamilyhealthcenter.com](http://www.middleportfamilyhealthcenter.com)

#### References

1. Funnell MM, Brown TL, Childs BE, et al. National standards for diabetes self-management education. Diabetes care. Jun 2007;30(6):1630-1637



# AADE – Diabetes Education Accreditation

- Approved by the Centers of Medicare & Medicaid Services in 2009 to be one of only two (AADE & ADA) National Accrediting Organizations (NAO).
- Both NAOs Programs adhere to the 10 National Standards for Diabetes Self-Management Education.
- List of AADEs accredited programs can be found at:

[http://www.diabeteseducator.org/  
ProfessionalResources/accred/Programs.html](http://www.diabeteseducator.org/ProfessionalResources/accred/Programs.html)

# DSME/T Program Organizational Structure

**Mission Statement:** *Our mission is to provide diabetic patients in the Western New York (WNY) area with the skill set necessary to take ownership of their diabetes care through self-management education with a focus on improvement of the patient's quality of life.*

## **Goals:**

- To teach patients how to effectively integrate the AADE7 Self-Care Behaviors into their daily lives
- To improve continuity of care and communication in the health care communities in which we serve
- To positively impact the clinical outcomes and quality of life of our patients using an evidence-based approach
- To serve as a comprehensive and reliable health care resource to our patients and their prescribers

# DSME/T Overview

1. Referral is obtained from primary care provider
2. Patient is seen for an individual session and needs assessment
3. Education/follow up plan for individual and group sessions tailored to patients needs
4. Patient education plan and follow up implemented
5. Behavior change/SMART goal assessment of AADE7 self-care behaviors and applicable clinical outcomes evaluated at each encounter
6. Progress reports sent to primary care provider at mid-point, program completion, and as appropriate

# Diabetes Self-Management Education/Training

## Patient Information

Patient's Last Name	First Name	Middle
Date of Birth ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address	City	State Zip Code
Home Phone	Other Phone	E-mail address

Diabetes self-management education and training (DSME/T) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. Both services can be ordered in the same year. Research indicates MNT combined with DSME/T improves outcomes.

## Diabetes Self-Management Education/Training (DSME/T)

Check type of training services and number of hours requested

- ☐ Initial group DSME/T: ☐ 10 hours or \_\_\_\_ no. hrs. requested  
☐ Follow-up DSME/T: ☐ 2 hours or \_\_\_\_ no. hrs. requested  
☐ Telehealth

## Patients with special needs requiring individual (1 on 1) DSME/T

Check all special needs that apply:

- ☐ Vision ☐ Hearing ☐ Physical  
☐ Cognitive Impairment ☐ Language Limitations  
☐ Additional training ☐ additional hrs requested \_\_\_\_  
☐ Telehealth ☐ Other \_\_\_\_

## DSME/T Content

- ☐ Monitoring diabetes ☐ Diabetes as disease process  
☐ Psychological adjustment ☐ Physical activity  
☐ Nutritional management ☐ Goal setting, problem solving  
☐ Medications ☐ Prevent, detect and treat acute complications  
☐ Preconception/pregnancy management or GDM  
☐ Prevent, detect and treat chronic complications

Medicare coverage: 10 hrs initial DSMT in 12 month period from the date of first class or visit

## DIAGNOSIS

Please send recent labs for patient eligibility & outcomes monitoring

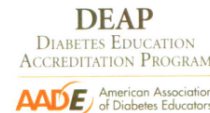
- ☐ Type 1 ☐ Type 2  
☐ Gestational ☐ Diagnosis code \_\_\_\_

## Complications/Comorbidities

Check all that apply:

- ☐ Hypertension ☐ Dyslipidemia ☐ Stroke  
☐ Neuropathy ☐ PVD  
☐ Kidney disease ☐ Retinopathy ☐ CHD  
☐ Non-healing wound ☐ Pregnancy ☐ Obesity  
☐ Mental/affective disorder ☐ Other \_\_\_\_

## Western New York Diabetes Solutions: Diabetes Self-Management Education Program



## Definition of Diabetes (Medicare)

Medicare coverage of DSMT and MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:

- a fasting blood sugar greater than or equal to 126 mg/dl on two different occasions;
- a 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions; or
- a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.

Source: Volume 68, #216, November 7, 2003, page 63261/Federal Register.

Other payors may have other coverage requirements.

Signature and NPI # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Group/practice name, address and phone: \_\_\_\_\_

# DSME/T Personalized Follow-up Plan

- SMART goals set/reviewed at each encounter
- Mid-point and program completion progress notes sent to PCP
- After program completion, follow up at 3 months and 6 months with progress note sent to PCP
- Assessment at 12 month marker for additional follow up needs

ADD NEW PATIENT



Browse Patients



test test



## Profile - test test

Patient Snapshot Report Generate Letters

## Current Patient

## test test

Age: 53  
Gender: Female  
Diabetes: Type 2

## Navigation

- [-] Patient Profile
- [-] Health Status
- [-] Goal Setting
- [-] Clinical Data
- [-] Medication List
- [-] Patient Self Reports
- [-] Education
- [-] Comments & Notes

Patient Name [Edit](#)

test test

Type of Diabetes [Edit](#)

Type 2

Patient Pregnant [Edit](#)

No value

Login Information [Edit](#)

Username testtest2066  
Password \*\*\*\*\*

Assigned Location [Edit](#)

Middleport Family Health Center

Contact Information [Edit](#)

Home Phone ,  
Work Phone  
Cell Phone  
Email

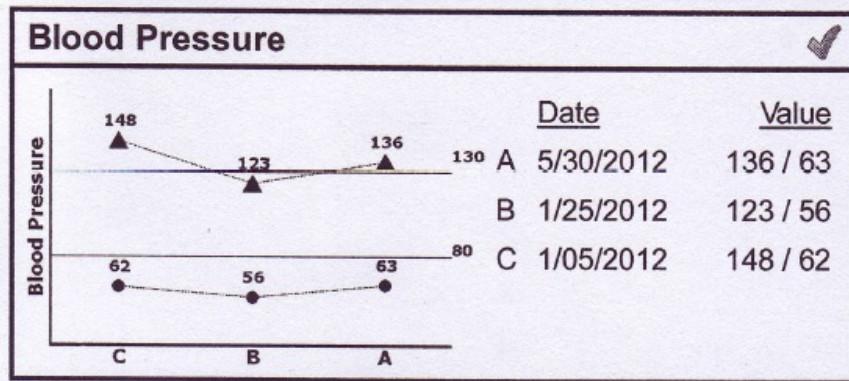
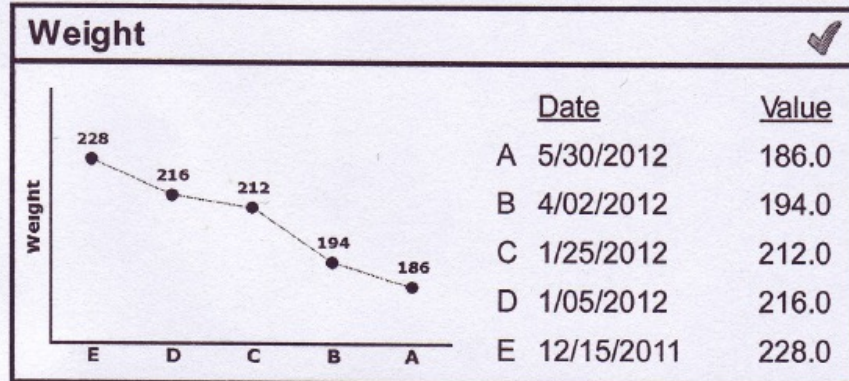
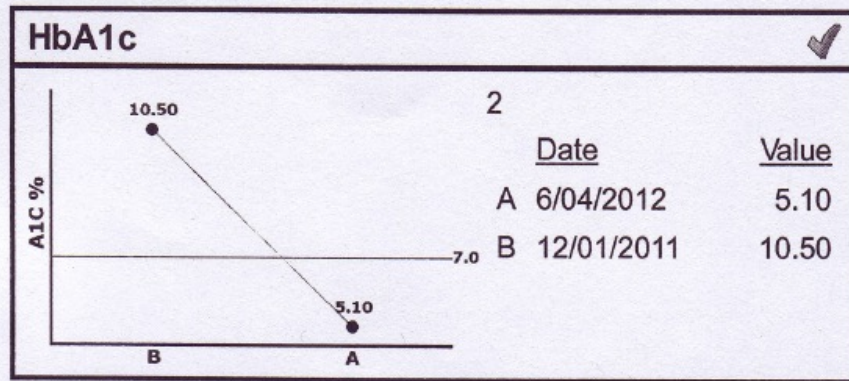
Demographics [Edit](#)

Language Date of Birth 01/1/1960 (53 years old)  
Occupation Education

## Alerts

The following p  
incomplete (dic

- ◊ [Primary Provide](#)
- ◊ [Referrer](#)
- ◊ [Payer](#)



Sample of patient outcomes collected:

- HbA1c
- Weight
- Blood pressure



**Middleport Family Health Center  
Diabetes Training Classes**

Name \_\_\_\_\_

DOS \_\_\_\_\_

	HRS	Units
Initial Session - G0108, 98960		
Group Session 1 - G0109, 98961, 98962		
Group Session 2 - G0109, 98961, 98962		
Group Session 3 - G0109, 98961, 98962		
Group Session 4 - G0109, 98961, 98962		
<b>Follow Up</b> Session - G0108, 98960		

**\*\*Attach to Dr. referral & include copy of insurance card**



# Certified Pump Trainer

# Certified Pump Trainer - Responsibilities

- Community pharmacy
- Primary care office

# Certifications

- Board Certified Pharmacotherapy Specialist December
- Certified Pump Trainer - Medtronic
- Insulin Pump Therapy Training Course AADE
- The Pharmacist and Patient-Centered Diabetes Care
- Accu-Chek Connect Creative Coaching
- Diabetes Accreditation Standards Practical Applications AADE/NCPA
- Pharmacy-Based Lipid Management
- Accu-Chek Spirit Insulin Pump Patient Training Course
- Delivering Medication Therapy Management Services in the Community OTC Advisor: Advancing Patient Self-Care
- Basic Life Support for Healthcare Providers Program (CPR & AED)
- Pharmacy-Based Immunization Delivery

# Review of objectives

- Review of residency training and why I chose specialty
- Discuss job description(s) and daily activities
- Discuss how I fit into the healthcare team

# Contact Information

**Middleport Family Health Center  
81 Rochester Road, PO Box 188  
Middleport, New York 14105  
P: (716)735-3261  
F: (716)735-3351**

**Amanda: [amsmolen@buffalo.edu](mailto:amsmolen@buffalo.edu)**