MSHP Ambulatory Care Pharmacy Practice Leadership Conference

Geriatric Primary Care Model

Candice L. Garwood, Pharm.D., FCCP, BCPS
Clinical Associate Professor
Eugene Applebaum College of Pharmacy and Health Sciences
Clinical Pharmacy Specialist, Harper University Hospital Detroit, MI
Primary care for patients 60 years and older

- Serving ~3000 patients
- Average 73 years old
- ~80% of patients have Medicare
- ~85% have ≥2 chronic conditions
The “Pharmacy Team”

- Clinical Pharmacy Specialist
  - ~4 half days per week
- Anticoagulation Clinic Pharmacist
  - 2 half days per week
- PGY2 Ambulatory Care Pharmacy Resident
  - 2 days per week
- Two WSU P4 students
  - 6 rotations per year
- PGY1 Pharmacy Residency
  - 2-3 residents per year
Pharmacist Role in the Rosa Parks Clinic

- Pharmacotherapy Clinic
- Collaborative Visits
- Anticoagulation Clinic
- Chronic Care Management
- Transitions of Care Medication Reconciliation
- Drug Information and Medication Access
Patient Identification

Pharmacotherapy Clinic
- Referral

Collaborative Visits
- Schedule

Anticoagulation Clinic
- Referral

Chronic Care Management
- EMR report

Transitions of Care Medication Reconciliation
- Database

Drug Information and Medication Access
- On request

EMR report
- On request
DMC/WSU Geriatric Center of Excellence

Pharmacotherapy Clinic and Pharmacist Medication Therapy Management

Collaborative Drug Therapy Management

Policies and Procedures
### Operations

**Rosa Parks Clinic Hours** 8:30-4:30, M-F  
30 minute appointments

<table>
<thead>
<tr>
<th>Anticoagulation</th>
<th>Pharmacotherapy</th>
<th>Collaborative Visits</th>
<th>CCM, Transitions of Care Calls, Drug Info Consults</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 half days/week</td>
<td>1 half day/week</td>
<td>3-4/day</td>
<td>variable</td>
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- Scheduling is managed via Scheduling System integrated with the EMR
Rosa Parks WISH: Billing for Pharmacist’s Care

- Pharmacotherapy Clinic
- Anticoagulation Clinic
- Transitions of Care
- Chronic Care Management
In a hospital-based outpatient clinic, incident to physician services provided by a pharmacist can be billed to Medicare via facility fee only. No professional fees are billed to a payer unless a payer recognizes the provider.
Pharmacotherapy Clinic and Anticoagulation Clinic

- Face-to-face care provided by the Pharmacist
- Provider Referral
- Patient scheduled appointment in Clinic
- Delegated under *direct* supervision
  - Start/Stop/adjust therapy
  - Educate Patient
  - Schedule follow up
- Billed as “facility fee”
Chronic Care Management (CCM)

• Non-face-to-face care
• Can be delegated to “clinical staff” under general supervision
• Once patient consents
• Pharmacist chart review/phone call
  • Must total at least 20 min of dedicated within a calendar month
• Billed under provider
Chronic Care Management Services

January 1, 2015

Medicare Pays
Non-face-to-face care coordination
Medicare Beneficiaries With ≥2 chronic conditions
≈$40 per service period of a month
CPT Code 99490

Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:

- Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,
- Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
- Comprehensive care plan established, implemented, revised, or monitored.

Rosa Parks Wellness Institute for Senior Health
Patient Consent Agreement for Chronic Care Management Services

My provider, ____________________________________________, has recommended that I receive Chronic Care Management (CCM). I have been diagnosed with 2 or more chronic conditions that place my health at risk.
Transitions of Care

• Pharmacists can offer particular expertise in medication reconciliation, medication access, and patient education at care transitions.

• Transitional care management codes went into effect January 1, 2013.

• Rosa Parks WISH model
  • Pharmacist phone call for medication reconciliation → provider visit in clinic
  • Billed under provider

Transitional Care Management Codes

**Code 99496 High Complexity**
- Discharge
- Contact patient in 2 days
- Face-to-face in 7 days

**Code 99495 Moderate Complexity**
- Discharge
- Contact patient in 2 days
- Face-to-face in 14 days

Claim date: 30 days of discharge
Medicare will pay only 1 provider for TCM service per 30 days

www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/FAQ-TCMS.pdf.
Patient Information

Access

• Cerner EMR
• 24/7 access
• Able to access external medication fill history
• Many specialty physician services are delivered by WSU-UPG in Next-Gen EMR

Documentation

• Pharmacy Note templates
  • Pharmacotherapy
  • Anticoagulation
  • Transitions of Care
  • Interventions
• E-scribe
• Order entry
Opportunities for Development
Adoption of DOAC Use

Office Visits for Atrial Fibrillation by Anticoagulation Type

Patients ≥ 65 yrs

- 35% of all ED visits for ADEs
- 44% of all hospital admissions for ADEs

Shehab. JAMA 2016; 316:2115-25
Safety and Efficacy: Using Clinical Selection Criteria

- Evidence-based indication
- Thrombosis risk
- Bleeding risk
- Extremes in body weight
- Older age
- Drug interactions
- Renal dysfunction

**Adherence**
- Finances/willingness to pay
- Patient preferences
Check each visit:
1. Adherence (pt should bring remaining meds)?
2. Thromboembolic events?
3. Bleeding events?
4. Other adverse effects?
5. Co-medications and over-the-counter drugs

Blood sampling: Monitoring anticoagulation level is not required
- Yearly
  - Hemoglobin, renal and liver function
- If CrCl 30–60 mL/min, > 75 yr, or fragile
  - Every 6 month renal function
- If CrCl 15–30 mL/min
  - Every 3 months renal function
- If intercurring condition that may have impact
  - Renal and/or liver function
## Access Options & Issues to Consider

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
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| Prior authorizations            | • Required for many plans  
                              • Demand time, effort, and follow-up |
| Medicare                        | • The “donut hole”                                                      |
| Patient assistance programs     | • Conditions for eligibility  
                              • Re-enrollment                                                        |
| Discount vouchers                | • Criteria exist for use  
                              • Duration limits                                                      |

*Need ongoing access assessment & management*
DOAC Management Model

Facility Fee + Chronic Care Management = Anticoagulation Clinic Billing Model for DOAC Management
Summary

• There are a number of ambulatory pharmacy services that can be offered in a primary care clinic.

• There are billing opportunities as well.

• Changes in clinical practice create new opportunities to creatively offer patient care, and develop new clinical pharmacy services.