COLLABORATIVE PRACTICE AGREEMENTS … TOOLS FOR SUCCESS!

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Goals and Objectives

Identify opportunities where a pharmacist may successfully engage to provide direct patient care in an ambulatory setting

Establish key stakeholders able to facilitate successful implementation

Describe methods to implement Ohio Revised Code 4729.39 and Ohio Administrative Code 4729-29
MetroHealth Medical Center

- Located in Cleveland, Ohio
- 860 bed academic teaching hospital
- Level I trauma center
- 80 bed Emergency Department
- 3 off-site Emergency Departments
- Over 1 million outpatient visits annually
- Safety net hospital
MetroHealth Department of Pharmacy

- 8 retail pharmacy locations
- Specialty pharmacy and mail order services
- Inpatient services:
  - 23 inpatient pharmacists
  - 4 pharmacy specialists
- 3 primary care pharmacists embedded in ambulatory sites
- 1 pharmacist embedded in selected ambulatory cardiology clinics
- 4 PGY1 residents
- APPE site for 7 Ohio colleges of pharmacy
- 1 NEOMED shared faculty member
MetroHealth Medical Center
Opportunities

Pay for performance and cost avoidance focus

Quality
Disease state management guidelines

Cost
Direct billing
• Point of care anticoagulation services

Avoidance provides “revenue” to support services
• Hospital readmissions (e.g., heart failure)
Opportunities

Quality and Cost
National Committee for Quality Assurance (HEDIS)
Medicare 5 Star Ratings
Accountable care organization metrics

MetroHealth
CHF readmissions
Medicare 5 Star Ratings

What are your health system/clinic opportunities?
Needs Assessment

Hospital Readmission Penalty and VBP Penalty:  [www.checkmypenalty.com](http://www.checkmypenalty.com)

Hospital Compare: [www.medicare.gov/hospitalcompare/search.html](http://www.medicare.gov/hospitalcompare/search.html)

Nursing Home Compare: [www.medicare.gov/nursinghomecompare/search.html](http://www.medicare.gov/nursinghomecompare/search.html)

Health Plan Compare (using 5-star ratings): [www.medicare.gov/find-a-plan/questions/home.aspx](http://www.medicare.gov/find-a-plan/questions/home.aspx)


Recognized Accountable Care Organizations: [innovation.cms.gov/initiatives/aco/](http://innovation.cms.gov/initiatives/aco/)

Value-Based Purchasing [innovation.cms.gov/initiatives/Nursing-Home-Value-Based-Purchasing/](http://innovation.cms.gov/initiatives/Nursing-Home-Value-Based-Purchasing/)

Physician Compare: [www.medicare.gov/physiciancompare/search.html](http://www.medicare.gov/physiciancompare/search.html)
Medicare Physician Compare

These clinical quality of care measures are reported by group practices. Group practices report these measures to Medicare. A selection of these quality measures are publicly reported on this website to help consumers make informed decisions and to encourage health care professionals to improve the quality of care they provide to patients. It is important to understand that not all group practices report the same measures, and the measures available to report are different depending on the types of services a group practice provides to patients. Reporting more or less measures is not a reflection of the quality of care given to patients. (Get more information.)

More stars are better. Select a measure to read more information.

### Preventive care: General health

Some group practices do a better job than others providing care that keeps patients healthy. Medicare gave this group practice a performance score based on how well the group did on each measure. The scores are presented as stars and as a percent.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rating</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting a flu shot during flu season</td>
<td>★★★★☆☆</td>
<td>64%</td>
</tr>
<tr>
<td>Making sure older adults have gotten a pneumonia vaccine</td>
<td>★★★☆☆☆</td>
<td>76%</td>
</tr>
<tr>
<td>Screening for depression and developing a follow-up plan</td>
<td>★★★★☆☆</td>
<td>6%</td>
</tr>
<tr>
<td>Screening for tobacco use and providing help quitting when needed</td>
<td>★★★★☆☆</td>
<td>86%</td>
</tr>
<tr>
<td>Screening for an unhealthy body weight and developing a follow-up plan</td>
<td>★★★★☆☆</td>
<td>73%</td>
</tr>
<tr>
<td>Screening for high blood pressure and developing a follow-up plan</td>
<td>★★★★☆☆</td>
<td>51%</td>
</tr>
</tbody>
</table>

### Preventive care: Cancer screening

Some group practices do a better job than others screening patients for cancer. Medicare gave this group practice a score on each measure based on how well the group is doing screening for cancer. The scores are presented as stars and as a percent.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rating</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening for breast cancer</td>
<td>★★★★☆☆</td>
<td>62%</td>
</tr>
<tr>
<td>Screening for colorectal (colon or rectum) cancer</td>
<td>★★★☆☆☆</td>
<td>69%</td>
</tr>
</tbody>
</table>

Patient safety
The readmission rates for the selected hospital versus the national average are listed by condition. Below each graph, the patient total count for each condition is displayed. A condition that is below the national average is displayed in green. A condition at risk for penalty is displayed in red. The brown line indicates the national average for each condition.

- **CHF:** 24.10%
  - 422 total CHF patients (19.29% National Average)
- **AMI:** 20.50%
  - 138 total AMI patients (17.97% National Average)
- **PNM:** 18.50%
  - 210 total PNM patients (17.38% National Average)
- **Hip/Knee:** 6.30%
  - 134 total Hip/Knee patients (5.10% National Average)
- **COPD:** 21.70%
  - 270 total COPD patients (20.70% National Average)

**Readmission Penalty:**
- **Penalty:** 0.83%

**Percentile Rank:**
- **Percentile Rank:** 79%

Due to the readmission rates of the conditions listed above, the selected hospital is subject to a 0.83% Medicare reimbursement penalty. Due to the readmission rates of the conditions listed above, ranked against other hospitals, the selected hospital is in the 79th percentile.
# Medicare 5 Star Rating

## 2017 Part C & D Star Ratings Measures

<table>
<thead>
<tr>
<th>2017 ID</th>
<th>2016 ID</th>
<th>Measure</th>
<th>Primary Data Source</th>
<th>Improvement Measure</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>C01</td>
<td>C01</td>
<td>Breast Cancer Screening</td>
<td>HEDIS</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>C02</td>
<td>C02</td>
<td>Colorectal Cancer Screening</td>
<td>HEDIS</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>C03</td>
<td>C03</td>
<td>Annual Flu Vaccine</td>
<td>CAHPS</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>C04</td>
<td>C04</td>
<td>Improving or Maintaining Physical Health</td>
<td>HOS</td>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>C05</td>
<td>C05</td>
<td>Improving or Maintaining Mental Health</td>
<td>HOS</td>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>C06</td>
<td>C06</td>
<td>Monitoring Physical Activity</td>
<td>HEDIS / HOS</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>C07</td>
<td>C07</td>
<td>Adult BMI Assessment</td>
<td>HEDIS</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>C08</td>
<td>C08</td>
<td>Special Needs Plan (SNP) Care Management</td>
<td>Part C Plan Reporting</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>C09</td>
<td>C09</td>
<td>Care for Older Adults – Medication Review</td>
<td>HEDIS</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>C10</td>
<td>C10</td>
<td>Care for Older Adults – Functional Status Assessment</td>
<td>HEDIS</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>C11</td>
<td>C11</td>
<td>Care for Older Adults – Pain Assessment</td>
<td>HEDIS</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>C12</td>
<td>C12</td>
<td>Osteoporosis Management in Women who had a Fracture</td>
<td>HEDIS</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>C13</td>
<td>C13</td>
<td>Diabetes Care – Eye Exam</td>
<td>HEDIS</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>C14</td>
<td>C14</td>
<td>Diabetes Care – Kidney Disease Monitoring</td>
<td>HEDIS</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>C15</td>
<td>C15</td>
<td>Diabetes Care – Blood Sugar Controlled</td>
<td>HEDIS</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>C16</td>
<td>C16</td>
<td>Controlling Blood Pressure</td>
<td>HEDIS</td>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>C17</td>
<td>C17</td>
<td>Rheumatoid Arthritis Management</td>
<td>HEDIS</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>C18</td>
<td>C18</td>
<td>Reducing the Risk of Falling</td>
<td>HEDIS / HCS</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>C19</td>
<td>C19</td>
<td>Plan All-Cause Readmissions</td>
<td>HEDIS</td>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>C20</td>
<td>C20</td>
<td>Getting Needed Care</td>
<td>CAHPS</td>
<td>Yes</td>
<td>1.5</td>
</tr>
<tr>
<td>C21</td>
<td>C21</td>
<td>Getting Appointments and Care Quickly</td>
<td>CAHPS</td>
<td>Yes</td>
<td>1.5</td>
</tr>
<tr>
<td>C22</td>
<td>C22</td>
<td>Customer Service</td>
<td>CAHPS</td>
<td>Yes</td>
<td>1.5</td>
</tr>
<tr>
<td>C23</td>
<td>C23</td>
<td>Rating of Health Care Quality</td>
<td>CAHPS</td>
<td>Yes</td>
<td>1.5</td>
</tr>
<tr>
<td>C24</td>
<td>C24</td>
<td>Rating of Health Plan</td>
<td>CAHPS</td>
<td>Yes</td>
<td>1.5</td>
</tr>
</tbody>
</table>

Stakeholder Identification

Administrative Partners
Operations, providers (physician, nurses) financial, quality

Legal Partners
Assure compliance with ORC and OAC

Revenue and Coding Specialists
Identify billing opportunities; assure appropriate documentation

Information Technology
Build your template, create your schedule and referral process

Pharmacy Department
Establish who is involved
What are the requirements for consult agreements?

Ohio State Board of Pharmacy:
https://pharmacy.ohio.gov/Documents/Pubs/Special/Consult/Pharmacist%20Consult%20Agreement%20with%20Physicians.pdf

Ohio Administrative Code:
http://codes.ohio.gov/oac/4729-29

Ohio Revised Code:
http://codes.ohio.gov/orc/4729.39v2
MetroHealth Consult Agreement Documents

Consultations Policy

• Parties to the Agreement
• Scope of Practice
• Attestation of Authorized Pharmacists regarding Qualifications to Enter into Consult Agreement
• Attestation of Authorized Physicians to Enter into Consult Agreement
• Responsibilities and Agreements of Parties
Consultation Policy

Scope of Practice

General Scope of Practice

- Appraisal of health status
- Patient education
- Point of care testing
- Analyze lab and diagnostic test data
- Referral to social work, nutrition or other appropriate specialists

Disease Evaluation and Management Scope of Practice

- Evaluate through direct patient care and clinical assessment
- Develop, document and execute appropriate care plans
- Appropriately initiate, continue and discontinue therapy
- Order durable medical equipment
Consultation Policy

Scope of Practice

• Disease appendices
• Communication and supervision processes
• Scope of prescribing authority and methods to measure pharmacist impact
• Responsibilities of other departments and identification of existing related policies
Consultation Policy

Disease Appendices

• Goals and objectives of care
• Primary and comorbid diseases
• Patient eligibility
• Procedure – *keep this general!*  
  • Patient assessment and education
  • Treatment and indications
  • Guidelines
  • Labs
MetroHealth Consult Agreement Documents

Pharmacy Department Policy and Procedure

• Credentials of referring provider and pharmacists
• Quality assurance process and frequency
• Referral and documentation processes
• Termination of consult agreement
Credentialing and Privileging

“Training and experience related to the particular diagnosis for which drug therapy is prescribed”, as used in division (A)(3) of section 4729.39 of the Revised Code, means an Ohio licensed pharmacist whose license is in good standing and who meets the training and experience criteria specified in the consult agreement.

- Quality improvement and risk reduction
- Periodic peer based review based on standards
- Competency
- Accountability
- Reimbursement

https://pharmacy.ohio.gov/Documents/Pubs/Special/Consult/Pharmacist%20Consult%20Agreement%20with%20Physicians.pdf
Credentialing

Documented evidence of professional qualifications

Earned within the profession – academic degree, licensure, advanced skills/knowledge

Continual process

Focused expertise in a disease or knowledge domain

- Certificate of education/performance – immunization, residency
- Statement of continuing education credit – ACPE
- Practice based continuing pharmacy education (CPE) – didactic and practice components
- Certification – BCACP, CDE, CACP
Privileging

A process to define specific services provided by a pharmacist practitioner

Ensures the individuals being granted privileges to perform said activities can demonstrate competency and have ample experience providing the services

- Pharmacokinetic dosing
- Medication and lab ordering
- Anticoagulation services
- Health system specific
Designing Credentialing and Privileging Processes

Organizational oversight

• Modification to existing organizational privileging processes
• Human Resources, Pharmacy, Medical Staff
• Factors to consider in the design process:
  1. Accredited education – ACPE, ASHP
  2. Internal process vs. contracted
  3. Practice model and scope – what services are offered?
  4. Peer review – who will do this?
  5. Ongoing assessment and renewal – how often, what is evaluated
  6. State law and rule changes – ORC 4729.39
MetroHealth Credentialing

Credentials

• Ohio licensed pharmacist in good standing and employed by MH
• ACPE accredited PharmD or BS Pharm degree
• ASHP PGY1 pharmacy residency or 3 years of pharmacy experience
• Ability and obligation to co-sign pharmacy resident orders in a timely manner
• Board Certified Pharmacotherapy Specialist (BCPS) or by BPS in the respective field of practice OR BPS certification within 36 months of hire date
• Valid National Provider Identifier (NPI) number

Others to consider

• Ohio Medicaid and Medicare provider number
• DEA number
MetroHealth Privileging

Quality Assurance

• For each pharmacist practicing under consult agreement
  • 10 EMR reviews biannually (JCAHO) completed by a quality improvement coordinator (physician or designees)
  • Was scope of practice met?
  • Was the recommendation consistent with accepted practice/guidelines?
• Director of Pharmacy or designee will review and evaluate report conclusions
• Formulate an appropriate quality improvement plan
A pharmacist acting under a consult agreement shall maintain a record of each action taken for each patient whose drug therapy is managed under the agreement.

http://codes.ohio.gov/orc/4729.39v2
Documentation Considerations

If you didn’t document, you didn’t do it
- Quality improvement and risk reduction
- Periodic peer based review based on standards
- Competency
- Accountability
- Reimbursement

Determine whether pharmacists can legally document in your health system’s records

May require pharmacist credentialing and privileging first

Involve your IT and documentation/coding stakeholders
ASHP Recommendations

Documentation can include:

• Medication and allergy history
• Pertinent clinical and pharmacokinetic data
• Identification of drug therapy problems
• Drug therapy selection and management

May be billing opportunity driven!

ACCP Documentation Standards

**Medication History**
- patient's past medication use and related health problems
- all current medications including actual use, adherence, and attitudes
- medication-related allergies and any adverse drug events

**Active Problem List with an Assessment of Each Problem**
- current health conditions and status of each condition
- any additional medication-related problems or other medical issues that may be unrelated to current health conditions

**Plan of Care to Optimize Medication Therapy and Improve Patient Outcomes**
- specific medication therapy plan including drug, dose, route, frequency, and relevant monitoring parameters
- collaborative plan for follow-up evaluation and monitoring

Key components for billable levels of service (LOS):

History

- CC – chief complaint in the patient’s words
- HPI – history of present illness
- ROS – review of systems; inventory of patient signs and symptoms
- PFSH – past (medical), family and social history

Examination

- Dependent upon clinical judgment and nature of presenting problem

Medical Decision Making

- Moderate problem – 1 or more chronic illnesses with mild exacerbation
- Minimal diagnostics – reviewing or ordering labs, EKG, PFTs
- Moderate management – prescription drug modification, negatives “count”
<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>How long has the pain been there?</td>
<td>Days, months, years</td>
</tr>
<tr>
<td>Severity</td>
<td>Pain scale</td>
<td>1-10</td>
</tr>
<tr>
<td>Quality</td>
<td>Description</td>
<td>Burning, aching</td>
</tr>
<tr>
<td>Context</td>
<td>When did the pain begin?</td>
<td>Suddenly, over 3 months</td>
</tr>
<tr>
<td>Modifying factors</td>
<td>What makes it better or worse?</td>
<td>Heat, ice, elevation</td>
</tr>
<tr>
<td>Associated signs and symptoms</td>
<td>Are there any other symptoms with your problem?</td>
<td>Numbness, swelling, constipation</td>
</tr>
<tr>
<td>Timing</td>
<td>When does the pain occur?</td>
<td>With exercise, with sitting</td>
</tr>
</tbody>
</table>
Review of Systems

Negatives “count”
Constitutional – vitals, general appearance
Psychiatric – depressed affect, insomnia, tearful
Cardiovascular – chest pain, palpitations
Musculoskeletal – myalgia
Respiratory – shortness of breath, orthopnea, cough
Endocrine – polyuria, polydipsia, polyphagia
Gastrointestinal – diarrhea, nausea, vomiting
Eyes – blurred vision
Physical Examination

Constitutional – weight loss, appearance, vitals
Cardiovascular – JV distension, heart sounds
Respiratory – lung sounds, Asthma Control Test
Psychiatric – MMSE, PHQ9, affect
Skin – intact, bruising

Also can consider eyes, ENT, GI, Genitourinary, Musculoskeletal, Neurologic and Hematologic/Lymphatic exam

Minimum of two for higher level billing
## Established Outpatient Billing

<table>
<thead>
<tr>
<th>CODE</th>
<th>99212</th>
<th>99213</th>
<th>99214</th>
<th>99215</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>Problem focused 1-3 HPI</td>
<td>Expanded Problem focused 1-3 HPI, 1 ROS</td>
<td>Detailed 4 HPI, 2 ROS, 1 PFSH</td>
<td>Comprehensive 1 HPI, 10 ROS, 3 PFSH</td>
</tr>
<tr>
<td>Exam</td>
<td>Problem focused 1 body area</td>
<td><strong>Expanded Problem focused 2-7 body areas</strong></td>
<td>Detailed 2 to 7 body areas, w/detailed exam of affected area</td>
<td></td>
</tr>
</tbody>
</table>
**Documentation Example**

**CC:** “routine follow-up for diabetic neuropathy”

**HPI:** Pt report a burning pain bilaterally in her feet beginning approximately 6 months ago and becoming progressively worse. Pt describes it as a burning pain which is unrelied with rest or OTC analgesics such as acetaminophen. Pain improved from 9:10 to 5:10 with the initiation of gabapentin 300mg BID 1 month ago.

**ROS:**

Constitutional: Negative for fever, weight loss, weakness and malaise/fatigue.

Respiratory: Negative for cough and shortness of breath.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Negative for nausea, vomiting, abdominal pain, diarrhea and constipation.

Genitourinary: Negative for urgency or frequency.

Musculoskeletal: Negative for myalgias, positive for bilateral foot pain severity 5:10

Neurological: Negative for dizziness, headache.
Physical Exam:
- Constitutional: Well-developed, well-nourished, and in no distress
- Cardiovascular: Normal rate and regular rhythm
- Pulmonary/Chest: No respiratory distress
- Skin: warm and dry
- Foot exam: extremities are warm and w/o edema, dorsalis pedis and posterior tibial pulses 1+
- Vitals reviewed

PFSH:
Past medications, past medical history, family history, tobacco, ETOH, employment or occupational history, marital status
Moderate Level Decision Making

Presenting Problem:
• 1+ chronic illness with a mild exacerbation or 2 or more stable chronic illnesses
• Diabetic neuropathy

Management Option:
• Prescription drug management
• Gabapentin dose escalation
What to Avoid for Appropriate Billing

Chief complaint must be documented in the progress note and should not be “routine follow-up” but instead “routine follow-up for diabetes and hypertension”

HPI, ROS and PFSH must be contained in the progress note; cannot utilize “reviewed” as adequate documentation

Cannot use nursing documentation for your documentation; can bring nursing information into your note

Diagnosis code associated with the visit must be fully evaluated – avoid expanded diagnoses

- Stable on meds
- Condition worsening
- Condition improving
Communication between a pharmacist and physician acting under a consult agreement shall take place at regular intervals specified by the primary physician acting under the agreement. The agreement may include a requirement that a pharmacist send a consult report to each consulting physician.

http://codes.ohio.gov/orc/4729.39v2
Communication Requirements

Communication between a pharmacist and physician acting under a consult agreement includes:

- Electronic mail that confirms delivery
- Interoperable electronic medical records system
- Facsimile that confirms delivery
- Electronic prescribing system
- Electronic pharmacy record system
- Documented verbal communication
- Any other method of documented notification

https://pharmacy.ohio.gov/Documents/Pubs/Special/Consult/Pharmacist%20Consult%20Agreement%20with%20Physicians.pdf
Patient Communication

Referral:
Referring provider likely to inform patient but not always
• “after visit summary” contact or scheduling information
• welcome letter/card with contact or scheduling information

Discharge:
Pharmacist or referring provider leaves the health system
Patient may discharge pharmacist or fail to participate
• discharge letter with discrete patient steps
• can consider email or certified mail
Information Technology Considerations

Scheduling

Building a pharmacist schedule

Scheduling patients

Electronic transmission of medication and lab orders
Workflow

In office workflow partners

Reception – check-in, insurance verification

Nursing – rooming, scheduling

Supervising providers – not always the referring provider

• Currently advance practice nurses cannot refer patients to or supervise pharmacists under consult in Ohio
Consult Agreement Resources

Council on Credentialing in Pharmacy
www.pharmacycredentialing.org/

ASHP Credentialing and Privileging Resource Center
www.ashp.org/menu/PracticePolicy/ResourceCenters/Credentialing-and-Privileging-Resource-Center.aspx

Standards of Practice for Clinical Pharmacists
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