An Action Plan for Implementation of the JCPP Future Vision of Pharmacy Practice

Prepared for the Joint Commission of Pharmacy Practitioners
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The Future Vision of Pharmacy Practice

Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.

Pharmacy Practice in 2015

The Foundations of Pharmacy Practice. Pharmacy education will prepare pharmacists to provide patient-centered and population-based care that optimizes medication therapy; to manage health system resources to improve therapeutic outcomes; and to promote health improvement, wellness, and disease prevention. Pharmacists will develop and maintain:

- a commitment to care for, and care about, patients
- an in-depth knowledge of medications, and the biomedical, sociobehavioral, and clinical sciences
- the ability to apply evidence-based therapeutic principles and guidelines, evolving sciences and emerging technologies, and relevant legal, ethical, social, cultural, economic, and professional issues to contemporary pharmacy practice.

How Pharmacists Will Practice. Pharmacists will have the authority and autonomy to manage medication therapy and will be accountable for patients' therapeutic outcomes. In doing so, they will communicate and collaborate with patients, care givers, health care professionals, and qualified support personnel. As experts regarding medication use, pharmacists will be responsible for:

- rational use of medications, including the measurement and assurance of medication therapy outcomes
- promotion of wellness, health improvement, and disease prevention
- design and oversight of safe, accurate, and timely medication distribution systems.

Working cooperatively with practitioners of other disciplines to care for patients, pharmacists will be:

- the most trusted and accessible source of medications, and related devices and supplies
- the primary source for unbiased information and advice regarding the safe, appropriate, and cost-effective use of medications
- valued patient care providers whom health care systems and payers recognize as having responsibility for assuring the desired outcomes of medication use.

How Pharmacy Practice Will Benefit Society. Pharmacists will achieve public recognition that they are essential to the provision of effective health care by ensuring that:

- medication therapy management is readily available to all patients
- desired patient outcomes are more frequently achieved
- overuse, underuse, and misuse of medications are minimized
- medication-related public health goals are more effectively achieved
- cost-effectiveness of medication therapy is optimized.

Joint Commission of Pharmacy Practitioners
November 10, 2004

EXECUTIVE SUMMARY

The concept of "optimal medication therapy" implies that the use of medicines occurs within a system that assures the highest likelihood of achieving desired clinical, humanistic and economic outcomes. However, significant gaps exist between the goal of optimal drug therapy and the current state of medication use in the United States. This public health crisis calls for significant changes in our medication use system and in how key healthcare resources are deployed. One such resource is the nation's pharmacists.

Pharmacy organizations, pharmacy education, and many individual pharmacists have responded by redefining pharmacy's professional mission and how pharmacists' services benefit patients and society. Evolutionary change will not suffice if pharmacy as a whole is to provide much needed leadership in meeting society's need for an optimal medication use system. A broadly supported, strategically driven plan must be implemented to address the most critical barriers that currently prevent patients and the healthcare system from realizing the maximum benefit from pharmacists' unique knowledge, skills, and professional capabilities.

An important first step was the articulation of a Future Vision of Pharmacy Practice by the Joint Commission of Pharmacy Practitioners (JCPP):

Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.

The JCPP vision statement further describes pharmacy practice and how pharmacy will benefit patients and society in 2015. To facilitate achieving this vision, JCPP undertook the effort described here to develop a strategically driven implementation plan. Three **Critical Areas** deemed most important at this time to success in achieving the vision were identified:

Practice Model: Articulate a practice model for the profession that is consistent with the Future Vision of Pharmacy Practice.

Payment Policy: Align payment systems with the pharmacy practice model envisioned by the Joint Commission of Pharmacy Practitioners. Transition from a payment system based mainly on product-based reimbursement to one that includes appropriate payment for professional services and management of the medication use system.

Communications: Help transform pharmacy by building widespread stakeholder understanding of, support for, and commitment to the practice roles and responsibilities of pharmacists and the new economic foundation for the profession as articulated by the JCPP Future Vision of Pharmacy Practice.

Articulation of a desired pharmacy practice model describes not only those patient care services provided by pharmacists, but must assure that such services are widely and consistently available in all patient care settings. The practice model must be financially viable and economically feasible. Payment policy reform is critical. Patients, private and government payers, and the other health professions must understand and demand the medication therapy management and other patient care services of pharmacists.

A **Workgroup** was created for each of the Critical Areas. Each Workgroup:

- articulated a **Desired Future State** (i.e., vision) for that Critical Area;
- identified recommended **Strategic Directions**;
- identified the <u>one</u> Strategic Direction considered most important at this time to success (**Critical Success Factor**) This is the primary or driving strategy that absolutely must be accomplished to achieve the Desired Future State;

- developed and prioritized those **Objectives** that, when met, will accomplish the Critical Success Factor;
- identified the two objectives felt most important for success; and
- created a time-based **Action Plan** designed to achieve the two top-ranked objectives.

This Action Plan is designed to focus effort on those issues felt most critical for success. The Desired Future State, Critical Success Factors, top-ranked objectives, and recommended action steps for each of the Critical Areas (Practice Model, Payment Policy, Communications) follow. It is possible that one or more of the action steps recommended below may not align fully with current policy of one or more of the organizations that participated in the development of this Action Plan. If so, it's inclusion should not be taken to mean that that organization has officially endorsed the recommended policy. The three Workgroups have outlined suggested courses of action likely to achieve their respective Critical Success Factors, and thereby facilitate achieving the JCPP Future Vision of Pharmacy Practice. It is expected that further discussions to resolve these possible areas of nonalignment will take place as part of efforts to implement the recommended strategies.

<u>Critical Area I: Practice Model</u>— The practice model articulated here is independent of practice site or patient care setting. The model describes the set of services that patients can expect to receive when they have a pharmacy encounter. The practice model recognizes that pharmacy is not only integrated into the broader healthcare system, but that pharmacy itself represents a system of care with defined links and relationships between practitioners in different practice settings. Reference is made throughout this document to pharmacists' "medication therapy management services." The term is not meant to be limited to Medication Therapy Management Services as defined by Medicare Part D. Instead, "medication therapy management" refers to those patient care services provided by pharmacists in <u>all</u> practice settings that optimize the therapeutic outcomes of patients of all ages.

Dissemination of the JCPP-envisioned practice model will occur best through a combination of practitioners' desire to reengineer their practices (voluntary uptake), societal demand, regulatory pull through, and peer pressure (business competition). Certainly, example practices exist today that embody the JCPP vision. The goal is to move from the current state where these practices may be considered "centers of excellence" to one where the JCPP vision is considered the standard of practice. This Critical Area is focused on widely promulgating a new vision of pharmacy practice. It is focused on developing pharmacy's capacity to provide the described services.

<u>Desired Future State</u>:

> Patient-centered and population-based care provided or coordinated by pharmacists occurs within a structured system across the continuum of care. Working cooperatively with other healthcare professionals, pharmacists provide or oversee:

- medication therapy management that achieves optimal patient outcomes;
- appropriate, safe, accurate, and efficient access to and use of medications; and
- services that promote wellness, health improvement, and disease prevention.

Critical Success Factor:

Implement pharmacist-provided medication therapy management as a routine, expected, and utilized service in all practice settings.

Top-Ranked Objectives and Key Action Steps:

Objective 1: Describe and disseminate financially viable business models for the delivery of medication therapy management and other patient care services by pharmacists in, for example, ambulatory clinics and community, hospital, and nursing home settings.

Nine Key Elements that characterize viable business models for the delivery of medication therapy management and other patient care services by pharmacists in any practice setting were identified:

1. A philosophy of practice that emphasizes the pharmacists' patient care responsibilities has been articulated and is shared by all of the practice's professional and support personnel.

2. Processes exist to assure that all pharmacists and support personnel possess the knowledge and skills required to fulfill their respective patient care, dispensing, and other responsibilities.

3. Formal and informal patient care relationships exist between the pharmacists (practice) and other healthcare providers.

4. A system exists (preferably electronic) for documentation of care provided by the pharmacist, and for communication of needed patient health information among healthcare providers.

5. Use of support personnel and technology is optimized, allowing the pharmacists to focus the majority of their time on patient care responsibilities.

6. Direct payment by patients for services, established contracts with third party payers, or institutional policies and priorities for pharmacy services support the practice's patient care activities and responsibilities.

7. Business management procedures incorporate benchmarks appropriate for the pharmacists' (practice's) patient care activities and responsibilities.

8. The practice's patient care activities are supported by appropriate business procedures and systems.

9. The effect of the pharmacists' (practice's) activities on patients' medication use outcomes is documented, and the practice model can be replicated in other locales.

Recommended Action Steps:

A. Identify one or two of the JCPP practitioner organizations (i.e., ACA, ACCP, AMCP, APhA, ASCP, ASHP, or NCPA) to serve as Co-Champions for and to be accountable for assuring that this portion of the action plan is implemented.

B. Create an Implementation Workgroup responsible for accomplishing the following Action Plan.

C. Use a broadly constituted practitioner advisory committee to refine and validate the Key Elements that characterize all financially viable business models.

D. Use the Key Elements to identify pharmacy practices in community, hospital, nursing home, ambulatory clinic, managed care, and other settings (e.g., physician group practice) that exemplify the JCPP pharmacy practice model.

E. Describe the business models used by these model practices.

F. Implement a series of educational, communications, and advocacy initiatives to disseminate these model practices so they become the standard of practice.

    1. Create live and distance-based education, certificate, and structured continuing professional development programs to highlight these model practices and help pharmacists learn how to implement the practice model in their settings.

    2. Broadly publish case studies to help pharmacists learn how to implement the practice model in their settings.

    3. Create one or more "leave behinds" to support advocacy efforts with government, payers, or patient advocacy groups that highlight the outcomes, financial impacts, and other benefits of the practice model and the model practices.

    4. Conduct educational outreach programs for legislators, regulators, payers, and patient advocacy groups to experience the practice model by visiting the identified model practices.

    5. Assess the likely benefit and feasibility of an effort akin to "Concept Pharmacy" as a means for pharmacists and other target groups to experience the practice model and learn how to implement best practices.

    6. JCPP organizations and state pharmacy associations create "Practice Implementation Networks" within their organizations.

    7. NABP review and update as needed its model pharmacy practice act to assure that it fully enables the JCPP-envisioned practice model.

    8. Conduct educational outreach programs for corporate and institutional/hospital administrators that make decisions about how pharmacy is practiced to learn about and endorse the practice model and its Key Elements.

9. All schools and colleges of pharmacy use the Key Elements when identifying sites for student experiential training. AACP develop or revise model guidelines and educational objectives for introductory and advanced pharmacy practice experiences that incorporate the Key Elements. Schools of Pharmacy incorporate the model guidelines and objectives into their programs.

10. ACPE incorporate the Key Elements into their accreditation standards and guidelines for schools and colleges of pharmacy as appropriate.

11. ASHP and its residency accreditation partners incorporate the Key Elements into their accreditation standards and guidelines for residency training as appropriate.

12. State pharmacy associations work with their respective state boards of pharmacy to review and update as needed their state practice acts based on the NABP model act.

13. Evaluate the feasibility of establishing consulting services to help practitioners reengineer their practices.

14. JCPP organizations' foundations collaborate to create practice development grants.

Objective 2: Create a set of tools to help reengineerpharmacy practice (e.g., remodeling of physical facilities; documentation of patient care).

A set of tools or resources (products and services) is identified that, if widely available and used by pharmacists, will help them implement the JCPP-envisioned practice model. It is understood that merely having these tools available will not effect change in pharmacy practice. Pharmacists will use these tools to help change how they practice if and when they perceive the need. This emphasizes the importance of the other elements of the overall Action Plan. Success to create broadly based demand for pharmacists' medication therapy management and other patient care services among patients, caregivers, healthcare providers, and other stakeholders will require pharmacists to transform their practices. Success to modify government and private sector policies regarding payment for pharmacists' professional services will make this transformation feasible.

Recommended Action Steps:

A. Identify one or two of the JCPP organizations to serve as Co-Champions for and to be accountable for assuring that this portion of the action plan is implemented.

B. Create an Implementation Workgroup responsible for accomplishing the following Action Plan.

C. Use a broadly constituted practitioner advisory committee to refine the catalog of tools (resources) needed by pharmacists, and to evaluate the degree to which currently available tools meet the needs of practitioners.

D. Implement a series of educational and communications initiatives to optimize the use and impact of currently available tools.

E. Modify as needed available tools so their use to help pharmacists reengineer their practices is optimized.

F. Develop new products or services to meet unaddressed needs.

Critical Area II: Payment Policy—Current payment policy for pharmacy services is driven by product-based reimbursement and is generally not aligned with all three elements of the proposed practice model. Some practices or individual pharmacists may opt to emphasize one or two elements of the practice model over the other(s) based on location or patient population served. For example, a pharmacist practicing in an ambulatory clinic or physician office may focus on enhancing patients' wellness and medication therapy outcomes and may not be directly involved in dispensing-related activities. Payment policy for pharmacy services must be able to make this economically viable.

As payers increasingly adopt the concepts of value-based purchasing, these pay-for-performance systems must identify and be based on patient outcomes that pharmacists are able to impact. The two objectives identified below focus on private and government payers respectively. It is understood that those who pay for healthcare usually will pay only for what the patient (consumer) values and demands. Efforts to solidify and organize consumer demand for pharmacists' medication therapy management and other patient care services is the necessary third element of a comprehensive effort to implement the JCPP Future Vision of Pharmacy Practice.

Desired Future State:

Demand for quality patient care services provided by pharmacists, and for the management of safe and efficient medication distribution systems, aligns the financial incentives of patients, payers, and providers and sustains the JCPP-envisioned pharmacy practice model.

Critical Success Factor:

Assure that pharmacists' medication therapy management and other patient care services are incorporated in all private and governmental health benefits programs.

Top-Ranked Objectives and Key Action Steps:

Objective 1: Private health plans will design their health benefit programs to include: medication therapy management, health improvement, and disease prevention services provided by pharmacists;and incorporate standards for the delivery of those services.

Recommended Action Steps:

A. Identify one or two of the JCPP practitioner organizations (i.e., ACA, ACCP, AMCP, APhA, ASCP, ASHP, or NCPA) to serve as Co-Champions for and to be accountable for assuring that this portion of the action plan is implemented.

B. Create an Implementation Workgroup responsible for accomplishing the following Action Plan.

C. Develop standards for the delivery of pharmacists' medication therapy management and other patient care services that address for example:

- which services are to be offered/provided;
- who may receive these services (access); and
- who will deliver the services.

D. Create a Model Benefit for Pharmacists Medication Therapy Management and Other Patient Care Services. This model benefit:

- must be applicable to all patients as they move across the continuum of care, and
- should include pay for performance concepts centered on pharmacist-sensitive patient outcomes.

E. Create and maintain a contemporary catalog of evidence that demonstrates the beneficial impact of pharmacists' medication therapy management, health improvement, and disease prevention services on clinical, economic, and humanistic outcomes.

F. Engage with private and government health plans and other stakeholders to:

- show how an alignment of financial incentive among payers, pharmacists, and patients can benefit both the payers and their beneficiaries;
- gain a better understanding of private and government payer views on potential payment systems for pharmacy services; and
- develop commitment among these payer groups to work with pharmacy to build the Model Benefit into their health benefit programs.

G. Enact State legislation that requires health insurance plans to cover services provided by a licensed pharmacist within his/her legally defined scope of practice if the benefits would normally be covered when provided by a medical doctor.

Objective 2: Federal and state laws and regulations will be amended so that government health benefit programs recognize and pay pharmacists as health care providers responsible for the provision of medication therapy management and other patient care services; the provision of such services to also be included as a condition of participation for facilities participating under these programs.

Recommended Action Steps:

A. Identify one or two of the JCPP practitioner organizations (i.e., ACA, ACCP, AMCP, APhA, ASCP, ASHP, or NCPA) to serve as Co-Champions for and to be accountable for assuring that this portion of the action plan is implemented.

B. Create an Implementation Workgroup responsible for accomplishing the following Action Plan.

C. Work to amend Title 18 of the Social Security Act (Medicare) so that:

- Medication Therapy Management (MTM) services of pharmacists be recognized for payment under Medicare Part B.
- whether or not they are enrolled in Medicare Part D, Part B enrollees be eligible to receive the MTM services of a pharmacist.
- documentation and payment for MTM services provided by a pharmacist under this legislation use the applicable CPT codes for pharmacist MTM services as approved by the AMA CPT Editorial Panel.

D. Work to incorporate into the Medicare benefit a once-yearly medication regimen review and assessment conducted by a pharmacist.

E. Work to amend CMS regulations to shift the payment procedures and cost accounting structure for MTM services from the administrative budget of the prescription drug plan to a targeted budget/accounting category specific for those services.

F. Work to amend Medicare Conditions of Participation for the following healthcare settings so they incorporate pharmacists' medication therapy management and other patient care services:

- End-Stage Renal Disease Facilities
- Home Health Agencies
- Hospices
- Hospitals
- Programs for All-Inclusive Care for the Elderly Organizations (PACE)
- Psychiatric Hospitals
- Rural Health Clinics
- Transplant Hospitals

G. Work to amend Title 19 of the Social Security Act, Grants to States for Medical Assistance Programs (Medicaid), to include services furnished by a pharmacist to the extent such services may be performed under State law by a pharmacist.

H. Work to incorporate (directly or through a Section 1115 Medicaid waiver) the "Model Benefit" developed under Payment Policy Objective #1 into each State's annual Medicaid plan.

Critical Area III: Communications—As part of this overall Action Plan, it is important to create demand for pharmacists' medication therapy management and other patient care services among patients, families, and lay caregivers; other health professionals; payers and policy makers; corporate employers of pharmacists; and individual pharmacists themselves. The specific action plans recommended by the Practice Model workgroup include communications efforts directed at pharmacists and their employers that are designed to build an understanding of the JCPP-envisioned pharmacy practice and a commitment to implementing that practice in their settings. Similarly, the specific action plans recommended by the Payment Policy workgroup include communicating with private and government payers and policy makers with the goal of their changing their payment policies for pharmacists' services. The Communications workgroup therefore focused its efforts on two target groups: patients and caregivers, and physicians.

The initiatives recommended below are built around a five-step communications process of building awareness, understanding, support, commitment, and demand. It must be stressed that creating such

demand must begin at the level of the individual pharmacist and pharmacy. It must be part of every patient-pharmacist or physician-pharmacist encounter. A person cannot be expected to truly value and demand something that s/he has never experienced.

Desired Future State:

Patients and other stakeholders understand, use, and consider essential the medication therapy management and other patient care services of pharmacists.

Critical Success Factor:

Create demand among patients, caregivers, and other health professionals for pharmacists' medication therapy management and other patient care services.

Top-Ranked Objectives and Key Action Steps:

Objective 1: A communications plan will be implemented to create demand among patients and caregivers for pharmacists' medication therapy management and other patient care services.

Recommended Action Steps:

A. Identify one or two of the JCPP organizations to serve as Co-Champions for and to be accountable for assuring that this portion of the action plan is implemented.

B. Create an Implementation Workgroup responsible for accomplishing the following Action Plan.

C. Assure an adequate communications infrastructure. Consideration should be given to creating an initial pilot program focused on a relatively limited patient / caregiver audience. Following implementation and evaluation of the pilot, expansion to other target groups can be undertaken based on resource and other considerations.

D. Determine the goals and desired outcomes of implementing a communications plan focused on patients and caregivers. The following specific goals are recommended:

1. To create **awareness** among patients and caregivers that:

   - pharmacists are medication use experts, not just suppliers of pills;
   - pharmacists are ready, willing, and able to assist them in the clinical management of their medication therapy;
   - pharmacists are their best resource for drug information; pharmacists have the most complete, deepest, and broadest knowledge of drugs and drug therapies of all the health care professions;
   - they can and should ask their pharmacists to assist them in the clinical management of their medication therapy.

2. To have patients and caregivers **understand** that:

   - they will benefit more from their use of medicines when pharmacists assist in the clinical management of their medication therapy in all healthcare settings;

- pharmacists contribute to their overall health by providing services like health education, disease screening, and immunizations;
- they can schedule an appointment with their pharmacist, just as they do with their physician or dentist.

3. To have patients and caregivers:

   - value the benefits they receive when pharmacists help manage their drug therapy.

4. To have patients and caregivers **demand**:

   - that pharmacists' medication therapy management and other patient care services be available to them and provided consistently in all healthcare settings; and
   - that such services are covered within their health insurance benefits.

E. Define the target audience(s). Identify logical subsets of "patients" and "caregivers." Possible target groups identified include:

   - Medicare beneficiaries (all or those enrolled in Part D);
   - Medicaid recipients;
   - family members (caregivers) of senior citizens;
   - patients taking "high risk" or multiple medications.

F. Frame the issue. Describe our issue in a way that will resonate with the values and needs of patients and caregivers. What is the issue really about? Why should patients care about this? What's in it for them?

G. Craft key messages that tie to our goals, deliver important information, and compel patients and caregivers to demand that they receive pharmacists' services.

H. Establish strategic partnerships with organizations specific to the target audience(s) identified above.

I. Determine optimal communication channels.

J. Determine specific communications activities and materials.

K. Implement and monitor effectiveness of the communications plan.

Objective 2: A communications plan will be implemented to create demand among physicians for pharmacists' medication therapy management and other patient care services.

It was decided to focus this objective on the physician community because the physician is seen as the major and most influential driver for change among the other health professions.

Recommended Action Steps:

A. Identify one or two of the JCPP organizations to serve as Co-Champions for and to be accountable for assuring that this portion of the action plan is implemented.

B. Create an Implementation Workgroup responsible for accomplishing the following Action Plan.

C. Assure an adequate communications infrastructure. Consideration should be given to creating an initial pilot program focused on a relatively limited physician audience. Following implementation and evaluation of the pilot, expansion to other target groups can be undertaken based on resource and other considerations.

D. Determine the goals and desired outcomes of implementing a communications plan focused on physicians. The following specific goals are recommended:

1. To create **awareness** among physicians that:

   - pharmacists are medication use experts and valuable resources for drug information;
   - pharmacists are able to collaborate with them in the clinical management of their patients' medication therapy, and in the development and implementation of drug use policy;
   - collaborating with pharmacists can enhance their practice's capabilities and potentially its income stream.

2. To have physicians **understand** that:

   - their patients will more often obtain optimal benefit from the use of medicines when pharmacists collaborate in the clinical management of medication therapy in all healthcare settings;
   - pharmacists contribute to overall patient/public health by providing services like health education, disease screening, and immunizations;
   - pharmacists can broaden and extend their practice's professional capabilities in ways that no other profession can, and provide a higher return on investment.

3. To have physicians:

   - value the benefits they and their patients receive when pharmacists help manage medication therapy;
   - seek additional opportunities for pharmacist's integration into healthcare practices.

4. To have physicians **demand**:

   - that pharmacists' medication therapy management and other patient care services be available to their patients in all healthcare settings;
   - that such services are covered within health insurance benefits; and
   - to have physician organizations advocate for changes in practice standards and legislation to strengthen pharmacist integration into patient medication therapy.

E. Define the target audience(s). It is suggested that the greatest impact of these communications efforts will be achieved if they focus (first) on those physicians who principally care for the patient subsets identified in the Communications Objective #1 Action Plan. A coordination of the patient/caregiver and physician communications plans is recommended.

F. Frame the issue. Describe our issue in a way that will resonate with the values and needs of physicians. What is the issue really about? Why should physicians care about this? What's in it for them?

G. Craft key messages that tie to our goals, deliver important information, and compel physicians to demand that they and their patients receive pharmacists' services.

H. Establish strategic partnerships with organizations specific to the target audience(s) identified above.

I. Determine optimal communication channels.

J. Determine specific communications activities and materials.

K. Implement and monitor effectiveness of the communications plan.

Recommended Next Steps

JCPP should consider the following next steps.

1. Include implementation of the Action Plan as a standing agenda item at all quarterly JCPP meetings:

   November 2007—receive the Action Plan. Refer it to the JCPP Transformation Workgroup (or other) for in-depth review and analysis.

   November 2007 – January 2008—workgroup reviews Action Plan and develops recommendations for its implementation.

   February 2008—JCPP action on workgroup recommendations, which should include identified accountability for various elements of the Action Plan.

   April 2008 and beyond—report to JCPP from (multiple) Implementation Workgroup(s).

2. Publish the Action Plan. Publication and dissemination of the Action Plan will create an accountability within pharmacy and beyond JCPP that something is going to happen. It will show that JCPP is working to make the 2015 vision real. An annual progress report to the profession at large also should be provided through the Web and/or print publications.

3. Concurrent with publication of the Action Plan, implement a communications plan directed at the member pharmacists of the JCPP organizations so they are aware of the Action Plan, understand its recommendations and implications, and begin to develop a personal commitment to implement those elements that are dependent on their actions.

4. JCPP organizations use the Action Plan as a resource in their individual strategic planning.

5. Forward the Action Plan to the state or local affiliates of the JCPP organizations for use as a resource in their strategic planning activities.

INTRODUCTION

The use of medicines to treat and prevent disease, and to enhance patients' quality of life, is fundamental to the provision of health care. The concept of "optimal medication therapy" implies that this use of medicines occurs within a system that is constructed to assure the highest likelihood of achieving desired health and economic outcomes. It implies a use of medicines that is safe, effective, appropriate, affordable, cost-effective, efficient, and specific to the needs of a given patient.

However, significant gaps exist between the goal of optimal drug therapy and the current state of medication use in the United States. Inappropriate drug therapy, adverse drug events, and medication errors cause significant patient morbidity and mortality, and add billions of dollars to annual U.S. healthcare expenditures. This public health crisis calls for significant changes in our medication use system and in how key healthcare resources are deployed. One such resource is the nation's pharmacists.

Pharmacy organizations, the pharmacy education community, and many individual pharmacists have responded by redefining pharmacy's professional mission—*to ensure optimal medication therapy outcomes*—and how pharmacists' services benefit patients and society. Although much has been accomplished, much remains to be done if pharmacy as a whole is to provide leadership in meeting society's need for an optimal medication use system. Evolutionary change will not suffice. A unified approach and a specific, strategically driven plan are needed. Pharmacy must be unified around a shared vision. A broadly supported, strategically driven plan must be implemented to address the most critical barriers that currently prevent patients and the healthcare system from realizing the maximum benefit from pharmacists' unique knowledge, skills, and professional capabilities. The public and other stakeholders must understand and support pharmacy's reengineering process, knowing that they will be the ultimate beneficiaries.

An important first step in the development of such a strategically driven plan was the articulation of a Future Vision of Pharmacy Practice by the Joint Commission of Pharmacy Practitioners (JCPP). This vision describes pharmacy practice and how pharmacy will benefit patients and society in 2015. It has been endorsed by the member organizations of JCPP; is referenced in the Accreditation Council for Pharmacy Education's (ACPE) accreditation standards for Doctor of Pharmacy degree programs; and has provided useful guidance to the strategic planning activities of national and state pharmacy associations, schools and colleges of pharmacy, and healthcare organizations.

Developing an Action Plan for Implementation of the JCPP Future Vision of Pharmacy Practice

As important as it is to endorse a Future Vision of Pharmacy Practice, simply doing so will not make it come true. Thus, JCPP undertook the effort described here to develop a strategically driven implementation plan. To focus this effort, three **Critical Areas** deemed most important at this time to success in achieving the Vision were identified:

Practice Model: Articulate a practice model for the profession that is consistent with the Future Vision of Pharmacy Practice.

Payment Policy: Align payment systems with the pharmacy practice model envisioned by the Joint Commission of Pharmacy Practitioners. Transition from a payment system based mainly on product-based reimbursement to one that includes appropriate payment for professional services and management of the medication use system.

Communications: Help transform pharmacy by building widespread stakeholder understanding of, support for, and commitment to the practice roles and responsibilities of pharmacists and the new economic foundation for the profession as articulated by the JCPP Future Vision of Pharmacy Practice.

Focusing on these three domains may mean that some important issues will not be attacked within this plan. However, creating this focus helps to assure that those issues deemed most critical at the present time receive priority, and avoids the paralysis of action that often occurs when confronted with a complex, multifaceted challenge.

There also is a natural bridging among these three Critical Areas. Articulation of a desired pharmacy practice model describes not only those patient care services provided by pharmacists, but must assure that such services are widely and consistently available in all patient care settings. The practice model must be financially viable and economically feasible. Pharmacy's current dependence on drug product-based reimbursement as its economic foundation will not enable the pharmacy practice envisioned by JCPP. Payment policy reform is critical. Patients, private and government payers, and the other health professions must understand the need for a restructuring of our medication use system. They must understand the medication therapy management and other patient care services of pharmacists, and demand their availability.

The following process was used to develop this Action Plan. Following a general workplan outlined by JCPP, the **Steering Committee** met in February 2007 to define and describe the three Critical Areas referenced above; create an initial draft to describe the **Desired Future State** (vision) for each area; and refine the overall workplan to be followed. A **Workgroup** was created for each of the above three Critical Areas composed of a representative from each of the project's participating organizations. For its respective area, each Workgroup then:

- articulated a **Desired Future State** (i.e., vision) for that Critical Area. This vision statement portrays what the area will look like when the JCPP Future Vision of Pharmacy Practice has been realized. By describing what selected aspects of pharmacy practice and healthcare will look like when this desired future state has been achieved it begins to identify what must be accomplished to achieve the Future Vision;

- identified recommended **Strategic Directions**. These goal oriented statements describe what must happen or change to achieve the Desired Future State;

- from the recommended Strategic Directions, identified the <u>one</u>, most important **Critical Success Factor**. This is the primary or driving strategy that absolutely must be accomplished to achieve the Desired Future State;

- for each Critical Success Factor, developed and prioritized those **Objectives** that, when met, will accomplish the Critical Success Factor. These measurable objectives state specifically what must be achieved;

- from the Objectives created, identified the two felt most important for success; and

- created a time-based **Action Plan** designed to achieve the two top-ranked objectives pertinent to each Critical Success Factor.

All Strategic Directions and Objectives developed by the three workgroups are included below with the expectation that they may be of use in subsequent planning efforts by JCPP, its member organizations, or others. By the nature of its construct, this Action Plan is designed to focus effort on those issues felt most critical at this time for success. It provides a roadmap that JCPP, its member organizations, and others can use to guide subsequent initiatives intended to achieve the Future Vision of Pharmacy Practice.

Critical Area I: Practice Model

Articulate a practice model for the profession that is consistent with the Future Vision of Pharmacy Practice.

Desired Future State:

Patient-centered and population-based care provided or coordinated by pharmacists occurs within a structured system across the continuum of care. Working cooperatively with other healthcare professionals, pharmacists provide or oversee:

- medication therapy management that achieves optimal patient outcomes;
- appropriate, safe, accurate, and efficient access to and use of medications; and
- services that promote wellness, health improvement, and disease prevention.

The following describe what selected aspects of pharmacy practice and healthcare will look like when this desired future state has been achieved:

Medication Therapy Management:

- Pharmacist-provided medication therapy management is readily available to all patients, and is routine for those receiving complex or high-risk therapies. As a result, desired patient outcomes are achieved more frequently and the cost-effectiveness of medication therapy is optimized.
- Medication-related goals are effectively achieved because pharmacists help assure adherence to clinical care guidelines. Overuse, underuse, and misuse of medications are minimized.
- Pharmacists have the legal and regulatory authority and the professional autonomy to manage medication therapy.
- An effective system exists for exchange of patient information among healthcare providers. Pharmacists use this system to care for their patients and to communicate needed information to other health professionals.
- An effective process exists for referral of patients to pharmacists for management of their medication therapy; for pharmacists to refer patients to other pharmacists who offer unique services; and for pharmacists to refer patients to other health professionals as the patient's needs require.

Appropriate, Safe, Accurate, and Efficient Access to and Use of Medications:

- Society holds pharmacists accountable for managing a safe, readily accessible medication use system.
- Under the supervision of a pharmacist, most activities related to drug product dispensing are performed by appropriately educated and credentialed support personnel. This allows the large majority of most pharmacists' efforts to focus on medication therapy management.
- Optimized use of technology and automation in the drug product dispensing process further allows the large majority of most pharmacists' efforts to focus on medication therapy management or other patient care responsibilities.
- Optimized use of technology, automation, and enhancements to drug product packaging minimize the occurrence of medication errors.

Wellness, Health Improvement, and Disease Prevention

- Disease screening, patient education, immunization, and other services provided by pharmacists help achieve national public health goals.
- Pharmacists are integrated into their communities' public health and emergency management systems.

Practice Management:

- The payment system includes appropriate compensation for pharmacists' services like medication therapy management. Pharmacy practice is no longer dependent on product-based reimbursement as its primary source of revenue.
- An efficient practice management structure (e.g., patient referral and scheduling, claims processing, information management) supports the pharmacist's activities.

Strategic Directions and Critical Success Factor:

I.1 **Critical Success Factor: Implement pharmacist-provided medication therapy management as a routine, expected, and utilized service in all practice settings.**

I.2 Ensure that pharmacists have the knowledge, skills, tools, and professional competencies required by the practice model.

I.3 Develop and disseminate successful business models that operationalize the practice model.

I.4 Optimize the effectiveness of systems and processes that minimize medication errors.

I.5 Create consistent and broadly enabling legal and regulatory authority relating to pharmacists' medication therapy management and other professional services across all state regulatory entities.

I.6 Ensure that pharmacists have full access to that patient health information needed to fulfill their medication therapy management and other professional responsibilities.

I.7 Develop and disseminate successful models for referral of patients to and among pharmacists.

I.8 Fully deploy support personnel, technology, and automation in the drug product dispensing process.

Objectives to Support the Critical Success Factor:

The top two-ranked objectives are those for which specific action plans were developed.

I.1.1 **Describe and disseminate financially viable business models for the delivery of medication therapy management and other patient care services by pharmacists in, for example, ambulatory clinics and community, hospital, and nursing home settings.**

I.1.2 **Create a set of tools to help reengineer pharmacy practice (e.g., remodeling of physical facilities; documentation of patient care).**

I.1.3 Define the scope of practice for pharmacist-provided medication therapy management; identify the knowledge, skills, and attitudes needed by pharmacists to provide medication therapy management for all patients; and put in place processes to assure that pharmacists who provide medication therapy management possess those knowledge, skills, and attitudes.

I.1.4 Pharmacists have full access to that patient health information needed to fulfill their medication therapy management and other responsibilities.

I.1.5 All health plans rely on pharmacists to provide medication therapy management services.

I.1.6 Optimize the use of support personnel, technology, and automation in the drug product procurement and dispensing process.

I.1.7 All state pharmacy practice acts authorize comprehensive medication therapy management and other patient care services by pharmacists.

I.1.8 Implement a national set of quality indicators for medication therapy management for use by, for example, Medicare, Medicaid, and other major third party payers.

I.1.9 All state pharmacy practice acts authorize pharmacy technicians who have been certified by a nationally recognized credentialing organization to perform all functions associated with fulfillment of medication (prescription) orders in all practice settings, following the clinical review and approval of those orders by a pharmacist.

I.1.10 Implement comprehensive medication safety programs in all pharmacy practice settings.

I.1.11 Establish a pharmacist-service referral process that provides for continuity of care across patient care settings.

I.1.12 Federal and state regulations that govern care provided by assisted living facilities, hospice organizations, dialysis facilities, and home health care agencies mandate that medication therapy management be provided to their patients by pharmacists.

Discussion:

Three broad areas comprise the proposed practice model:

- medication therapy management that achieves optimal patient outcomes;
- appropriate, safe, accurate, and efficient access to and use of medications; and
- services that promote wellness, health improvement, and disease prevention.

Although some practices or individual pharmacists may opt to emphasize one or two of these areas over the other(s) based on location or patient population served, the model as articulated is independent of practice site or patient care setting. These practice responsibilities are equally applicable to the hospital, community pharmacy, nursing home, clinic, physician's office, or wherever else a pharmacist may choose to practice. The model describes the set of services that patients can expect to receive from the pharmacists and other personnel that comprise the practice when they have a pharmacy encounter.

Recognizing that this practice occurs in a "structured system across a continuum of care" conveys that pharmacy is not only integrated into the broader healthcare system, but that pharmacy itself represents a system of care with defined links and relationships between practitioners in different practice settings. One of pharmacy's responsibilities is to assure the continuity of medication therapy as patients move among these settings.

Reference is made throughout this document to pharmacists' "medication therapy management services." As used here, the term is not meant to be limited to Medication Therapy Management Services as defined by Medicare Part D. Instead, "medication therapy management" refers to those patient care services provided by pharmacists in all practice settings that optimize the therapeutic outcomes of patients of all ages.

Dissemination of the JCPP-envisioned practice model will occur best through a combination of practitioners' desire to reengineer their practices (voluntary uptake), societal demand, regulatory pull through, and peer pressure (business competition). Certainly, example practices exist today that embody the JCPP vision. The goal is to move from the current state where these practices may be considered "centers of excellence" to one where the JCPP vision is considered the standard of practice. This Critical Area is focused on widely promulgating a new vision of pharmacy practice. It is focused on developing pharmacy's capacity to provide the described services.

Recommended Action Plan Objective I.1.1: Describe and disseminate financially viable business models for the delivery of medication therapy management and other patient care services by pharmacists in, for example, ambulatory clinics and community, hospital, and nursing home settings.

The Practice Model Workgroup identified nine Key Elements that characterize financially viable business models for the delivery of medication therapy management and other patient care services by pharmacists in any practice setting:

1. A philosophy of practice that emphasizes the pharmacists' patient care responsibilities has been articulated and is shared by all of the practice's professional and support personnel.

2. Processes exist to assure that all pharmacists and support personnel possess the knowledge and skills required to fulfill their patient care, dispensing, and other responsibilities.

3. Formal and informal patient care relationships exist between the pharmacists (practice) and other healthcare providers.

4. A system exists (preferably electronic) for documentation of care provided by the pharmacist, and for communication of needed patient health information among healthcare providers.

5. Use of support personnel and technology is optimized, allowing the pharmacists to focus the majority of their time on patient care responsibilities.

6. Direct payment by patients for services, established contracts with third party payers, or institutional policies and priorities for pharmacy services support the practice's patient care activities and responsibilities.

7. Business management procedures incorporate benchmarks appropriate for the pharmacists' (practice's) patient care activities and responsibilities.

8. The practice's patient care activities are supported by appropriate business procedures and systems.

9. The effect of the pharmacists' (practice's) activities on patients' medication use outcomes is documented, and the practice model can be replicated in other locales.

The following Action Plan should be implemented to describe and disseminate financially viable business models for the delivery of medication therapy management and other patient care services by pharmacists:

Action Steps	Target Date for Completion	Accountable
A. Identify one or two of the JCPP practitioner organizations (i.e., ACA, ACCP, AMCP, APhA, ASCP, ASHP, or NCPA) to serve as Co-Champions for and to be accountable for assuring that this portion of the action plan is implemented.	April 2008	JCPP
B. Create an Implementation Workgroup responsible for accomplishing the following Action Plan. Because members of the Practice Model Workgroup conceived and understand the general nature of the project, consideration should be given to appointing at least some of these individuals to the Implementation Workgroup. The actual implementation steps recommended below could be undertaken either by organizational staff, contracted to a consultant, or some combination thereof, depending on what is perceived at the time to be most efficient and effective.	May 2008	Co-Champion Organizations

Action Steps	Target Date for Completion	Accountable
C. Refine as needed the Key Elements identified by the Practice Model Workgroup that characterize all financially viable business models.		
1. Create a practitioner advisory committee from varied practice settings to help validate and refine the Key Elements as needed.	June 2008	Implementation Workgroup
2. Validate and refine the Key Elements.	August 2008	Implementation Workgroup, Practitioner Advisory Committee
3. Refine as needed the case study template drafted by the Practice Model Workgroup.	August 2008	Implementation Workgroup, Practitioner Advisory Committee
D. Use the Key Elements to identify pharmacy practices in community, hospital, nursing home, ambulatory clinic, managed care, and other settings (e.g., physician group practice) that exemplify the JCPP pharmacy practice model.		Implementation Workgroup
1. ACA, ACCP, AMCP, APhA, ASCP, ASHP, NACDS, and NCPA each identify two or three model practices within their spheres of practice that are exemplary of the JCPP envisioned practice and that demonstrate most if not all of the Key Elements.	September 2008	ACA, ACCP, AMCP, APhA, ASCP, ASHP, NACDS, NCPA
E. Describe the business models used by these model practices.		
1. Using these model practices, create a series of case studies that demonstrate how each practice achieved and implemented the Key Elements. [Will be used in dissemination phase below.]	January 2009	Implementation Workgroup

Action Steps	Target Date for Completion	Accountable
F. Disseminate these model practices so they become the norm of practice. Many of the action steps recommended below involve some sort of educational, communications, or advocacy initiative. They should be designed to yield a defined action on the part of the target individual or group (e.g., implement new pharmacy services, change policy, etc.). As such, these efforts will need to move individuals within the target audience through the following five steps: ▪ awareness ▪ understanding ▪ support ▪ commitment ▪ action.		
1. Create live and distance-based education, certificate, and structured continuing professional development programs to highlight these model practices and help pharmacists learn how to implement the practice model in their settings. Specific content for these professional development efforts is not being recommended here, presuming that organizations will create programs based on an assessment of their members' or audience's needs at the time. However, it is recommended that organizations consider the list of tools needed by pharmacists to help reengineer their practices that the workgroup has identified in its action plan for Objective #2. High priority should be given to providing pharmacists with these resources.	First offerings during 2009.	JCPP organizations, NACDS, state pharmacy organizations.
2. Broadly publish the case studies (e.g., association journals, newsletters, Web sites, trade publications) to help pharmacists learn how to implement the practice model in their settings.	Begin by April 2009	Implementation Workgroup
3. Create one or more "leave behinds" to support advocacy efforts with government, payers, or patient advocacy groups that highlight the outcomes, financial impacts, and other benefits of the practice model and the model practices.	April 2009	Implementation Workgroup

Action Steps	Target Date for Completion	Accountable
4. Conduct educational outreach programs for legislators, regulators, payers, and patient advocacy groups to experience the practice model by visiting the identified model practices.	May 2009	Co-Champion Organizations in partnership with other JCPP organizations.
5. Assess the likely benefit and feasibility of an effort akin to "Concept Pharmacy" as a means for pharmacists and other target groups to experience the practice model and learn how to implement best practices. Development of a video for DVD or Internet distribution that demonstrates the practice model could be considered in addition to or as an alternative to a physical exhibit.	June 2009, with implementation in 2010 if desirable.	Implementation Workgroup
6. JCPP organizations and state pharmacy associations create "Practice Implementation Networks" within their organizations. The concept is to actively link practitioners so they can help each other reengineer their practices. This could be as informal as establishing e-mail listservs; more formal like creating special interest groups; or highly developed like a practice-based research network designed to broadly implement the practice model, evaluate its impact, and assess its uptake by the practice community. a. Use these Practice Implementation Networks to create "traineeships" wherein pharmacists can experience exemplary practices and replicate them in their own settings.	June 2009	JCPP organizations, state pharmacy organizations.

Action Steps	Target Date for Completion	Accountable
7. NABP review and update as needed its model pharmacy practice act to assure that it fully enables the JCPP-envisioned practice model. This review and update should minimally assure that the model practice act: a. authorizes and requires comprehensive medication therapy management and other patient care services by pharmacists; and b. authorizes pharmacy technicians who have been certified by a nationally recognized credentialing organization to perform all functions associated with fulfillment of medication (prescription) orders in all practice settings, following the clinical review and approval of those orders by a pharmacist.	June 2009	NABP
8. Conduct educational outreach programs for corporate and institutional/hospital administrators that make decisions about how pharmacy is practiced to learn about and endorse the practice model and its Key Elements.	Begin in 2009	Co-Champion Organizations in partnership with other JCPP organizations.
9. All schools and colleges of pharmacy (with assistance of AACP) use the Key Elements when identifying sites for student experiential training. Students should be trained in practice settings that exemplify the Key Elements and that bill or are paid for their patient care services. Students trained in settings that exemplify the Key Elements will expect to practice in similar settings after graduation. This will help to disseminate change. a AACP develop or revise model guidelines and educational objectives for IPPE and APPE experiential learning that incorporate the Key Elements. b. Schools of Pharmacy incorporate model guidelines and objectives into their programs.	 January 2009 June 2009	AACP, Schools and Colleges of Pharmacy.
10. ACPE incorporate the Key Elements into their accreditation standards and guidelines for schools and colleges of pharmacy as appropriate.	July 2009	ACPE

Action Steps	Target Date for Completion	Accountable
11. ASHP and its residency accreditation partners incorporate the Key Elements into their accreditation standards and guidelines for residency training as appropriate. Residents should be trained in practice settings that exemplify the Key Elements and that bill or are paid for their patient care services. Residents trained in settings that exemplify the Key Elements will expect to practice in similar settings after graduation. This will help to disseminate change.	July 2009	ASHP and residency accreditation partners.
12. State pharmacy associations work with their respective state boards of pharmacy to review and update as needed their state practice acts based on the NABP model act.	Begin by September 2009	State pharmacy associations, State Boards of Pharmacy.
13. Evaluate the feasibility of establishing consulting services to help practitioners reengineer their practices. It is likely that the private sector will respond to develop these consulting services if the need for them exists. The JCPP organizations, NACDS, and the state pharmacy associations (individually or in partnership) are encouraged to evaluate the need for and feasibility of implementing consulting services to help their members reengineer their practices.	June 2010	JCPP organizations, NACDS, state pharmacy organizations.
14. JCPP organizations' foundations collaborate to create practice development grants. The expectation is that these demonstration project type grants will not only help reengineer individual pharmacy practices, but that the experiences of these pharmacists will assist other practitioners with their reengineering process.	Begin in 2010.	ACA, ACCP, AMCP, APhA, ASCP, ASHP, NACDS, NCPA

Recommended Action Plan Objective I.1.2: Create a set of tools to help reengineer pharmacy practice (e.g., remodeling of physical facilities; documentation of patient care).

The Practice Model Workgroup identified a set of tools or resources (products and services) that, if widely available and used by pharmacists, will help them implement the JCPP-envisioned practice model:

1. A modular "how to" series (formats to be determined) that, when taken together, build a business plan for patient-centered and/or population-based care provided or coordinated by pharmacists. Modules include for example how to:

   - Determine if the pharmacy/pharmacists are ready to implement the practice model.
   - Create and nourish a patient-focused culture.
   - Assess need and determine which patient care services to provide.
   - Project income from new patient care services.
   - Determine the types, qualifications, roles, and responsibilities of professional and support staff required.
   - Determine and project the costs of providing new patient care services.
   - Design and equip the pharmacy/practice as a patient care setting.
   - Promote (market) new patient care services to patients, other health professionals, healthcare administrators, health plans, and other third party programs.
   - Negotiate effective service contracts.
   - Develop collaborative practice agreements.
   - Create an effective continuing professional development program for the professional and support staff.

2. Medication Therapy Management (MTM) Core Elements Implementation Manual

3. A modular series (formats to be determined) that, when taken together, develop the patient care and medication therapy management knowledge and skills of practicing pharmacists.

4. Integrated software for practice management/services delivery, care documentation, and claims processing.

5. Tutorial: How to Bill for Patient Care Services.

6. "The Forms Book." A compendium of forms pharmacists can use to provide and document care, communicate with patients and other healthcare providers, etc.

7. An "Available Vendors" Web site for services such as:

   - IT and care documentation systems
   - reengineering consultants
   - claims processing services

Recognizing that a number of resources (products and services) already exist to address many of these needs, the Workgroup created an initial catalog of those resources of which it is aware (Appendix 1).

As noted earlier, it is well understood that dissemination of the JCPP-envisioned practice model will occur best through a combination of practitioners' desire to reengineer their practices (voluntary uptake), societal demand, regulatory pull through, and peer pressure (business competition). Merely having these tools available will not, in an of itself, effect change in pharmacy practice. Pharmacists will use them to help change how they practice if and when they perceive the need.

Rather than diminishing the importance of the current activity to assure that the needed resources (tools) are available when needed, this emphasizes the importance of the other elements of the overall Action Plan for Implementation of the JCPP Future Vision of Pharmacy Practice. Success to create broadly based demand for pharmacists' medication therapy management and other patient care services among patients, caregivers, healthcare providers, and other stakeholders will encourage (require?) pharmacists to transform their practices (Communications). Success to modify government and private sector policies regarding payment for pharmacists' professional services will make this transformation feasible (Payment Policy).

The following Action Plan should be implemented to create, make available, and foster the use of tools (resources) that will help pharmacists reengineer their practices:

Action Steps	Target Date for Completion	Accountable
A. Identify one or two of the JCPP organizations to serve as Co-Champions for and to be accountable for assuring that this portion of the action plan is implemented.	April 2008	JCPP
B. Create an Implementation Workgroup responsible for accomplishing the following Action Plan. Because members of the Practice Model Workgroup conceived and understand the general nature of the project, consideration should be given to appointing at least some of these individuals to the Implementation Workgroup. The actual implementation steps recommended below could be undertaken either by organizational staff, contracted to a consultant, or some combination thereof, depending on what is perceived at the time to be most efficient and effective.	May 2008	Co-Champion Organizations

Action Steps	Target Date for Completion	Accountable
C. Refine the list and descriptions of tools (resources) needed by pharmacists to help reengineer their practices. This refinement of the list of tools needed and the catalog of already available tools should consider resources that have utility regardless of practice setting and patient mix, as well as those that may be unique to a given practice setting (e.g., community pharmacy, hospital, nursing home) or patient group (e.g., geriatrics, pediatrics).		
1. Create a practitioner advisory committee from varied practice settings to help validate and refine the list and descriptions of needed resources, and to assess the degree to which these needs are met by currently available products and services.	June 2008	Implementation Workgroup
2. Validate and refine list and descriptions of needed resources.	August 2008, and annually thereafter.	Implementation Workgroup, Practitioner Advisory Committee
3. Compile a comprehensive catalog of already available resources that appear to address the identified needs.	August 2008, and annually thereafter.	Implementation Workgroup
4. Evaluate the available resources to determine the degree to which each meets one or more identified needs, and whether its format encourages optimal use by practitioners. This assessment will: a. identify needs that are adequately met by already available resources. See Step D below for recommended follow up actions; b. identify needs that would be met if one or more already available resources were modified in some way. See Step E below for recommended follow up actions; or c. identify needs not addressed by any already available resources, indicating that one or more new products or services should be developed. See Step F below for recommended follow up actions.	August 2008, and annually thereafter.	Implementation Workgroup, Practitioner Advisory Committee

Action Steps	Target Date for Completion	Accountable
D. Optimize the use and impact of available tools to help pharmacists reengineer their practices.		
1. All JCPP organizations include the catalog of tools (resources) on their respective Web sites. Either: a. create links so members and others can easily obtain the product or service directly from its source, or b. develop marketing or licensing agreements with the product's or service's source. (This may allow members to access/obtain the resource at a reduced cost.)	October 2008	Implementation Workgroup, JCPP organizations
2. Implement a communications plan to enhance pharmacist awareness and understanding of the various tools. This communications plan should minimally include: a. create live and distance-based educational programs to show how various tools are being used by pharmacists to transform their practices, and help pharmacists learn how to use them (see also Practice Model Objective #1, Step F.1). b. broadly publish articles in association journals, newsletters, Web sites, and trade publications about how the tools are being used by pharmacists to transform their practices (see also Practice Model Objective #1, Step F.2). c. collaboration among the various JCPP and state-based organizations to readily provide information about all available resources to their respective members.	January 2009 First offerings during 2009. Begin by April 2009	Implementation Workgroup, JCPP organizations, NACDS, state pharmacy organizations.
E. Modify as needed available tools so their use to help pharmacists reengineer their practices is optimized.		
1. Discuss the evaluation of the product or service conducted in Step C.3 above with its source (owner).	September 2008	Implementation Workgroup
2. Modify product or service so that it now provides the needed tool.	Variable	Resource owner or provider.

Action Steps	Target Date for Completion	Accountable
3. Include the product or service in the resource catalog and proceed per Step D above.	Variable	Implementation Workgroup, JCPP organizations.
4. In cases where the resource's owner is unable or unwilling to modify the product or service as suggested, a new product or service may need to be developed per Step F below.	Variable	Implementation Workgroup
F. Develop new products or services to meet unaddressed needs.		
1. Provide a list and description of needed new products and services to all JCPP organizations.	September 2008	Implementation Workgroup
2. JCPP organizations indicate to the Implementation Workgroup their interest in developing one or more new resources. This interest will presumably align with a particular organization's practice focus, member constituency, and product development resources and expertise.	October 2008	JCPP organizations, NACDS
3. Facilitate collaboration between/among organizations when more than one has indicated its intention to develop new products or services addressing the same need. The intent is to avoid needless duplication of effort and competition among organizations.	November 2008	Implementation Workgroup
4. Include new products or services in the resources catalog and proceed per Step D above.	Variable	Implementation Workgroup, JCPP organizations

Critical Area II: Payment Policy

Align payment systems with the pharmacy practice model envisioned by the Joint Commission of Pharmacy Practitioners. Transition from a payment system based mainly on product-based reimbursement to one that includes appropriate payment for professional services and management of the medication use system.

Desired Future State:

Demand for quality patient care services provided by pharmacists, and for the management of safe and efficient medication distribution systems, aligns the financial incentives of patients, payers, and providers and sustains the JCPP-envisioned pharmacy practice model.

The following describe what selected aspects of pharmacy practice and healthcare will look like when this desired future state has been achieved:

- It is the standard of care for pharmacists to work cooperatively with other healthcare professionals to provide or oversee: medication therapy management that achieves optimal patient outcomes; appropriate, safe, accurate, and efficient access to and use of medications; and services that promote wellness, health improvement, and disease prevention.
- Pharmacists' medication therapy management and other patient care responsibilities are covered services in all health benefits programs.
- Efficient systems exist for standardized documentation of and billing for pharmacists' patient care activities.
- The large majority of most pharmacists' professional efforts are focused on medication therapy management or other patient care responsibilities. Many pharmacists' practices are focused entirely in these areas. Payment for these services is based on their time and complexity, and is adequate to support the practice.
- A modified payment policy changes pharmacists' practice activities, work expectations, job descriptions, and performance evaluations to emphasize their patient care responsibilities.
- A modified payment policy helps to maximize the outcomes of medication therapy by aligning the financial incentives of patients, payers, providers, and the manufacturers and suppliers of prescription medications.
- Quality standards linked to patient outcomes and payment for pharmacy services focus on pharmacists' medication therapy management and other patient care services as well as the safe and accurate provision of medications.
- Policies for payment for prescription medications support patients' access to appropriate therapy and safe and efficient medication distribution systems.

Strategic Directions and Critical Success Factor:

II.1 **Critical Success Factor: Assure that pharmacists' medication therapy management and other patient care services are incorporated in all private and governmental health benefits programs.**

II.2 Create profession-wide standards for the delivery of medication therapy management and other patient care services by pharmacists that are recognized by and incorporated into the business practices of all payers.

II.3 Establish a harmonized system for documenting care provided by pharmacists and processing claims for payment for their medication therapy management and other patient care services.

II.4 Develop quality measures and pay-for-performance systems (value-based purchasing) that are used by payers in their payment of pharmacists for the delivery of medication therapy management and other patient care services.

II.5 Assure that all federal, state, and private sector regulations that govern care provided by hospitals, assisted living facilities, hospice organizations, dialysis facilities, and home health care agencies mandate that medication therapy management be provided to their patients by pharmacists.

II.6 Pursue a new business model for ownership of the pharmacy's drug product inventory that allows the practice's financial resources to be invested in service delivery rather than physical inventory.

II.7 Assemble (or create if needed) evidence that demonstrates the beneficial impact of pharmacists' services on the clinical, economic, and humanistic outcomes of medication use.

Objectives to Support the Critical Success Factor:

The top two-ranked objectives are those for which specific action plans were developed.

II.1.1 **Private health plans will design their health benefit programs to include: medication therapy management, health improvement, and disease prevention services provided by pharmacists and incorporate standards for the delivery of those services.**

II.1.2 Federal and state laws and regulations will be amended so that government health benefit programs recognize and pay pharmacists as health care providers responsible for the provision of medication therapy management and other patient care services; the provision of such services to also be included as a condition of participation for facilities participating under these programs.

II.1.3 Standardized procedures and codes will be used to document delivery of and bill for pharmacists' medication therapy management and other patient care services.

II.1.4 Consumers will expect pharmacists to deliver medication therapy management and other patient care services, and demand that such services are a covered benefit.

II.1.5 AHIP, Blue Cross/Blue Shield of America, and the National Business Coalition on Health will all support the provision of and payment for medication therapy management and other patient care services by pharmacists.

II.1.6 Payment models (fee-for-service, capitation, etc.) applicable to the variety of pharmacy practice settings will be disseminated.

II.1.7 A new business model will be adopted that allows the pharmacy's or practice's financial resources to be invested in patient care services rather than drug product inventory.

II.1.8 Pay-for-performance systems used by payers will encourage and pay for positive health outcomes that result from pharmacists' medication therapy management and other patient care services.

II.1.9 Physicians and other healthcare professionals will expect pharmacists to deliver medication therapy management and other patient care services, and demand that such services are a covered benefit.

II.1.10 Changes to payment policies will demonstrate that payers and other stakeholders value the beneficial impact of pharmacists' services on medication use outcomes, and that payers understand the business advantages of incorporating these services into their benefits design.

II.1.11 Patient and senior advocacy groups will support the provision of and payment for medication therapy management and other patient care services by pharmacists.

Discussion:

The practice model advanced above includes three broad areas of pharmacist services:

- medication therapy management that achieves optimal patient outcomes;
- appropriate, safe, accurate, and efficient access to and use of medications; and
- services that promote wellness, health improvement, and disease prevention.

Current payment policy for pharmacy services is driven by product-based reimbursement (i.e., payment for the drug product and the act of dispensing it). Current payment policy generally is not aligned with all three elements of the proposed practice model. As only one example of this misalignment, a pharmacist's activities to simplify a patient's complex drug therapy regimen may actually decrease his/her revenue if it results in the patient taking fewer medications, even though the patient and payer would benefit.

The charge to the Payment Policy Workgroup was to plan for a "transition from a payment system based mainly on product-based reimbursement to one that includes appropriate payment for professional services and management of the medication use system." Although there is a need to address the payment system for provision of drug product, that important task is not addressed within the proposed Action Plans.

As noted earlier, some practices or individual pharmacists may opt to emphasize one or two elements of the practice model over the other(s) based on location or patient population served. For example, a pharmacist practicing in an ambulatory clinic or physician office may focus on enhancing patients' wellness and medication therapy outcomes and may not be directly involved in dispensing-related activities. Payment policy for pharmacy services must be able to make this economically viable.

As payers increasingly adopt the concepts of value-based purchasing, these pay-for-performance systems must identify and be based on "pharmacist-sensitive" outcomes (i.e., patient outcomes that pharmacists are able to impact). The two Action Plans recommended below focus on private and government payers respectively. It is understood that those who pay for healthcare usually will pay only for what the patient (consumer) values and demands. The efforts recommended by the Communications Workgroup to solidify and organize consumer demand for pharmacists' medication therapy management and other patient care services is the necessary third element of a comprehensive effort to implement the JCPP Future Vision of Pharmacy Practice.

Recommended Action Plan Objective II.1.1: Private health plans will design their health benefit programs to include: medication therapy management, health improvement, and disease prevention services provided by pharmacists and incorporate standards for the delivery of those services.

This action plan speaks to pharmacists' services and not to the medication product benefit.

Action Steps	Target Date for Completion	Accountable
A. Identify one or two of the JCPP practitioner organizations (i.e., ACA, ACCP, AMCP, APhA, ASCP, ASHP, or NCPA) to serve as Co-Champions for and to be accountable for assuring that this portion of the action plan is implemented.	April 2008	JCPP
B. Create an Implementation Workgroup responsible for accomplishing the following Action Plan. Because members of the Payment Policy Workgroup conceived and understand the general nature of the project, consideration should be given to appointing at least some of these individuals to the Implementation Workgroup. The actual implementation steps recommended below could be undertaken either by organizational staff, contracted to a consultant, or some combination thereof, depending on what is perceived at the time to be most efficient and effective.	May 2008	Co-Champion Organizations

Action Steps	Target Date for Completion	Accountable
C. Develop standards for the <u>delivery</u> of pharmacists' medication therapy management and other patient care <u>services</u>. A distinction is being made between standards for service delivery and quality metrics related to the outcomes of medication therapy. Standards for the delivery of pharmacists' services outline the scope of services that patients and caregivers can expect to receive. As defined here, standards for service delivery are meant to address for example: ▪ which services are to be offered/provided; ▪ who may receive these services (access); and ▪ who will deliver the services. Because these standards are being developed for presentation to payers, and to facilitate pharmacists' interactions with payers, it is recommended that they be developed using a format already familiar to these audiences. It is thus suggested that the CPT 2008 be used to define and describe pharmacists' medication therapy management services (see Appendix 2). Comparable descriptions and definitions have not been developed for pharmacists' services to promote health improvement and disease prevention. Their development is recommended below.		Implementation Workgroup
1. Define and describe pharmacists' medication therapy management and other patient care services. a. Refine if needed CPT 2008 to define and describe pharmacists' medication therapy management services. b. Create a comparable rationale, definition, and examples for pharmacists' health improvement and disease prevention services using the CPT 2008 format.	July 2008	Implementation Workgroup

Action Steps	Target Date for Completion	Accountable
2. Develop standards for the delivery of pharmacists medication therapy management and other patient care services.		
a. workgroup creates initial draft of proposed standards.	August 2008	Implementation Workgroup
b. create a technical advisory committee composed of practitioners from varied practice settings and individuals with standards development experience to refine the draft proposed standards.	October 2008	Implementation Workgroup; Technical Advisory Committee
c. review and comment on proposed standards by pharmacists, payers, patient advocacy groups, and other concerned stakeholders.	December 2008	Implementation Workgroup
d. revision of standards by staff/technical advisory committee as needed.	January 2009	Technical Advisory Committee; Implementation Workgroup
e. standards endorsed by JCPP practitioner organizations.	February 2009	JCPP and member organizations
f. standards published and incorporated into subsequent workplan efforts.	March 2009	Implementation Workgroup
D. Create a Model Benefit for Pharmacists Medication Therapy Management and Other Patient Care Services. This Model Benefit is to be used in subsequent discussions with payers and other stakeholders. Guiding Principles: ▪ The Model Benefit must be applicable to all patients as they move across the continuum of care. ▪ The Model Benefit should include pay for performance concepts centered on pharmacist-sensitive patient outcomes.		Implementation Workgroup

Action Steps	Target Date for Completion	Accountable
1. Create initial draft of the Model Benefit.	February 2009	Implementation Workgroup
2. Create a technical advisory committee composed of practitioners from varied practice settings and individuals with experience in health benefits design (e.g., employee benefit representatives, actuaries) to refine the draft Model Benefit.	April 2009	Implementation Workgroup; Technical Advisory Committee
3. Review and comment on draft Model Benefit(s) by concerned stakeholders.	June 2009	Implementation Workgroup
4. Revision of Model Benefit by staff and technical advisory committee as needed.	July 2009	Technical Advisory Committee; Implementation Workgroup
5. Model Benefit endorsed by JCPP and member organizations.	August 2009	JCPP and member organizations
6. Model Benefit published and incorporated into subsequent workplan efforts.	September 2009	Implementation Workgroup
E. Create and maintain a contemporary catalog of evidence that demonstrates the beneficial impact of pharmacists' medication therapy management, health improvement, and disease prevention services on clinical, economic, and humanistic outcomes.		Implementation Workgroup
1. Develop project specifications and request for proposals.	January 2009	Implementation Workgroup
2. Identify contractor.	March 2009	Implementation Workgroup
3. Contractor compiles catalog of evidence.	July 2009	Contractor
4. Catalog with annotated bibliography posted to the Web.	August 2009	Implementation Workgroup
5. JCPP member organizations and others link to online catalog from their respective Web sites.	August 2009	JCPP member organizations

Action Steps	Target Date for Completion	Accountable
6. Promote the catalog's availability to members of JCPP organizations through their respective communications vehicles.	August 2009	JCPP member organizations
7. Update the catalog at least annually. If feasible, consideration should be given to creating a mechanism for its monthly update as new information becomes available.	2010 and beyond as needed.	Contractor
F. Engage with private and government health plans and other stakeholders. [This activity also supports Payment Policy Objective II.1.2.]		Implementation Workgroup
1. Convene stakeholders , the goals of which should include: ▪ define and gain payer consensus that problems with medication <u>use</u> is a serious public health issue in the U.S., costing them billions of dollars; ▪ show how an alignment of financial incentive among payers, pharmacists, and patients can benefit both the payers and their beneficiaries (i.e., what's in it for them?); ▪ present the Model Benefit / Conditions of Participation (see Payment Policy Objective II.1.2); ▪ gain a better understanding of private and government payer views on potential payment systems for pharmacy services; ▪ develop commitment among these payer groups to work with pharmacy to build the Model Benefit / Conditions of Participation into their health benefit programs. Possible steps to organize this stakeholders conference include: a. Create conference planning committee. Serious consideration should be given to identifying one or more strategic partners to co-host / co-develop the conference (e.g., AARP, America's Health Insurance Plans [AHIP], National Business Coalition on Health, HHS, The Leapfrog Group, U.S. Office of Personnel Management—Federal Employees Health Benefits Program).	January 2009	Implementation Workgroup

Action Steps	Target Date for Completion	Accountable
b. Develop conference goals and objectives, agenda, presenters, and invitees.	February 2009	Conference Planning Committee
c. Convene conference.	October 2009	Conference Planning Committee
d. Specific conference follow up to be determined by planning committee and Implementation Workgroup.	To be determined	Conference Planning Committee; Implementation Workgroup
2. To influence the nation's private health plans, work through AHIP to have its members include pharmacists' medication therapy management and other patient care services in the design of their health plans. a. Specific action steps to be determined in conjunction with AHIP.	To be determined	Implementation Workgroup
G. Work to enact State legislation that requires health insurance plans to cover services provided by a licensed pharmacist within his/her legally defined scope of practice if the benefits would normally be covered when provided by a medical doctor. All 50 States have enacted legislation that requires health plans to cover some specific benefits and services, allow access to certain types of providers, or extend benefits to certain populations. Although the issue of mandated health benefits is controversial, Texas law for example requires that health insurance policies must cover services provided by an appropriately licensed podiatrist, optometrist, chiropractor, dentist, audiologist, speech-language pathologist, master social worker, dietitian, professional counselor, psychologist, marriage and family therapist, hearing aid fitter and dispenser, occupational therapist, chemical dependency counselor, physical therapist, psychological associate, advanced practice nurse, or physician assistant if the benefits would normally be covered when provided by a medical doctor. Obviously missing from this lengthy list is the licensed pharmacist.		NASPA; state pharmacy associations; state/local affiliates of JCPP member organizations

Action Steps	Target Date for Completion	Accountable
1. Identify one – six states where the practice and political environments suggest such a legislative effort may be successful.	July 2008	NASPA
2. Develop model legislation.	October 2008	NASPA
3. Evaluate financial impact of proposed legislation on insurer's overall costs.	March 2009	NASPA
4. Identify best practices from the targeted or other states to support patient benefits.	March 2009	NASPA
5. Individual State-based legislative efforts.	2009 and beyond	State pharmacy associations; state/local affiliates of JCPP member organizations
6. Expand to next set of states.	2010 and beyond	NASPA; state pharmacy associations; state/local affiliates of JCPP member organizations

Recommended Action Plan Objective II.1.2: Federal and state laws and regulations will be amended so that government health benefit programs recognize and pay pharmacists as health care providers responsible for the provision of medication therapy management and other patient care services; the provision of such services to also be included as a condition of participation for facilities participating under these programs.

The following Action Plan should be implemented to recognize pharmacists as healthcare providers and to include pharmacists' medication therapy management and other patient care services in key federal laws and regulations.

Action Steps	Target Date for Completion	Accountable
A. Identify one or two of the JCPP practitioner organizations (i.e., ACA, ACCP, AMCP, APhA, ASCP, ASHP, or NCPA) to serve as Co-Champions for and to be accountable for assuring that this portion of the action plan is implemented.	April 2008	JCPP

Action Steps	Target Date for Completion	Accountable
B. Create an Implementation Workgroup responsible for accomplishing the following Action Plan. Because members of the Payment Policy Workgroup conceived and understand the general nature of the project, consideration should be given to appointing at least some of these individuals to the Implementation Workgroup.	May 2008	Co-Champion Organizations
C. Work to amend Title 18 of the Social Security Act (Medicare) *so that:* ▪ Medication Therapy Management services of pharmacists be recognized for payment under Medicare Part B. ▪ Whether or not they are enrolled in Medicare Part D, Part B enrollees be eligible to receive the MTM services of a pharmacist. ▪ Documentation and payment for MTM services provided by a pharmacist under this legislation use the applicable CPT codes for pharmacist MTM services as approved by the AMA CPT Editorial Panel. These recommended amendments are consistent with the current priorities of the Leadership for Medication Management coalition (previously the Pharmacist Provider Coalition).		Leadership for Medication Management coalition.
1. Expand the Leadership for Medication Management coalition (LMM; formerly Pharmacist Provider Coalition) to include all JCPP organizations (and other organizations that support its mission and goals).	April 2008	Leadership for Medication Management coalition
2. Draft specific legislative language that reflects the principles articulated above.	To be determined by LMM.	Leadership for Medication Management coalition
3. Identify and brief prospective legislative champions in the House and Senate.	To be determined by LMM.	Leadership for Medication Management coalition

Action Steps	Target Date for Completion	Accountable
4. Senators and Representatives agree to sponsor legislation in Senate and House.	To be determined by LMM.	Leadership for Medication Management coalition
5. Budget consultants conduct a "scoring" of the proposed legislation to determine cost/savings effects	To be determined by LMM.	Leadership for Medication Management coalition
6. Seek endorsement of the LMM principles and legislative effort from consumer, Medicare beneficiary, and other health groups.	To be determined by LMM.	Leadership for Medication Management coalition
7. Develop and disseminate public communications messages to patients through pharmacy practices to raise awareness and engender support.	To be determined by LMM.	Leadership for Medication Management coalition
8. Focus Political Action Committee support/contributions activities on this legislative issue	To be determined by LMM.	Leadership for Medication Management coalition

Action Steps	Target Date for Completion	Accountable
▪ ***D. Work to incorporate into the Medicare benefit a*** once-yearly medication regimen review and assessment conducted by a pharmacist. ▪ The review, assessment, and any associated recommendations must be documented and communicated to the beneficiary, his/her primary care provider(s), and the PDP/MA-PD to promote and facilitate enhanced coordination of care. This new benefit will improve the quality, safety, and cost-effectiveness of Medicare beneficiaries' overall health care, is analogous to the "Welcome to Medicare" medical visit, and should be covered on an annual basis due to the dynamic nature of beneficiaries' medication regimens over time. This recommended amendment is consistent with the current priorities of the Leadership for Medication Management coalition (previously the Pharmacist Provider Coalition).		Leadership for Medication Management coalition.
	To be determined by LMM.	Leadership for Medication Management coalition
E. Work to amend CMS regulations to shift the payment procedures and cost accounting structure for MTM services from the administrative budget of the prescription drug plan to a targeted budget/accounting category specific for those services. Such a change would promote enhanced understanding of the economics of MTM programs and provide another measure for plan comparisons. Accomplishing the legislative amendments to Title 18 of the Social Security Act that are outlined in Step C above would effect the recommended shift in payment procedures and cost accounting structure. However, the timeframe within which this long-term solution can be accomplished is, realistically, uncertain. Thus, it is recommended that the follow steps be pursued concurrent with LMM efforts to amend Title 18.		Implementation Workgroup
1. Through analysis of the relevant sections of the Medicare Modernization Act, and through discussions with CMS staff, determine if current legislation empowers CMS to bring about the desired	August 2008	

Action Steps	Target Date for Completion	Accountable
change in payment procedures and cost accounting structure.		
2. If so, work with CMS to do so. If working directly with CMS staff proves unsuccessful, use the Citizen's Petition process to put the desired changes before CMS.	September 2008	
3. If CMS does not have authority to make the desired changes, work to legislatively amend the relevant sections of the Medicare Modernization Act.	As needed	
F. Work to amend Medicare Conditions of Participation for the following healthcare settings so that they incorporate pharmacists' medication therapy management and other patient care services: ▪ End-Stage Renal Disease Facilities ▪ Home Health Agencies ▪ Hospices ▪ Hospitals ▪ Programs for All-Inclusive Care for the Elderly Organizations (PACE) ▪ Psychiatric Hospitals ▪ Rural Health Clinics ▪ Transplant Hospitals		Implementation Workgroup
1. Analyze current Conditions of Participation documents for each area. a. Conduct a gaps analysis vs. the Model Benefit (see Payment Policy Objective #1) and a SWOT for the pharmacy services already covered. b. Prioritize the various Conditions of Participation for amendment based on need, likelihood of success, and perceived timeliness of opportunity.	August 2008	
2. Develop proposed changes to Conditions of Participation for each area.	November 2008	
3. Work with CMS staff to incorporate the proposed changes into their regular review and revisions of the various Medicare Conditions of Participation.	2009 and beyond	

Action Steps	Target Date for Completion	Accountable
4. If working directly with CMS staff proves unsuccessful, or if the Conditions of Participation of concern are not scheduled for CMS review within the reasonable future, use he Citizen's Petition process to put the desired changes before CMS.	2009 and beyond	
G. Work to amend Title 19 of the Social Security Act, Grants to States for Medical Assistance Programs (Medicaid)*, to include:* ▪ services furnished by a pharmacist to the extent such services may be performed under State law by a pharmacist within its "Definitions" (Section 1905; see www.ssa.gov/OP_Home/ssact/title19/1905.htm; and ▪ "a pharmacist who is legally authorized to practice pharmacy by the State in which he performs such function and who is acting within the scope of his license when he performs such functions." within its definitions of "Medical and Other Health Services" (Section 1861; see www.ssa.gov/OP_Home/ssact/title18/1861.htm#r1		Implementation Workgroup
1. Determine whether the Leadership for Medication Management coalition can assume responsibility for this legislative initiative, or whether a new coalition effort is strategically advantageous.	August 2008	JCPP
2. Draft specific legislative language that reflects the principles articulated above.	To be determined by LMM or responsible coalition.	LMM or responsible coalition
3. Identify and brief prospective legislative champions in the House and Senate.	To be determined by LMM or responsible coalition.	LMM or responsible coalition
4. Senators and Representatives agree to sponsor legislation in Senate and House.	To be determined by LMM or responsible coalition.	LMM or responsible coalition

Action Steps	Target Date for Completion	Accountable
5. Budget consultants conduct a "scoring" of the proposed legislation to determine cost/savings effects	To be determined by LMM or responsible coalition.	LMM or responsible coalition
6. Seek endorsement from consumer, Medicaid, and other health groups.	To be determined by LMM or responsible coalition.	LMM or responsible coalition
7. Develop and disseminate public communications messages to patients through pharmacy practices to raise awareness and engender support.	To be determined by LMM or responsible coalition.	LMM or responsible coalition
H. Work to incorporate (directly or through a Section 1115 Medicaid waiver) the "Model Benefit" developed under Payment Policy Objective #1 into each State's annual Medicaid plan. The state Medicaid plan is the document that defines how each state will operate its Medicaid program. The state plan addresses the areas of state program administration, Medicaid eligibility criteria, service coverage, and provider reimbursement. Possible partners in this effort that should be explored include: ▪ National Association of State Medicaid Directors; ▪ National Conference of State Legislatures ▪ National Governors Association ▪ State Medicaid Directors of Pharmacy		NASPA; state pharmacy associations; state/local affiliates of JCPP member organizations
1. Modify the Model Benefit (see Payment Policy Objective II.1.1) as needed for Medicaid applicability.	December 2009	NASPA
2. Identify best practices for pharmacists' services from the various States. Use data from these best practices to support program expansion or transference.	2010	NASPA
3. NASPA disseminate information about best practices to its member organizations through conferences, publications, etc.	2010	NASPA
4. Individual State-based efforts with Medicaid agencies to include pharmacists' services.	2010 and beyond	State pharmacy associations

Critical Area III: Communications

Help transform pharmacy by building widespread stakeholder understanding of, support for, and commitment to the practice roles and responsibilities of pharmacists and the new economic foundation for the profession as articulated by the JCPP Future Vision of Pharmacy Practice.

Desired Future State:

Patients and other stakeholders understand, use, and consider essential the medication therapy management and other patient care services of pharmacists.

The following describe what selected aspects of pharmacy practice and healthcare will look like when this desired future state has been achieved:

- It is the standard of care for pharmacists to work cooperatively with other healthcare professionals to provide or oversee: medication therapy management that achieves optimal patient outcomes; appropriate, safe, accurate, and efficient access to and use of medications; and services that promote wellness, health improvement, and disease prevention.
- Pharmacists' medication therapy management and other patient care responsibilities are covered services in all health benefits programs. Pharmacists are paid fairly for their professional services and management of the medication use system.
- Pharmacists are widely recognized as the primary and most trusted source for unbiased information and advice regarding the safe, appropriate, and cost-effective use of medications.
- Patients, payers, and other healthcare professionals recognize pharmacists as the medication use specialists.
- Patients are active participants in making decisions about their health care.
- Purchasing decisions for pharmacy services are based on the ability of the practice to achieve desired medication therapy outcomes, rather than mainly on the cost of the drug product.
- Patients, payers, and healthcare systems expect pharmacists to provide medication therapy management. Pharmacists hold shared accountability with patients and other health professions for the desired outcomes of medication use.

Strategic Directions and Critical Success Factor:

III.1 **Critical Success Factor: Create demand among patients, caregivers, and other health professionals for pharmacists' medication therapy management and other patient care services.**

Objectives to Support the Critical Success Factor:

III.1.1 A communications plan will be implemented to create demand among patients and caregivers for pharmacists' medication therapy management and other patient care services. Measures of success in creating such demand would include, for example:

- Patients and caregivers consider pharmacist-provided medication therapy management to be the standard of care in all healthcare settings.
- Patients and caregivers expect pharmacists to assure the continuity, safety, and quality of their medication therapy management across the continuum of health care.
- Patients/caregivers view their pharmacy as a healthcare setting where they can expect to receive needed medications, assistance with the clinical management of their medication therapy, and services aimed at health promotion and disease prevention.
- Patients/caregivers either pay directly for pharmacists' professional services or expect their health insurance plans to do so.
- Patients expect and value the same type of personal professional relationship with their pharmacist that they enjoy with their other healthcare providers.
- Patients commonly recommend their pharmacist to family, friends, and others who seek assistance with the clinical management of their medication therapy.

III.1.2 A communications plan will be implemented to create demand among physicians for pharmacists' medication therapy management and other patient care services. Measures of success in creating such demand would include, for example:

- Physicians routinely consult with or refer patients to pharmacists for management of patients' medication therapy in all healthcare settings across the continuum of care.
- Physicians include pharmacists as part of their collaborative or group practices.
- Physicians rely on pharmacists to oversee medication therapy and to develop sound policies that assure safe and effective medication use in institutional and other healthcare settings.
- Physicians describe to other stakeholders how they and their patients benefit when pharmacists help manage medication therapy, and advocate locally and nationally for formal recognition of these services.
- National and state medical associations support legislative/regulatory measures that fully enable pharmacists' medication therapy management and other patient care services, and for payment for these services by private and government health plans.

Discussion:

The charge to the Communications Workgroup was, in essence, to create demand for pharmacists' medication therapy management and other patient care services among a variety of stakeholders, including:

- patients, families, and lay caregivers;
- physicians and other health professionals;
- payers and policy makers;
- corporate employers of pharmacists; and
- individual pharmacists themselves.

In contrast to the Practice Model and Payment Policy workgroups who developed several possible strategic directions from which was selected the one felt most critical at this time to achieving the vision (i.e., the Critical Success Factor), the Communications workgroup identified a single over arching statement of strategic intent: Create demand among patients, caregivers, and other health professionals for pharmacists' medication therapy management and other patient care services.

Although it is recognized that individual pharmacists, pharmacy employers, payers, and policy makers are very important stakeholders in the JCPP 2015 vision, it was decided not to include them as part of the Communications Critical Success Factor. The specific action plans recommended by the Practice Model workgroup include communications efforts directed at pharmacists and their employers that are designed to build an understanding of the JCPP-envisioned pharmacy practice and a commitment to implementing that practice in their settings. Similarly, the specific action plans recommended by the Payment Policy workgroup include communicating with private and government payers and policy makers with the goal of their changing their payment policies for pharmacists' services. The Communications workgroup therefore felt comfortable in not including these specific audiences among its target groups.

The two Action Plans recommended below are built around a five-step communications process of building:

	Example Patient Knowledge, Attitudes, Behaviors
1. Awareness	I am aware that pharmacists can help with management of my medication therapy. I have heard of this health benefit called "medication therapy management" and know where to get it. I know that health screenings or immunization services are available at my pharmacy.
2. Understanding	I understand why it's important that a pharmacist help manage my medication therapy. I understand how pharmacists contribute to my overall health by providing services like health education, disease screening, and immunizations.
3. Support	I have experienced personal benefit from the medication therapy management and other patient care services provided by pharmacists. These benefits are of value to me.
4. Commitment	I value these services to such an extent that I consider them essential.

5. Action	Because of their importance and value to me, I expect and demand that pharmacists' medication therapy management and other patient care services are available to me and are provided consistently in all healthcare settings; and that these services are covered by my health insurance benefits.

The two recommended Action Plans that follow outline a series of steps to implement strategic communications plans to create demand for pharmacists' medication therapy management and other patient care services. It must be stressed, however, that creating such demand must begin at the level of the individual pharmacist and pharmacy. It must be part of every patient-pharmacist or physician-pharmacist encounter. A person cannot be expected to truly value and demand something that s/he has never experienced. These communications plans will be of little use if the pharmacist services for which they are designed to create demand are not routinely and consistently available across the continuum of patient care.

Recommended Action Plan Objective III.1.1: A communications plan will be implemented to create demand among patients and caregivers for pharmacists' medication therapy management and other patient care services. Measures of success in creating such demand would include, for example:

- Patients and caregivers consider pharmacist-provided medication therapy management to be the standard of care in all healthcare settings.
- Patients and caregivers expect pharmacists to assure the continuity, safety, and quality of their medication therapy management across the continuum of health care.
- Patients/caregivers view their pharmacy as a healthcare setting where they can expect to receive needed medications, assistance with the clinical management of their medication therapy, and services aimed at health promotion and disease prevention.
- Patients/caregivers either pay directly for pharmacists' professional services or expect their health insurance plans to do so.
- Patients expect and value the same type of personal professional relationship with their pharmacist that they enjoy with their other healthcare providers.
- Patients commonly recommend their pharmacist to family, friends, and others who seek assistance with the clinical management of their medication therapy.

The following outlines the basis of a strategic communications plan designed to stepwise build patient and caregiver **awareness** of, **understanding** of, **support** for, **commitment** to, and **demand** for pharmacists' medication therapy management and other patient care services. The Communications Workgroup has put forth those specific goals it believes the communications plan should achieve, and has provided a general outline for the balance of a comprehensive strategic communications plan for subsequent finalization and implementation by an implementation workgroup.

Action Steps	Target Date for Completion	Accountable
A. Identify one or two of the JCPP organizations to serve as Co-Champions for and to be accountable for assuring that this portion of the action plan is implemented.	April 2008	JCPP
B. Create an Implementation Workgroup responsible for accomplishing the following Action Plan. Because members of the Communications Workgroup conceived and understand the general nature of the project, consideration should be given to appointing at least some of these individuals to the Implementation Workgroup. The actual implementation steps recommended below could be undertaken either by organizational staff (including communications professionals), contracted to a consultant, or some combination thereof, depending on what is perceived at the time to be most efficient and effective.	May 2008	Co-Champion Organizations
C. Assure an adequate communications infrastructure. Before developing the recommended patient/caregiver strategic communications plan, a realistic assessment must be made of whether the JCPP organizations (individually or collectively) have the communications infrastructure needed for its implementation. What additional resources will be needed, and what is the likelihood they will be available? This will drive any determination of subsequent project scope. Consideration should be given to creating an initial pilot program focused on a relatively limited patient / caregiver audience (e.g., Medicare beneficiaries or Part D enrollees within one or two health plans, Medicare beneficiaries who patronize a specified chain or group of pharmacies, etc.). Following implementation and evaluation of the pilot, expansion to other target groups can be undertaken based on resource and other considerations.	July 2008	Implementation Workgroup; JCPP organizations

Action Steps		Target Date for Completion	Accountable
D. Determine the goals and desired outcomes of implementing a communications plan focused on patients and caregivers. The following specific goals are recommended:		August 2008	Implementation Workgroup
Awareness	1. To create **awareness** among patients and caregivers that: ▪ pharmacists are medication use experts, not just suppliers of pills; ▪ pharmacists are ready, willing, and able to assist them in the clinical management of their medication therapy; ▪ pharmacists are their best resource for drug information; pharmacists have the most complete, deepest, and broadest knowledge of drugs and drug therapies of all the health care professions; ▪ they can and should ask their pharmacists to assist them in the clinical management of their medication therapy.		
Understanding	2. To have patients and caregivers **understand** that: ▪ they will benefit more from their use of medicines when pharmacists assist in the clinical management of their medication therapy in all healthcare settings; ▪ pharmacists contribute to their overall health by providing services like health education, disease screening, and immunizations; ▪ they can schedule an appointment with their pharmacist, just as they do with their physician or dentist.		
Support and Commitment	3. To have patients and caregivers: ▪ value the benefits they receive when pharmacists help manage their drug therapy.		
Action	4. To have patients and caregivers **demand**: ▪ that pharmacists' medication therapy management and other patient care services be available to them and provided consistently in all healthcare settings; and ▪ that such services are covered within their health insurance benefits.		

Action Steps	Target Date for Completion	Accountable
Measures that the communications plan is succeeding in creating demand for pharmacist's services among patients and caregivers (i.e., desired outcomes) will include, for example: 1. Patients and caregivers consider pharmacist-provided medication therapy management to be the standard of care in all healthcare settings. 2. Patients and caregivers expect pharmacists to assure the continuity, safety, and quality of their medication therapy management across the continuum of health care. 3. Patients/caregivers view their pharmacy as a healthcare setting where they can expect to receive needed medications, assistance with the clinical management of their medication therapy, and services aimed at health promotion and disease prevention. 4. Patients/caregivers either pay directly for pharmacists' professional services or expect their health insurance plans to do so. 5. Patients expect and value the same type of personal professional relationship with their pharmacist that they enjoy with their other healthcare providers. 6. Patients commonly recommend their pharmacist to family, friends, and others who seek assistance with the clinical management of their medication therapy. The Implementation Workgroup should consider the appropriate metrics to measure each of these indicators of demand. Rather than constructing its own measurement tools, it is probable that tracking quality and other data already being collected longitudinally by other groups will allow assessment of the above indicators, for example: ▪ "Consumer Assessment of Pharmacy/Pharmacist Services" conducted by the Pharmacy Quality Alliance (PQA); ▪ number of MTM claims filed with Mirixa or other plans; ▪ number of MTM claims filed (and dollars paid) by health insurance plans.		

Action Steps	Target Date for Completion	Accountable
E. Define the target audience(s). Identify logical subsets of "patients" and "caregivers." The task of developing and implementing a communications plan targeted at the entire American public would be daunting to say the least, hugely expensive, unpractical, and, fortunately, is not necessary. Instead, specific high priority subgroups of "patients" and "caregivers" should be identified. Whether to focus on a more narrowly defined group (e.g., those taking a certain high-risk medication) or on a more broadly defined group (e.g., Medicare beneficiaries) will likely depend on the human and financial resources allocated to implementation of this part of the overall JCPP plan. Possible target groups identified by the Communications Workgroup include: ▪ Medicare beneficiaries (all or those enrolled in Part D) ▪ Medicaid recipients ▪ Family members (caregivers) of senior citizens ▪ Patients taking "high risk" medications (e.g., warfarin) ▪ Patients receiving more than 4-6 medications (polypharmacy) Using focus groups, surveys, or other market research techniques: 1. For each of the identified target audience(s), describe their knowledge, attitudes, and behaviors as related to pharmacists' medication therapy management and other patient care services. 2. What are the barriers to this audience fully supporting or participating in reaching our goal. What are the benefits <u>to them</u> if they do? 3. What are the characteristics of this audience? e.g., What makes new information credible for them? What or who could motivate change or action?	October 2008	Implementation Workgroup

Action Steps	Target Date for Completion	Accountable
F. Frame the issue. Describe our issue in a way that will resonate with the values and needs of patients and caregivers. What is the issue really about? Why should patients care about this? What's in it for them? Key points identified by the Communications Workgroup (worded as if directed at the patient) include: ▪ The proper use of medicines can prevent many of the complications of chronic diseases, enhance your quality of life, or even save your life. But no medicine is risk free. ▪ Medicines can hurt instead of help. Take them when needed, but don't take them for granted. ▪ The improper use of medicines causes thousands of patient admissions to the hospital each year, wastes billions of dollars, and may account for as many as 100,000 deaths annually in the United States. We're not talking about the complications of abusing drugs like meth or narcotics. We're talking about the legitimate use of prescription medicines. ▪ Most patients need help to make certain they use their medicines properly and safely. ▪ You will benefit more from your use of medicines and quite possibly save money when your pharmacist—whether in the drugstore, hospital, or nursing home—assists you and your physician in the clinical management of your medication therapy. Pharmacists also contribute to your overall health by providing services like health education, disease screening, and immunizations.	February 2009	Implementation Workgroup
G. Craft the key messages. The key message(s) should tie to our goals, deliver important information, and compel patients and caregivers to demand that they receive pharmacists' services. Key points identified by the Communications Workgroup (worded as if directed at the patient) include: ▪ The proper use of medicines can prevent many of the complications of chronic diseases, enhance your	March 2009	Implementation Workgroup

Action Steps	Target Date for Completion	Accountable
quality of life, or even save your life. But no medicine is risk free. ▪ Medicines can hurt instead of help. Take them when needed, but don't take them for granted. ▪ The improper use of medicines causes thousands of patient admissions to the hospital each year, wastes billions of dollars, and may account for as many as 100,000 deaths annually in the United States. We're not talking about the complications of abusing drugs like meth or narcotics. We're talking about the legitimate use of prescription medicines. ▪ Most patients need help to make certain they use their medicines properly and safely. ▪ Pharmacists are experts in the use of medicines, not just suppliers of pills. They have the most complete, deepest, and broadest knowledge about medicines and their use of all the healthcare professions. They are your best resource for information about your medicines. ▪ Your pharmacist is ready, willing, and able to assist you in the clinical management of your medication therapy. You can and should ask for his or her help. You can do this anytime you visit your pharmacy, or you can schedule an appointment with your pharmacist just as you do with your physician or dentist. ▪ You will benefit more from your use of medicines when your pharmacist—whether in the drugstore, hospital, or nursing home—partners with you and your physician in the clinical management of your medication therapy. ▪ We call this medication therapy management. With your pharmacist's help, you will be more likely to receive the maximum benefit from your medicines, and quite possible save money. ▪ Pharmacists also contribute to your overall health by providing services like health education, disease screening, and immunizations. ▪ You have the right to demand that pharmacists' medication therapy management and other patient care services be available to you in all healthcare settings. ▪ Because these services are so important to your proper and safe use of medicines, and to your overall health, you should demand that they be covered by your health insurance program.		

<table>
<tr><th>Action Steps</th><th>Target Date for Completion</th><th>Accountable</th></tr>
<tr><td colspan="2">H. Establish strategic partnerships.

Are there organizations or groups outside of pharmacy for which this issue is important and with which we should seek to partner in this communications plan?

This should be tailored to organizations or groups specific to the target audience(s) identified above. Groups identified by the Communications Workgroup that should be considered include:</td><td>Ongoing</td><td>Implementation Workgroup</td></tr>
<tr><td>Possible Target Audience</td><td>Possible Partners</td><td></td></tr>
<tr><td>Medicare beneficiaries (all or those enrolled in Part D)</td><td rowspan="3">▪ National Consumers League (www.nclnet.org/)
▪ SOSRx (www.sosrx.org/)
▪ AARP (see for example www.aarp.org/learntech/wellbeing/meds_and_you_03.html)
▪ Employer groups
▪ Disease advocacy groups
▪</td><td rowspan="4"></td></tr>
<tr><td>Patients taking “high risk” medications (e.g., warfarin) or with select target conditions (e.g. asthma)</td></tr>
<tr><td>Patients receiving more than 4-6 medications (polypharmacy)</td></tr>
<tr><td>Medicaid recipients</td><td>▪ National Association of Social Workers (www.socialworkers.org)</td></tr>
<tr><td>Family members (caregivers) of senior citizens</td><td>▪ National Alliance for Caregiving (www.caregiving.org/)
▪ National Family Caregivers Association (www.nfcacares.org/)</td><td></td></tr>
<tr><td colspan="2">I. Determine optimal communication channels.

What avenues of communication will be used to deliver the key messages to the target audience(s)? e.g., television, radio, newspaper, Web, posters, prescription bag stuffers, literature racks, community presentations, one-on-one, etc.</td><td>June 2009 and beyond</td><td>Implementation Workgroup</td></tr>
</table>

Action Steps	Target Date for Completion	Accountable
J. Determine specific communications activities and materials. What are the activities, events, and/or materials that will most effectively carry the message to the intended audience(s)? Consideration should be given to: ▪ appropriateness to the audience, goal, and message; ▪ relevance to the desired outcomes; ▪ timing; ▪ costs and resources required; ▪ climate of the community toward our issue; ▪ cultural appropriateness; and ▪ geographic considerations. Example communication activities that should be considered include: ▪ conferences of special interest groups; ▪ news conferences; ▪ letters to the editor; ▪ magazine feature stories; ▪ one-on-one point-of-service conversations with patients and caregivers; ▪ Op Ed; ▪ organizational Web sites; ▪ public service announcements; and ▪ radio and television talk and call-in shows.	June 2009 and beyond	Implementation Workgroup
K. Implement and monitor effectiveness of the communications plan.	September 2009 and beyond	Implementation Workgroup

Recommended Action Plan Objective III.1.2: A communications plan will be implemented to create demand among physicians for pharmacists' medication therapy management and other patient care services. Measures of success in creating such demand would include, for example:

- Physicians routinely consult with or refer patients to pharmacists for management of patients' medication therapy in all healthcare settings across the continuum of care.
- Physicians include pharmacists as part of their collaborative or group practices.
- Physicians rely on pharmacists to oversee medication therapy and to develop sound policies that assure safe and effective medication use in institutional and other healthcare settings.
- Physicians describe to other stakeholders how they and their patients benefit when pharmacists help manage medication therapy, and advocate locally and nationally for formal recognition of these services.
- National and state medical associations support legislative/regulatory measures that fully enable pharmacists' medication therapy management and other patient care services, and for payment for these services by private and government health plans.

It was decided to focus this objective on the physician community because the physician is seen as the major and most influential driver for change among the other health professions. The following outlines the basis of a strategic communications plan designed to stepwise build physician **awareness** of, **understanding** of, **support** for, **commitment** to, and **demand** for pharmacists' medication therapy management and other patient care services. The Communications Workgroup has put forth those specific goals it believes the communications plan should achieve, and has provided a general outline for the balance of a comprehensive strategic communications plan for subsequent finalization and implementation by an implementation workgroup.

Action Steps	Target Date for Completion	Accountable
A. Identify one or two of the JCPP organizations to serve as Co-Champions for and to be accountable for assuring that this portion of the action plan is implemented.	April 2008	JCPP
B. Create an Implementation Workgroup responsible for accomplishing the following Action Plan. Because members of the Communications Workgroup conceived and understand the general nature of the project, consideration should be given to appointing at least some of these individuals to the Implementation Workgroup. The actual implementation steps recommended below could be undertaken either by organizational staff (including communications professionals), contracted to a consultant, or some combination thereof, depending on what is perceived at the time to be most efficient and effective.	May 2008	Co-Champion Organizations

Action Steps		Target Date for Completion	Accountable
C. Assure an adequate communications infrastructure. Before developing the recommended physician-focused strategic communications plan, a realistic assessment must be made of whether the JCPP organizations (individually or collectively) have the communications infrastructure needed for its implementation. What additional resources will be needed, and what is the likelihood they will be available? This will drive any determination of subsequent project scope. Consideration should be given to creating an initial pilot program focused on a relatively limited physician audience (e.g., family medicine residency programs, nursing home medical directors, etc.). Following implementation and evaluation of the pilot, expansion to other target groups can be undertaken based on resource and other considerations.		July 2008	Implementation Workgroup; JCPP organizations
D. Determine the goals and desired outcomes of implementing a communications plan focused on physicians. The following specific goals are recommended:		August 2008	Implementation Workgroup
Awareness	1. To create **awareness** among physicians that: ▪ pharmacists are medication use experts and valuable resources for drug information; ▪ pharmacists are able to collaborate with them in the clinical management of their patients' medication therapy, and in the development and implementation of drug use policy; ▪ collaborating with pharmacists can enhance their practice's capabilities and potentially its income stream.		
Understanding	2. To have physicians **understand** that: ▪ their patients will more often obtain optimal benefit from the use of medicines when pharmacists collaborate in the clinical management of medication therapy in all healthcare settings; ▪ pharmacists contribute to overall patient/public health by providing services like health education, disease screening, and immunizations; ▪ pharmacists can broaden and extend their practice's professional capabilities in ways that no other profession can, and provide a higher return on		

Action Steps		Target Date for Completion	Accountable
	investment.		
Support and Commitment	3. To have physicians: ▪ value the benefits they and their patients receive when pharmacists help manage medication therapy; ▪ seek additional opportunities for pharmacist's integration into healthcare practices.		
Action	4. To have physicians **demand**: ▪ that pharmacists' medication therapy management and other patient care services be available to their patients in all healthcare settings; ▪ that such services are covered within health insurance benefits; and ▪ to have physician organizations advocate for changes in practice standards and legislation to strengthen pharmacist integration into patient medication therapy.		
Measures that the communications plan is succeeding in creating demand for pharmacist's services among physicians (i.e., desired outcomes) will include, for example: 1. Physicians routinely consult with or refer patients to pharmacists for management of patients' medication therapy in all healthcare settings across the continuum of care. 2. Physicians include pharmacists as part of their collaborative or group practices. 3. Physicians rely on pharmacists to oversee medication therapy and to develop sound policies that assure safe and effective medication use in institutional and other healthcare settings. 4. Physicians describe to other stakeholders how they and their patients benefit when pharmacists help manage medication therapy, and advocate locally and nationally for formal recognition of these services. 5. National and state medical associations support legislative/regulatory measures that fully enable pharmacists' medication therapy management and other patient care services, and for payment for these services by private and government health plans.			

Action Steps	Target Date for Completion	Accountable
The Implementation Workgroup should consider the appropriate metrics to measure each of these indicators of demand, for example: ▪ number of collaborative practice agreements on file within specific States; ▪ pharmacy association data on where pharmacists practice or are employed (this may mean adding "physician group practice" as an available data element); ▪ number of articles published in the medical literature, authored or coauthored by a physician, that report on the benefits of pharmacist collaboration; and ▪ track medical association policy development regarding issues like collaborative practice, medication therapy management, etc.; and ▪ physician knowledge, attitudes, and behaviors related to pharmacists' medication therapy management and other patient care services (repeat surveys and focus groups conducted in step E below).		
E. Define the target audience(s). Identify logical subsets of "physicians." It is suggested that the greatest impact of these communications efforts will be achieved if they focus (first) on those physicians who principally care for the patient subsets identified in the Communications Objective #1 Action Plan. A coordination of the patient/caregiver and physician communications plans is recommended. Possible physician target groups identified by the Communications Workgroup include: ▪ geriatricians and aging specialists ▪ family physicians ▪ family medicine residency programs ▪ internists ▪ physicians who care for patients taking "high risk" medications (e.g., warfarin, diabetes, transplant patients, HIV, oncology).	October 2008	Implementation Workgroup

Action Steps	Target Date for Completion	Accountable
Using focus groups, surveys, or other market research techniques: 1. For each of the identified target audience(s), describe their knowledge, attitudes, and behaviors related to pharmacists' medication therapy management and other patient care services. 2. What are the barriers to this audience fully supporting or participating in reaching our goal. What are the benefits to them and their patients if they do? 3. What are the characteristics of this audience? e.g., What makes new information credible for them? What or who could motivate change or action?		
F. Frame the issue. Describe our issue in a way that will resonate with the values and needs of physicians. What is the issue really about? Why should physicians care about this? What's in it for them? Key points identified by the Communications Workgroup include: ▪ Drug therapy is integral to the provision of health care. Effective and rational management of drug therapy is essential to the health and safety of patients, and to the efficient economic performance of healthcare organizations of all types. ▪ Annual spending for prescription medications currently accounts for about 11% of health care costs. In addition to these direct costs, an estimated $76 billion is spent each year because of medication-related morbidity and mortality among ambulatory patients; $1.33 is spent on the management of medication-related problems for every dollar spent on drugs in nursing facilities; nearly 5% of hospital admissions are due to a serious adverse drug event (ADE; of which nearly 3% prove fatal); and about 11% of hospitalized patients experience an ADE, and 0.2% suffer a fatal ADE. ▪ Problems arise when medication therapy is not reconciled as patients transition among care settings.	February 2009	Implementation Workgroup

Action Steps	Target Date for Completion	Accountable
▪ This system failure to assure as best as possible that medications are used safely, effectively, and efficiently calls for significant changes in our medication use system, and in how key healthcare resources are deployed. ▪ Because of these and other considerations, metrics used to assess health care quality and construct pay-for-performance programs include measures of medication costs and drug therapy related patient outcomes. ▪ Patients will more often obtain optimal benefit from the use of medicines when pharmacists collaborate in the clinical management of medication therapy in all healthcare settings. ▪ Collaborating with pharmacists will enhance your practice's or institution's capabilities, efficiency, and financial operations within managed care and pay-for-performance programs.		
G. Craft the key messages. The key message(s) should tie to our goals, deliver important information, and compel physicians to demand that they and their patients receive pharmacists' services. Key points identified by the Communications Workgroup include: ▪ Drug therapy is integral to the provision of health care. Effective and rational management of drug therapy is essential to the health and safety of patients, and to the efficient economic performance of healthcare organizations of all types. ▪ Annual spending for prescription medications currently accounts for about 11% of health care costs. In addition to these direct costs, an estimated $76 billion is spent each year because of medication-related morbidity and mortality among ambulatory patients; $1.33 is spent on the management of medication-related problems for every dollar spent on drugs in nursing facilities; nearly 5% of hospital admissions are due to a serious adverse drug event (ADE; of which nearly 3% prove fatal); and about 11% of hospitalized patients experience an ADE, and 0.2% suffer a fatal ADE. ▪ Problems arise when medication therapy is not reconciled as patients transition among care settings.	March 2009	Implementation Workgroup

Action Steps	Target Date for Completion	Accountable
▪ This system failure to assure as best as possible that medications are used safely, effectively, and efficiently calls for significant changes in our medication use system, and in how key healthcare resources are deployed. ▪ Because of these and other considerations, metrics used to assess health care quality and construct pay-for-performance programs include measures of medications costs and drug therapy related patient outcomes. ▪ Pharmacists are medication use experts and valuable resources for drug information. ▪ Pharmacists are able to collaborate with you in the clinical management of patients' medication therapy, and in the development and implementation of drug use policy. ▪ Pharmacists also contribute to overall patient/public health by providing services like health education, disease screening, and immunizations; ▪ Patients will more often obtain optimal benefit from the use of medicines when pharmacists collaborate in the clinical management of medication therapy in all healthcare settings. ▪ Collaborating with pharmacists will enhance your practice's or institution's capabilities, efficiency, and financial operations within managed care and pay-for-performance programs. ▪ Because you and your patients will benefit when pharmacists help manage medication therapy, you should insist that: ► pharmacists' medication therapy management and other patient care services be available to your patients and provided consistently in all healthcare settings, ► that such services are covered within health insurance benefits, and ► your professional organizations advocate for changes in practice standards and legislation to strengthen pharmacist integration into patient medication therapy.		

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This should be tailored to organizations or groups specific to the target audience(s) identified above. Groups identified by the Communications Workgroup that should be considered include:</td><td>Ongoing</td><td>Implementation Workgroup</td></tr>
<tr><td>Possible Target Audience</td><td>Possible Partners</td><td></td><td></td></tr>
<tr><td>Geriatricians and aging specialists</td><td>▪ American Medical Directors Association
▪ American Geriatrics Society
▪ American Society on Aging</td><td></td><td></td></tr>
<tr><td>Family Physicians
Family Medicine Residency Programs</td><td>▪ Academy of Family Physicians
▪ Society of Teachers of Family Medicine</td><td></td><td></td></tr>
<tr><td>Internists</td><td>▪ American College of Physicians / American Society of Internal Medicine</td><td></td><td></td></tr>
<tr><td>Physicians who care of patients taking “high risk” medications</td><td>▪ American Association of Diabetes Educators
▪ American College of Chest Physicians
▪ International Association of Physicians in AIDS Care (http://www.iapac.org/)</td><td></td><td></td></tr>
<tr><td colspan="2">I. Determine optimal communication channels.

What avenues of communication will be used to deliver the key messages to the target audience(s)? e.g., professional conferences, journals and newsletters, Web, one-on-one, etc.</td><td>June 2009 and beyond</td><td>Implementation Workgroup</td></tr>
</table>

Action Steps	Target Date for Completion	Accountable
J. Determine specific communications activities and materials. What are the activities, events, and/or materials that will most effectively carry the message to the intended audience(s)? Consideration should be given to: ▪ appropriateness to the audience, goal, and message; ▪ relevance to the desired outcomes; ▪ timing; ▪ costs and resources required; ▪ climate of the community toward our issue; ▪ cultural appropriateness; ▪ geographic considerations; and ▪ unique opportunities available through partner organizations. Example communication activities that should be considered include: ▪ medical association conferences; ▪ letters to the editor; ▪ original research and review articles in professional journals; ▪ one-on-one point-of-service conversations with physicians; and ▪ organizational Web sites.	June 2009 and beyond	Implementation Workgroup
K. Implement and monitor effectiveness of the communications plan.	September 2009 and beyond	Implementation Workgroup

RECOMMENDED NEXT STEPS

It is true to say that the easiest part of this important initiative has been completed: development of this Action Plan for Implementation of the JCPP Future Vision for Pharmacy Practice. Now begins the hard part—actual implementation. JCPP should consider the following next steps.

1. Include implementation of the Action Plan as a standing agenda item at all quarterly JCPP meetings:

   November 2007—receive the Action Plan. Refer it to the JCPP Transformation Workgroup (or other) for in-depth review and analysis.

   November 2007 – January 2008—workgroup reviews Action Plan and develops recommendations for its implementation.

   February 2008—JCPP action on workgroup recommendations, which should include identified accountability for various elements of the Action Plan.

   April 2008 and beyond—report to JCPP from (multiple) Implementation Workgroup(s).

2. Publish the Action Plan (journal and/or Web). Publication and dissemination of the Action Plan will create an accountability within pharmacy and beyond JCPP that something is going to happen. It will show that JCPP is working to make the 2015 vision real.

   When published, sections to describe JCPP itself and any necessary acknowledgements (e.g., grant support) should be added.

   An annual progress report to the profession at large also should be provided through the Web and/or print publications.

3. Concurrent with publication of the Action Plan, implement a communications plan directed at the member pharmacists of the JCPP organizations so that they are aware of the Action Plan, understand its recommendations and implications, and begin to develop a personal commitment to implement those elements that are dependent on their actions.

4. JCPP organizations use the Action Plan as a resource in their individual strategic planning. It is likely that some of the Strategic Directions or Objectives identified by the workgroups, but not pursued within this plan, will align well with the mission and goals of the JCPP organizations. This will broaden the impact of the Action Plan beyond those specific objectives prioritized by the workgroups.

5. Forward the Action Plan to the state or local affiliates of the JCPP organizations for use as a resource in their strategic planning activities.

Glossary

Certification: The voluntary process by which a non-governmental agency or an association grants recognition to an individual who has met certain predetermined qualifications specified by that organization. This formal recognition is granted to designate to the public that this individual has attained the requisite level of knowledge, skill, and/or experience in a well-defined, often specialized, area of the total discipline. Certification usually requires initial assessment and periodic reassessments of the individual's knowledge, skills and/or experience. (Credentialing in Pharmacy. Council on Credentialing in Pharmacy. Available from www.pharmacycredentialing.org/ccp/Files/CCPWhitePaper2006.pdf. Accessed on May 8, 2007.)

Conditions of Participation: The minimum health and safety standards that providers and suppliers must meet to participate in the Medicare and Medicaid programs. The Centers for Medicare and Medicaid Services (CMS) also ensures that the standards of accrediting organizations recognized by CMS (e.g., The Joint Commission, American Osteopathic Association) meet or exceed the Medicare standards set forth in the Conditions of Participation. Healthcare organizations for which the CMS conditions of participation apply include: end-stage renal disease facilities, home health agencies, hospices, hospitals, nursing facilities, psychiatric hospitals, rural health clinics, and skilled nursing facilities.

Credential: Documented evidence of professional qualifications. For pharmacists, academic degrees, state licensure, and Board certification are all examples of credentials. For pharmacy technicians, certification by the Pharmacy Technician Certification Board (CPhT) is an example of a nationally recognized credential. **Credentialing** is (1) the process by which an organization or institution obtains, verifies, and assesses a pharmacist's qualifications to provide patient care services; or (2) the process of granting a credential. (Credentialing in Pharmacy. Council on Credentialing in Pharmacy. Available from www.pharmacycredentialing.org/ccp/Files/ CCPWhitePaper2006.pdf. Accessed on May 8, 2007.)

Medication Therapy Management: As used here, the term "medication therapy management" is not meant to be limited to Medication Therapy Management Services as defined by Medicare Part D. Medication therapy management refers to a group of services provided by pharmacists in <u>all</u> practice settings that optimize therapeutic outcomes for individual patients. Medication therapy management encompasses a broad range of professional activities and responsibilities that are based on the individual needs of the patient. These services include, but are not limited to:

- Performing or obtaining necessary assessments of the patient's health status;
- Formulating a medication treatment plan;
- Selecting, initiating, modifying, or administering medication therapy;
- Monitoring and evaluating the patient's response to therapy, including safety and effectiveness;
- Performing a comprehensive medication review to identify, resolve, and prevent medication related problems, including adverse drug events;
- Documenting the care delivered and communicating essential information to the patient's other primary care providers;
- Providing verbal education and training designed to enhance patient understanding and appropriate use of his/her medications;

- Providing information, support services and resources designed to enhance patient adherence with his/her therapeutic regimens;
- Coordinating and integrating medication therapy management services within the broader health care-management services being provided to the patient.

(Medication Therapy Management Services. Definition and Program Criteria. Available from www.accp.com/position/pos032_200407.pdf. Accessed on May 8, 2007.)

Optimal Medication Therapy: The use of medications to achieve targeted clinical, humanistic, and economic outcomes. Medicine use that is safe, effective, appropriate, affordable, cost-effective, efficient, and specific to the needs of a given patient, and that is chosen in partnership with the patient. Optimal medication therapy occurs within a medication use system that has the necessary structure and processes to evaluate and manage medication therapy with the goal to ensure that medication use is associated with the highest likelihood of achieving the desired health and economic outcomes. (The Research Agenda of the American College of Clinical Pharmacy. Pharmacotherapy 2007;27:312-24.)

Patient-Centered Care: Health care that establishes a partnership among practitioners, patients and their families (when appropriate) to ensure that decisions respect patients' wants, needs and preferences and solicit patients' input on the education and support they need to make decisions and participate in their own care. From a pharmacist's perspective, in addition to providing safe and effective medication therapy, patient-centered care enhances disease prevention and health promotion and requires a coordinated health care team. (Institute of Medicine (IOM). Margarita P. Hurtado, Elaine K. Swift, and Janet M. Corrigan, (Eds). Committee on the National Quality Report on Health Care Delivery, Board on Health Care Services. Envisioning the National Health Care Quality Report. National Academy Press: Institute of Medicine. 2001.)

Pay-for-Performance: Pay for performance is a strategy to improve health care delivery that relies on the use of market or purchaser power. Pay-for-performance programs are designed to offer financial incentives to health care providers for the achievement of a range of payer objectives, including delivery efficiencies, submission of data and measures to the payer, improved quality, and enhanced patient safety. (Medical Care Research and Review 2006;63(1 Suppl):5S-10S.)

Pharmacists' Patient Care Services/Responsibilities: Broadly includes the pharmacists medication therapy management, health promotion, and disease prevention responsibilities. This includes:

- ensuring appropriate pharmacotherapy;
- ensuring patient understanding of and adherence to his/her treatment plan;
- monitoring medication therapy and communicating outcomes to the patient's other healthcare providers;
- providing education or other services for the purpose of disease prevention, early detection of disease, detection of risk factors, and the promotion of healthy lifestyles;
- surveillance and reporting of public health issues; and
- promoting safe medication use in society.

Other domains that describe pharmacists' non-direct patient care responsibilities include dispensing medications and devices and health systems management. (Pharmacist Practice Activity Classification; http://www.aphanet.org/AM/Template.cfm?Section=Pharmacy_Practice_Resources&Template=/CM/HTMLDisplay.cfm&ContentID=2908)

Pharmacists' Professional Services: see "Pharmacists' Patient Care Services/Responsibilities."

Pharmacy Support Personnel: Pharmacy support personnel usually refers to pharmacy technicians. Pharmacy technicians assists in pharmacy activities that do not require the professional judgment of a pharmacist. At the present time, this typically includes accepting prescription orders from patients, preparing labels, entering drug information into the pharmacy's computer system, and retrieving medications from inventory. The term "pharmacy technician" is used in a majority of states, however other terms are also used to describe pharmacy support personnel carrying out functions like those described. Pharmacy technicians work under the supervision of a licensed pharmacist. The exact functions and responsibilities of pharmacy technicians are defined by state laws and regulations and are also determined by the willingness of pharmacists to delegate the nonjudgmental activities of their practice. For pharmacists to focus their efforts on medication therapy management and other patient care activities, pharmacy technicians must be able to assume more responsibility for drug dispensing functions in all pharmacy settings. (Credentialing in Pharmacy. Council on Credentialing in Pharmacy. Available from www.pharmacycredentialing.org/ccp/Files/CCPWhitePaper2006.pdf. Accessed on May 8, 2007.

Population-Based Care: Pharmacists provide population-based care through, for example, evidence-based disease management, wellness, disease detection and prevention, and medication use review programs and protocols. These activities usually include a significant focus on patient, caregiver, or health professional education, and are often conducted in collaboration with other health care providers.

Standard of Care: A process that a clinician should follow for a certain type of patient, illness, or clinical circumstance.

Value-Based Purchasing: "The concept of value-based health care purchasing is that buyers should hold providers of health care accountable for both cost and quality of care. Value-based purchasing brings together information on the quality of health care, including patient outcomes and health status, with data on the dollar outlays going towards health. It focuses on managing the use of the health care system to reduce inappropriate care and to identify and reward the best-performing providers. This strategy can be contrasted with more limited efforts to negotiate price discounts, which reduce costs but do little to ensure that quality of care is improved." (Theory and Reality of Value-Based Purchasing: Lessons from the Pioneers. Rockville, MD: Agency for Health Care Policy and Research; 1997. AHCPR Publication No. 98-0004.)

Participating Organizations

Academy of Managed Care Pharmacy
Accreditation Council for Pharmacy Education
American Association of Colleges of Pharmacy
American College of Apothecaries
American College of Clinical Pharmacy
American Pharmacists Association
American Society of Consultant Pharmacists
American Society of Health-System Pharmacists
National Alliance of State Pharmacy Associations
National Association of Chain Drug Stores
National Community Pharmacists Association

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Appendix 1: Selected Tools to Help Pharmacists Reengineer Their Practices[1]

Tools Needed by Pharmacists to Help Reengineer Their Practices	Currently Available Tools Known to Workgroup Members
1. A modular "how to" series (format to be determined) that, when taken together, build a business plan for patient-centered and/or population-based care provided or coordinated by pharmacists. Modules include for example how to:	ACCP: "How to Develop a Business Plan for Pharmacy Services." Schumock GT and Stubbings J., 2007 ASCP: "Developing a Senior Care Pharmacy Practice: Your Guide and Tools for Success." Chapter 8: Business Planning and Marketing. Sample Business Plan and Case Studies ASCP: Senior Care Pharmacy Resource Guide: New Opportunities for the Pharmacist (binder). Practice settings include: ▪ Adult Day Services ▪ Assisted Living ▪ Home Care ▪ Area Agencies on Aging ▪ Support/Educational Organizations ▪ Home Health Care ▪ Hospice Care ▪ Nursing Facilities ▪ Senior Centers ▪ Medicaid Home and Community Based Waiver Programs
▪ Determine if the pharmacy/pharmacists are ready to implement the practice model.	APhA: MTM Self Assessment Tool http://www.pharmacist.com/mtm/APhAMTMSelfAssessmentTool.pdf
▪ Create and nourish a patient-focused culture.	
▪ Assess need and determine which patient care services to provide.	ACCP: "Clinical Pharmacy Services: Successful Practices in Community Hospitals"
▪ Project income from new patient care services.	
▪ Determine the types, qualifications, roles, and responsibilities of professional and support staff required.	CCP: White Paper on Contemporary Practice (currently under development)

[1] As identified by members of the Practice Model Workgroup. This list is not meant to be comprehensive.

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▪ Determine and project the costs of providing new patient care services.	PharmAccount: http://www.pharmacist.com/mtm/pharmaccount.cfm **Cost of Service Calculator** – Determine how much it costs to provide Patient Care Services –calculates the precise cost of delivering one unit (episode of care or patient encounter) of any pharmacy service. Allows you to modify the service and re-calculate cost as many times as you wish in a year. Designed to accommodate virtually any specialized service that a pharmacy or consultant pharmacist may offer to a patient or client including, but not limited to: medication therapy management (MTM), disease management, consultations, health screenings, preventive care, wellness, specialized dosage formulation, etc. The user merely completes a simple online survey that collects basic data about the pharmacy practice and the particular service. Whether you operate out of a traditional pharmacy setting or your home (instructions on site) you can utilize this tool to calculate your cost for providing patient care services.
▪ Design and equip your pharmacy as a patient care setting.	ACCP: "Resource Kit on Community Pharmacy Practice" APhA/NACDS: Medication Therapy Management: Training & Techniques for Providing MTM Services in Community Pharmacy**.** An interactive CD training program that outlines how to prepare for and perform MTM services in community pharmacies.
▪ Promote (market) new patient care services to patients, other health professionals, healthcare administrators, health plans, and other third party programs.	ACCP: "How to Prove the Value of Your Clinical Pharmacy Services When Resources Are Limited" ACCP: "Resource Kit on Documenting the Value of Clinical Pharmacy Services" APhA: MTM Resource Center: Training Materials (http://www.pharmacist.com/mtm/training.cfm) has numerous tools to assist pharmacists such as: 1) MTM: Planning for Successful Implementation (APhA and NACDS Foundation) This manual will guide you

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	through. – Implementing a community pharmacy-based MTM program 2) MTM Certificate Training Program (APhA and ASCP): http://www.pharmacist.com/CTP/MTM.cfm ASCP: "Developing a Senior Care Pharmacy Practice: Your Guide and Tools for Success"
▪ Negotiate effective contracts for your services	
▪ Develop collaborative practice agreements.	ACCP: "Resource Kit on Collaborative Practice" APhA: "Building a Successful Collaborative Pharmacy Practice" Book - https://www.pharmacist.com/eseries_apha/Source/Orders/uProdListing.cfm?PRODUCT_CODE=9781582120560 Building a Successful Collaborative Pharmacy Practice: Guidelines and Tools, edited by Marialice Bennett and Jody E. Jacobson Wedret.
▪ Create an effective continuing professional development program for your staff.	AMCP: Framework for Quality Drug Therapy, http://www.amcp.org/amcp.ark?p=139ED0D4
2. MTM Core Elements Implementation Manual	See Above
3. A modular series (format to be determined) that, when taken together, develop the patient care and medication therapy management knowledge and skills or practicing pharmacists.	ACCP: Pharmacotherapy Self-Assessment Program (PSAP) ACCP: "Updates in Therapeutics" APhA: MTM Series that includes Pain Management, Diabetes Management, and Heart Failure ASCP: Essential Tools in Geriatric Pharmacotherapy (7 modules, distance learning) ASCP: GeriatricPharmacyReview.com (20 modules, distance learning)

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	ASCP: Clinical Reference Cards: ▪ Administration of Eye, Ear, and Nose Medications ▪ Assessing and Treating Pain in the Elderly ▪ Dangerous Abbreviations ▪ Dementia and Alzheimer's Management ▪ Diabetes: Injectable and Inhaled Medications ▪ Gradual Dose Reductions/Tapering in the Nursing Facility ▪ Inhaled Medications ▪ Medication Administration Via Enteral Tubes ▪ Medications and Their Relationships to Foods ▪ Medications Not To Be Crushed ▪ Medications That May Cause/Contribute to Falls ▪ Medications That May Cause/Contribute to Weight Loss ▪ Medications With Shortened Expiration Dates ▪ Top 10 Dangerous Drug Interactions in Long-Term Care ▪ Urinary Incontinence ▪ Clinical Reference Cards Combo Pack ASCP Drug Information: ▪ Geriatric Medication Handbook ▪ Geriatric Dosage Handbook ASCP Patient Education—Tip Sheets: ▪ Eyedrop Administration Procedure ▪ Eye Ointment Administration Procedure ▪ Eardrop Administration Procedure ▪ Nasal Spray/Drop Administration Procedure ▪ Inhaled Medication Administration Procedure ASCP: "Developing a Senior Care Pharmacy Practice: Your Guide and Tools for Success" includes: ▪ Engagement and the Art of Attracting Patients ▪ Screening to Identify Older Individuals at Risk ▪ The Patient Interview: Techniques and Confidentiality

Tools Needed by Pharmacists to Help Reengineer Their Practices	Currently Available Tools Known to Workgroup Members
	▪ Assessment by the Pharmacist ▪ Interventions: The Pharmacist Care Plan ▪ Monitoring and Evaluation: Demonstrating Improve Care Process and Patient Outcomes
4. Integrated software package for practice management/services delivery, care documentation, and claims processing.	APhA: MTM Resource Center
5. Tutorial: How to Bill for Your Patient Care Services.	ACCP: "How to Bill for Clinical Pharmacy Services." Third Edition.
6. "The Forms Book." A compendium of forms pharmacists can use to provide and document care, communicate with patients and other healthcare providers, etc.	ASCP: "Developing a Senior Care Pharmacy Practice: Your Guide and Tools for Success"
7. An "Available Vendors" Web site for: ▪ IT and care documentation systems ▪ reengineering consultants ▪ claims processing services ▪ others???	APhA: MTM Resource Center

Appendix 2: CPT Medication Therapy Management Service Codes

Code Model

Medication therapy management service(s) (MTMS) describe face-to-face patient assessment and intervention as appropriate, by a pharmacist, upon request. MTMS is provided to optimize the response to medications or to manage treatment-related medication interactions or complications.

MTMS includes the following documented elements: review of the pertinent patient history, medication profile (prescription and nonprescription), and recommendations for improving health outcomes and treatment compliance. These codes are not to be used to describe the provision of product-specific information at the point of dispensing or any other routine dispensing-related activities.

99605 Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient

99606 Initial 15 minutes, established patient

99607 Each additional 15 minutes (List separately in addition to code for primary service)

(Use 99607 in conjunction with 99605, 99606)

Rationale

Three codes (99605-99607) have been established to report provision of medication therapy management services by a pharmacist. Code 99605 is intended to be reported for the initial encounter and review of the patient's medications. Code 99606 is reported for management sessions with the established patient. Codes 99605 and 99606 represent the initial 15 minutes for the service. Code 99607 is intended to report services requiring additional increments of 15 minutes beyond that reported with codes 99605 and 99606.

Guidelines have been added to define the circumstances under which these codes are or are not reported appropriately. The guidelines instruct that these services are performed at the request of the patient. Services provided are required to be documented and include review of the pertinent patient history, medication profile (prescription and nonprescription), and recommendations for improving health outcomes and treatment compliance. As indicated, these codes are not to be used to describe the provision of product-specific information at the point of dispensing or any other routine dispensing-related activities. Services provided subsequent to the initial patient service by the same business at a separate location should be reported with the established patient code 99606.

In provision of MTMS the review of the pertinent patient history, medication profile will include: evaluation of prescription medications, OTC's, and herbal medications, and/or physician samples. The pharmacist will inventory the medication list to identify and/or resolve drug therapy problems such as duplications, under- or overdosing, and drug interactions or other types of therapy related issues. The pharmacist may discover medications that need to be added or stopped. This service may include communication of management recommendations to the prescriber.

Each medication is assessed to determine the effectiveness and the side-effects. A follow-up monitoring call is included in MTMS to determine if symptoms are resolving, if the patient is experiencing side effects, and to assess compliance.

Assessment will be performed to determine the patient's adherence to medication recommendations. The pharmacist will educate the patient and monitor reaction to new and changed prescriptions and over-the-counter (OTC) medications.

Similar to other codes series in the CPT codebook, these codes have been structured to report the initial and more intensive encounter service with code 99605. The subsequent encounter, reported with code 99606 is intended to be reported for services provided which are similar to the initial encounter, with an emphasis on updating information provided at the initial encounter, assessment of the patient compliance and reactions and further evaluation of medications which have been added to the patient's therapy with those previously assessed. Add-on code 99607 is reported in addition to codes 99605, 99606 for each additional fifteen minutes of service beyond the initial service.

Clinical Vignettes

99605:

A 66 year-old female with pre-existing osteoporosis has been diagnosed with type 2 diabetes and hyperlipidemia. Initial medication therapy assessment and intervention is performed.

Pre Service
Obtaining patient intake information, gathering or preparing materials that will be used during the patient encounter and coordination of other support staff.

Intra Service
Assessment of the patient may include: obtaining a patient medical and medication (e.g., prescription and non-prescription) history; determining appropriateness of medication therapy (supra- or sub-optimal), performing a review of relevant systems; evaluating pertinent lab data; assessing potential or existing drug-drug, drug-disease, and drug-nutrient interactions; establishing and/or obtaining such additional information (e.g., obtaining information from other medical records) as may be necessary; and development of a care plan including recommendations for optimizing medication therapy.

Pharmacist interventions may include: providing education, training and resources; administering medication; formulating a treatment and/or follow-up plan; providing recommendations for disease prevention; and evaluating the patient's knowledge of medication and willingness to implement recommendations.

Post Service
Documentation of the patient encounter; non face-to-face interventions and recommendations; referrals; communication with other healthcare professionals; administrative functions (including patient and family communications) relative to the patient's care; and as appropriate scheduling of follow-up appointment(s).

99606:

A 66-year-old female with osteoporosis, type 2 diabetes, and hyperlipidemia is receiving follow-up reassessment after receiving a prior medication therapy management service.

Pre Service
Obtaining patient intake information, gathering or preparing materials that will be used during the patient encounter and coordination of other support staff.

Intra Service
Assessment of the patient may include: obtaining or updating a patient medical and medication (prescription and non-prescription) history; performing reviews of relevant systems; reviewing pertinent lab data; assessing potential or existing drug-drug, drug-disease, and drug-nutrient interactions; evaluating medication-related adverse events and toxicities; assessing medication effectiveness, organizing and interpreting the data; establishing and/or obtaining such additional information (e.g., obtaining information from other medical records) as may be necessary; assessing any recent change in medication therapy or a new medication therapy-related problem; developing a care plan including recommendations for optimizing medication therapy.

Pharmacist interventions may include: providing reinforcement of education, training and resources; modifying therapy; administering medication; formulating a treatment and/or follow-up plan; providing recommendations for disease prevention; re-evaluating the patient's knowledge of medication; and evaluating knowledge and willingness to follow new recommendations.

Post Service
Documentation of the patient encounter interventions and recommendations; referrals; communication with other healthcare professionals; administrative functions (including patient and family communications) relative to the patient's care, and as appropriate scheduling of follow-up appointment(s).

99607:

Intra Service
The service(s) continued for an additional 15 minutes with the same patient.