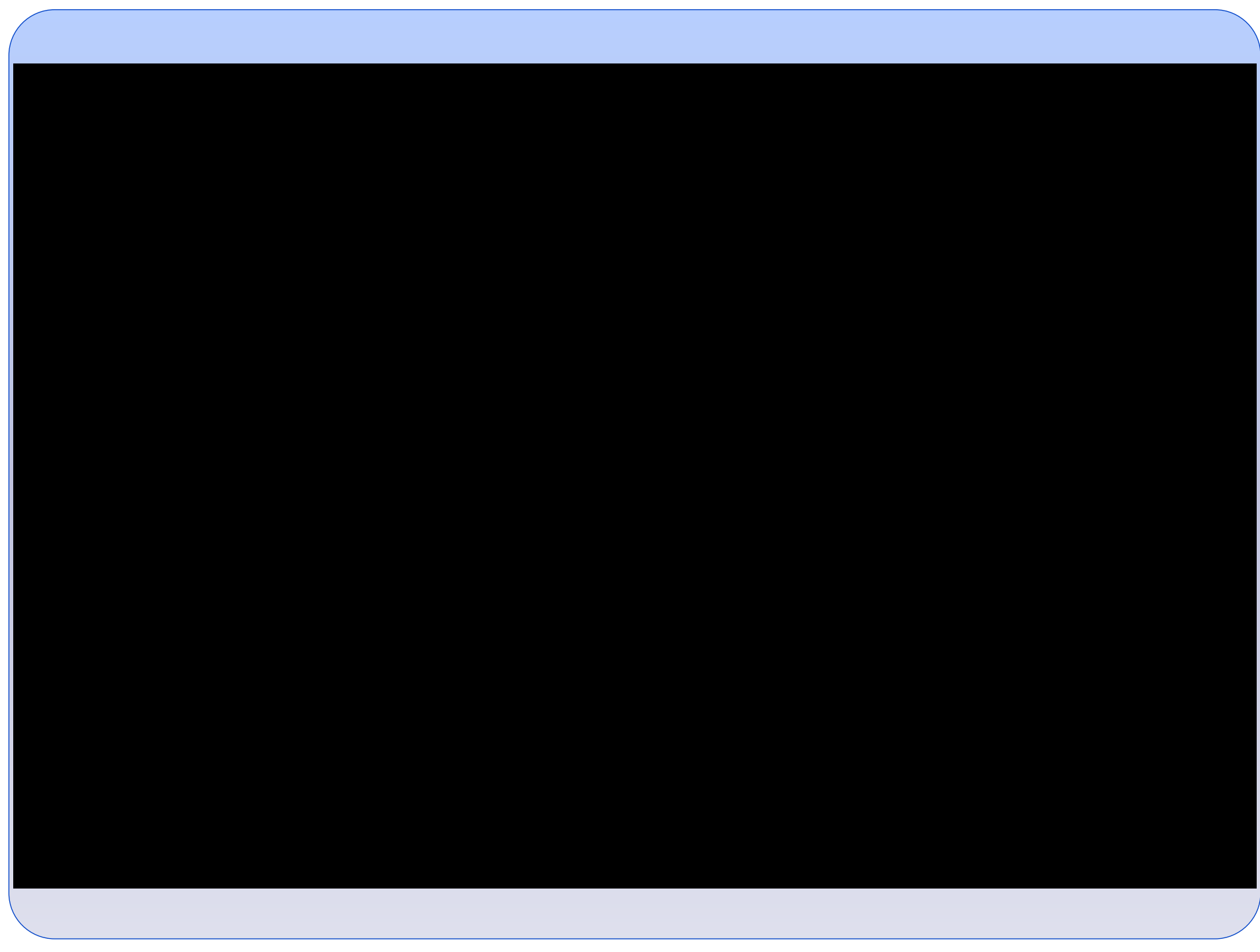




Dean L. Arneson, PharmD, PhD
Dean
Concordia University
School of Pharmacy







Objectives:

- Review the pharmacy practice act for Wisconsin and other District IV states.
- Review of Wisconsin Act 294.
- Review of the Wisconsin Pharmacy Quality Collaborative (WPQC).
- Wisconsin Examples of collaborative practice.
- Impact of the new law.

Wisconsin's definition of the “Practice of Pharmacy”

(16) “Practice of pharmacy” means any of the following:

- (a) Interpreting prescription orders.
- (b) Compounding, packaging, labeling, dispensing and the coincident distribution of drugs and devices.
- (c) Participating in drug utilization reviews.

Wisconsin's definition of the “Practice of Pharmacy”

(d) Proper and safe storage of drugs and devices and maintaining proper records of the drugs and devices.

(e) Providing information on drugs or devices which may include, but is not limited to, advice relating to therapeutic values, potential hazards and uses.

(f) Drug product substitution under s. 450.13.

(g) Supervision of pharmacist supportive personnel.

Wisconsin's definition of the "Practice of Pharmacy"

(h) Making therapeutic alternate drug selections, if made in accordance with written guidelines or procedures previously established by a pharmacy and therapeutics committee of a hospital and approved by the hospital's medical staff and use of the therapeutic alternate drug selection has been approved for a patient during the period of the patient's stay within the hospital by any of the following:

1. The patient's physician.
2. The patient's advanced practice nurse prescriber, if the advanced practice nurse prescriber has entered into a written agreement to collaborate with a physician.
3. The patient's physician assistant.

Wisconsin's definition of the “Practice of Pharmacy”

- (i) Drug regimen screening, including screening for therapeutic duplication, drug-to-drug interactions, incorrect dosage, incorrect duration of treatment, drug allergy reactions and clinical abuse or misuse.
- (j) Performing any act necessary to manage a pharmacy.
- (k) Administering prescribed drug products and devices under s. 450.035 (1r) and, pursuant to vaccination protocols, vaccines.



Practice of Pharmacy - Ohio

(B) "Practice of pharmacy" means providing pharmacist care requiring specialized knowledge, judgment, and skill derived from the principles of biological, chemical, behavioral, social, pharmaceutical, and clinical sciences. As used in this division, "pharmacist care" includes the following:

- (1) Interpreting prescriptions;
- (2) Dispensing drugs and drug therapy related devices;
- (3) Compounding drugs;
- (4) Counseling individuals with regard to their drug therapy, recommending drug therapy related devices, and assisting in the selection of drugs and appliances for treatment of common diseases and injuries and providing instruction in the proper use of the drugs and appliances;

Practice of Pharmacy - Ohio

(5) Performing drug regimen reviews with individuals by

Practice of Pharmacy - Ohio

(8) Acting pursuant to a consult agreement with a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery, if an agreement has been established with the physician;

(9) Engaging in the administration of immunizations to the extent authorized by section 4729.41 of the Revised Code.

Pharmacy Practice Indiana:

- "The practice of pharmacy" or "the practice of the profession of pharmacy" means a patient oriented health care profession in which pharmacists interact with and counsel patients and with other health care professionals concerning drugs and devices used to enhance patients' wellness, prevent illness, and optimize the outcome of a drug or device, by accepting responsibility for performing or supervising a pharmacist intern or an unlicensed person under section 18(a)(4) of this chapter to do the following acts, services, and operations:

Pharmacy Practice Indiana:

- (1) The offering of or performing of those acts, service operations, or transactions incidental to the interpretation, evaluation, and implementation of prescriptions or drug orders. (2) The compounding, labeling, administering, dispensing, or selling of drugs and devices, including radioactive substances, whether dispensed under a practitioner's prescription or drug order or sold or given directly to the ultimate consumer. (3) The proper and safe storage and distribution of drugs and devices. (4) The maintenance of proper records of the receipt, storage, sale, and dispensing of drugs and devices.

Pharmacy Practice Indiana:

- (5) Counseling, advising, and educating patients, patients' caregivers, and health care providers and professionals, as necessary, as to the contents, therapeutic values, uses, significant problems, risks, and appropriate manner of use of drugs and devices. (6) Assessing, recording, and reporting events related to the use of drugs or devices. (7) Provision of the professional acts, professional decisions, and professional services necessary to maintain all areas of a patient's pharmacy related care as specifically authorized to a pharmacist under this article.

Pharmacy Practice Illinois:

- (d) "Practice of pharmacy" means (1) the interpretation and the provision of assistance in the monitoring, evaluation, and implementation of prescription drug orders; (2) the dispensing of prescription drug orders; (3) participation in drug and device selection; (4) drug administration limited to the administration of oral, topical, injectable, and inhalation as follows: in the context of patient education on the proper use or delivery of medications; vaccination of patients 14 years of age and older pursuant to a valid prescription or standing order, by a physician licensed to practice medicine in all its branches, upon completion of appropriate training, including how to address contraindications and adverse reactions set forth by rule, with notification to the patient's physician and appropriate record retention, or pursuant to hospital pharmacy and therapeutics committee policies and procedures;

Pharmacy Practice Illinois:

- (5) vaccination of patients ages 10 through 13 limited to the Influenza (inactivated influenza vaccine and live attenuated influenza intranasal vaccine) and Tdap (defined as tetanus, diphtheria, acellular pertussis) vaccines, pursuant to a valid prescription or standing order, by a physician licensed to practice medicine in all its branches, upon completion of appropriate training, including how to address contraindications and adverse reactions set forth by rule, with notification to the patient's physician and appropriate record retention, or pursuant to hospital pharmacy and therapeutics committee policies and procedures; (6) drug regimen review; (7) drug or drug-related research; (8) the provision of patient counseling;

Pharmacy Practice Illinois:

- (9) the practice of telepharmacy; (10) the provision of those acts or services necessary to provide pharmacist care; (11) medication therapy management; and (12) the responsibility for compounding and labeling of drugs and devices (except labeling by a manufacturer, repackager, or distributor of non-prescription drugs and commercially packaged legend drugs and devices), proper and safe storage of drugs and devices, and maintenance of required records. A pharmacist who performs any of the acts defined as the practice of pharmacy in this State must be actively licensed as a pharmacist under this Act.

Pharmacy Practice Michigan:

(5) “Practice of pharmacy” means a health service, the clinical application of which includes the encouragement of safety and efficacy in the prescribing, dispensing, administering, and use of drugs and related articles for the prevention of illness, and the maintenance and management of health. Professional functions associated with the practice of pharmacy include:

Pharmacy Practice Michigan:

- (a) The interpretation and evaluation of the prescription.
- (b) Drug product selection.
- (c) The compounding, dispensing, safe storage, and distribution of drugs and devices.
- (d) The maintenance of legally required records.
- (e) Advising the prescriber and the patient as required as to contents, therapeutic action, utilization, and possible adverse reactions or interactions of drugs.

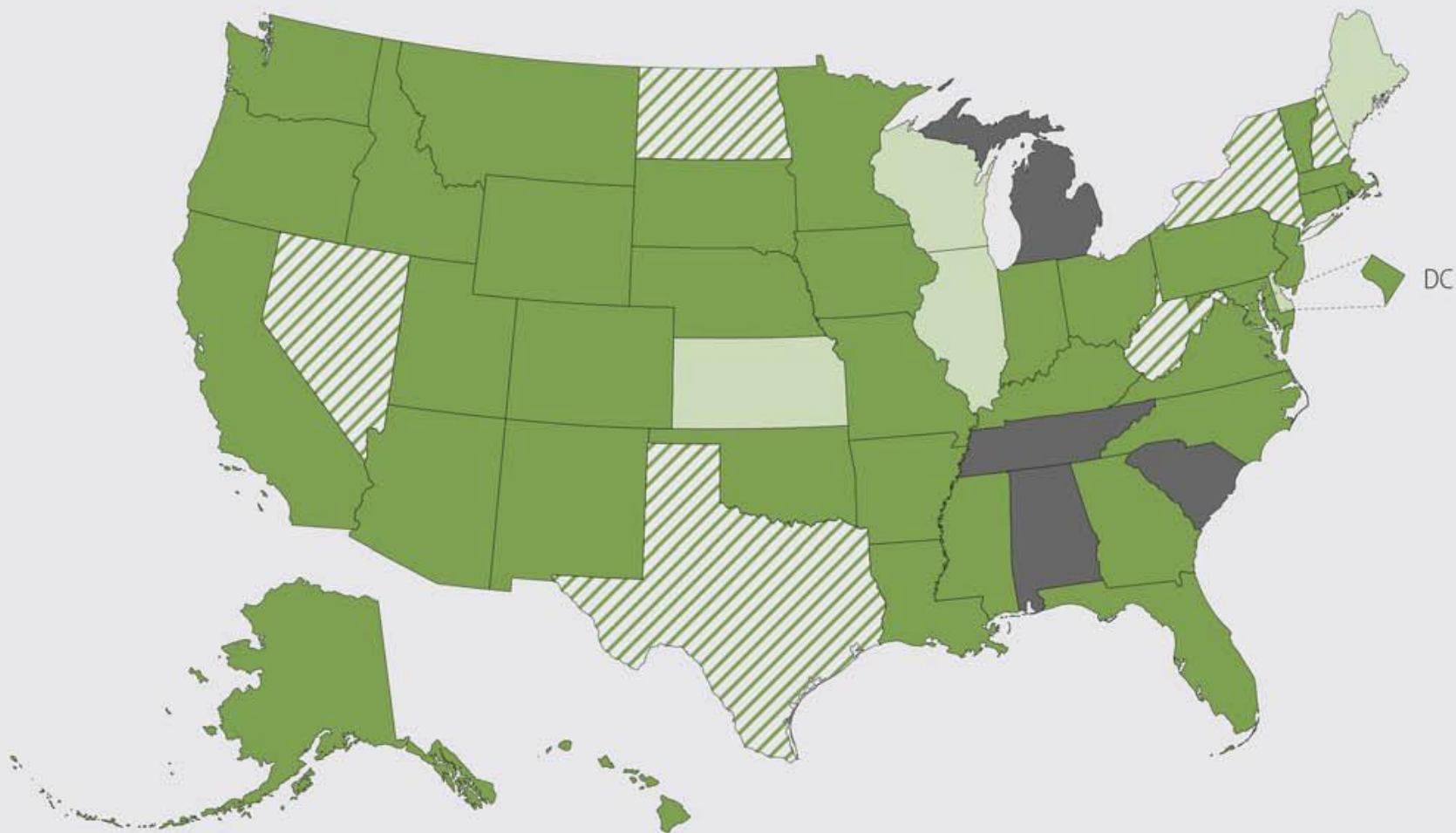
Collaborative Pharmacy Practice


- Occurs when one or more pharmacists jointly agree to work under the delegated authority of one or more prescribers to provide patient care and medication therapy management.





COLLABORATION


WHEN A MOTIVATED GROUP OF PEOPLE JOIN TOGETHER...
THEY CAN TURN PROBLEMS INTO OPPORTUNITIES. ESPECIALLY DRINKING PROBLEMS.



 Authorized to provide drug therapy management for health conditions as specified in a written provider protocol, in any setting.

 Authorized to provide drug therapy management under protocol, limited to health settings.

 Authorized extremely limited collaborative practice under protocol (i.e., immunizations, emergency contraception), regardless of setting.

 No law identified or legal authority is unclear.

Wisconsin Collaborative Practice Act

- Senate Bill 251
- Signed into law April 16, 2014: Act 294



2013 WISCONSIN ACT 294

AN ACT **to create** 49.498 (2) (a) 3., 50.045, 450.01 (16) (hm) and 450.033 of the statutes; **relating to:** therapeutic alternate drug selections in nursing homes, performance of patient services by a pharmacist, and the practice of pharmacy.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 49.498 (2) (a) 3. of the statutes is created to read:

49.498 (2) (a) 3. A quality assessment and assurance committee described under subd. 2. may establish written guidelines or procedures for making therapeutic alternate drug selections for the purposes of s. 450.01 (16) (hm) if the committee members include a pharmacist, as defined in s. 450.01 (15).

SECTION 2. 50.045 of the statutes is created to read:

50.045 Therapeutic alternate drug selections in nursing homes. (1) A nursing home that does not maintain a quality assessment and assurance committee under s. 49.498 (2) (a) 2. may maintain a committee that consists of the director of nursing services, a physician, as defined in s. 448.01 (5), a pharmacist, as defined in s. 450.01 (15), and at least 2 other members of the nursing home staff.

(2) A committee with the members specified under sub. (1) may establish written guidelines or procedures for making therapeutic alternate drug selections for the purposes of s. 450.01 (16) (hm).

2013 WISCONSIN ACT 294

SECTION 3. 450.01 (16) (hm) of the statutes is created to read:

450.01 (16) (hm) Making therapeutic alternate drug selections in accordance with written guidelines or procedures previously established by a quality assessment and assurance committee of a nursing facility under s. 49.498 (2) (a) 3. or by a committee established for a nursing home under s. 50.045 (2), if the use of the therapeutic alternate drug selection has been approved for a patient during the period of the patient's stay within the nursing facility or nursing home by any of the following:

1. The patient's personal attending physician.
3. The patient's physician assistant, if the physician assistant is under the supervision of the patient's personal attending physician.

SECTION 4. 450.033 of the statutes is created to read:

450.033 Services delegated by physician. A pharmacist may perform any patient care service delegated to the pharmacist by a physician, as defined in s. 448.01 (5).

Wisconsin Practice of Medicine

- **448.01 Definitions.** In this chapter:

(2) “Disease” means any pain, injury, deformity or physical or mental illness or departure from complete health or the proper condition of the human body or any of its parts.

(5) “Physician” means an individual possessing the degree of doctor of medicine or doctor of osteopathy or an equivalent degree as determined by the medical examining board, and holding a license granted by the medical examining board.

(6) “Physician assistant” means an individual licensed by the medical examining board to provide medical care with physician supervision and direction.

Wisconsin Practice of Medicine

(9) “Practice of medicine and surgery” means:

- (a) To examine into the fact, condition or cause of human health or disease, or to treat, operate, prescribe or advise for the same, by any means or instrumentality.
- (b) To apply principles or techniques of medical sciences in the diagnosis or prevention of any of the conditions described in par. (a) and in sub. (2).
- (c) To penetrate, pierce or sever the tissues of a human being.
- (d) To offer, undertake, attempt or do or hold oneself out in any manner as able to do any of the acts described in this subsection.

Wisconsin Practice of Medicine

(9s) “Scene of an emergency” means an area not within the confines of a hospital or other institution which has hospital facilities or the office of a person licensed, certified or holding a limited permit under this chapter.

(10) “**Treat the sick**” means to examine into the fact, condition or cause of human health or disease, or to treat, operate, prescribe or advise for the same, or to undertake, offer, advertise, announce or hold out in any manner to do any of the aforementioned acts, for compensation, direct or indirect, or in the expectation thereof.

Wisconsin Prescribing Authority

Practitioner Type

Prescribing Limitations

- | | |
|-------------------------------|---|
| • Physician | • No limitations |
| • Dentist | • Limited by scope of practice (oral) |
| • Podiatrist | • Limited by scope of practice (foot) |
| • Veterinarian | • Limited by scope of practice (animals) |
| • Optometrist | • Limited to particular list of “diagnostic agents” and Therapeutic pharmacological agents |
| • Advanced Nurse Practitioner | • Limited according to APNP's area of competence |
| • Physician Assistant | • Limited by dependent prescribers status (written guidelines with physician) Not Independent |
| • Pharmacist | • No prescribing authority |

California Statutes Chapter 469 Pharmacy Practice

An act to amend Section 4050, the Business and Professions Code, relating to pharmacy.

[Approved by Governor October 01, 2013. Filed with Secretary of State October 01, 2013.]

BILL TEXT

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SEC. 4.

Section 4050 of the Business and Professions Code is amended to read:

4050.

(a) In recognition of and consistent with the decisions of the appellate courts of this state, the Legislature hereby declares the practice of pharmacy to be a profession.

(b) Pharmacy practice is a dynamic, patient-oriented health service that applies a scientific body of knowledge to improve and promote patient health by means of appropriate drug use, drug-related therapy, and communication for clinical and consultative purposes. Pharmacy practice is continually evolving to include more sophisticated and comprehensive patient care activities.

(c) The Legislature further declares that pharmacists are health care providers who have the authority to provide health care services.

Wisconsin Pharmacy Quality Collaboration (WPQC) Medication Therapy Management (MTM) Service Program

- **BACKGROUND**

- External grant
 - Collaboration with innovative practitioners
 - Test the innovative care delivery and payment models that improve health, health care and reduce cost for targeted populations
 - Provide learning opportunities for all awardees to accelerate improvement in practice
 - Identify models and strategies that can be applied on a larger scale.
- The Wisconsin Pharmacy Quality Collaborative (WPQC) is a group consisting of both pharmacists and health plan/purchaser representatives dedicated to creating a pharmacy quality pay for performance project which aligns incentives for both pharmacists and payers.

Wisconsin Pharmacy Quality Collaboration (WPQC) Medication Therapy Management (MTM) Service Program

- **OBJECTIVE**

- To establish a uniform set of pharmacist-provided medication therapy management services and a quality credentialing process in Wisconsin through a collaborative venture between third party payers (health plans, employers and government agencies) and pharmacy providers in the state. The expected results of this health care quality initiative include:
 - 1. Improved medication use among enrolled patients as evidenced by attaining specific patient care outcomes
 - 2. Improved patient safety (decreased numbers of medication errors and adverse drug events)
 - 3. Reduced health care costs for participating payers
 - 4. Professional recognition and compensation based upon the development and implementation of pharmacy practice services that improve the use and safety of medications

Wisconsin Pharmacy Quality Collaboration (WPQC) Medication Therapy Management (MTM) Service Program

Accredited pharmacies are required to:

- Be active in providing care for beneficiaries of participating network payer(s).
- Complete required software system documentation and billing training.
- Have a private or semi-private patient care area accessible for providing comprehensive medication review and assessment services.
- Promote engagement in the WPQC Practice Interest Network/Forum and respond to WPQC program requests as applicable; participate in completing patient satisfaction surveys for the program when requested.

Wisconsin Pharmacy Quality Collaboration (WPQC) Medication Therapy Management (MTM) Service Program

- Provide Level I services at a WPQC network pharmacy for commercial beneficiaries. (WI Department of Health Services allows any Medicaid provider pharmacy to provide Level I services regardless of WPQC-accreditation status.)
- Have online and/or up-to-date hardcopy pharmacy information resources available.
- Have Internet access sufficient to access a web-based patient management software system (Internet Explorer version 8.0, Mozilla Firefox version 4.0, Safari version 5.0).

Wisconsin Pharmacy Quality Collaboration (WPQC) Medication Therapy Management (MTM) Service Program

- **LEVEL I (INTERVENTION-BASED) SERVICES**

- *Level I services*

- Cost effectiveness intervention: (e.g. formulary interchange, therapeutic interchange, tablet splitting opportunity, conversion to an OTC product and dose consolidation)
- Dose/Dosage form/Duration change intervention: (e.g. opportunity to change patient's dose, dosage form, or duration of therapy based upon manufacturer recommended dose, organ function or age-appropriateness of dose; insufficient or excessive duration or quantity of medication prescribed; sub-optimal dosage form prescribed; drug-drug interaction or drug-food interaction.)

Wisconsin Pharmacy Quality Collaboration (WPQC) Medication Therapy Management (MTM) Service Program

- Focused adherence intervention: consultation with a patient regarding a significant lack of adherence in order to enhance the patient's understanding of their medication regimen. An adherence tool or referral for a comprehensive medication review and assessment will be provided if applicable. (e.g. possible drug misadministration, inability to correctly split tablets, inability to afford medications, presence of adverse drug reaction(s), misunderstanding of prescribed instructions, sharing of unauthorized medications, presence of an uncontrolled disease state, prescription of an inappropriate dosage form, concern relating to health literacy or another concern as determined by the pharmacist.)
- Medication device instruction intervention: intensive pharmacist consultation lasting more than 5 minutes on any device associated with a medication and subsequent patient or caregiver demonstration of the device's use. (e.g. new medication, incorrect technique, patient or prescriber request for instruction or another reason as determined by the pharmacist)
- Medication addition intervention: recommendation of the addition of a medication based on clinical guidelines, indication, or other reason as determined by the pharmacist
- Medication deletion intervention: recommendation of the deletion of a medication based on clinical guidelines, indication, adverse drug reaction, therapeutic duplication, contraindication, black box warning or FDA safety alert, additive toxicity, drug-drug interaction, drug-food interaction, drug allergy, or other reason as determined by the pharmacist

WPQC Billable Intervention Limits per Payer

Modifier Code: Intervention Type	WI ForwardHealth	Unity Health Insurance	Network Health	United Healthcare Wisconsin	United Way of Dane County
U1: Cost Effectiveness	Unlimited	Unlimited	Unlimited	Unlimited	N/A
U2: 90 Day Supply	1/drug/year	N/A	N/A	N/A	N/A
U3: Dose/Dose Form/Duration Change	4/year	Unlimited	N/A	Unlimited	N/A
U4: Focused Adherence	4/year	4/year	N/A	4/year	N/A
U5: Medication Addition	4/year	Unlimited	N/A	Unlimited	N/A
U6: Medication Deletion	4/year	Unlimited	N/A	Unlimited	N/A
U7: Medication Device Instruction	4/year	4/year	N/A	4/year	N/A
U8: In-Home Med Management	4/year	N/A	N/A	N/A	N/A
UA: CMR/A initial • CMR-Standard	1/year*	1/year	N/A	1/year	1/year
UA: Transition of Care Service with a Medication Reconciliation Component	Unlimited*	Unlimited	N/A	Unlimited	N/A
UB: CMR/A follow-up • CMR: Asthma Follow-Up Visit 1 • CMR: Diabetes Follow-Up Visit 1 • CMR: Geriatric Syndromes Follow-Up Visit 1 • CMR: Heart Failure Follow-Up Visit 1 • General CMR/A – Follow-up Visit	3/year*	3/year	N/A	3/year	3/year

* Requires DAPO approval. (Even for pushed opportunities.)

- Year = Rolling Year, not calendar year
- Pharmacies can call DAPO or the payer to request Level I and II

Phone Numbers:

- **Drug Authorization & Policy Override Center (DAPO):** 1-800-947-9627 (#3)

• **Billing deadlines:** WI ForwardHealth = 365 days from DOS;
Commercial payers = 90 days from DOS

- **Network Health Insurance:** 1-920-720-1696
- **United Healthcare Wisconsin:** 1-920-749-1203

Wisconsin Pharmacy Quality Collaboration (WPQC) Medication Therapy Management (MTM) Service Program

- **LEVEL II (COMPREHENSIVE MEDICATION REVIEW AND ASSESSMENT) (CMR/A) SERVICES***
-
-
- | Payer | General Overview |
|----------------------|--|
| • Commercial Payers | WPQC-certified pharmacist directly affiliated with a WPQC-accredited dispensing pharmacy; contract pharmacists permitted |
| • Wisconsin Medicaid | WPQC-certified pharmacist directly or indirectly affiliated with a WPQC-accredited Medicaid provider pharmacy; location determined by place of service codes in Forward Health policy; payment provided to dispensing pharmacy; contract pharmacists permitted |
| • | |

Wisconsin Pharmacy Quality Collaboration (WPQC) Medication Therapy Management (MTM) Service Program

- ***Level II services***
- Performance of an initial face to face CMR/A to identify, resolve and prevent medication-related problems, including adverse drug events; this includes performing medication reconciliation for a patient discharged from the hospital or long term care setting
- Obtaining necessary assessments of the patient's health status
- Formulation of a medication treatment plan
- Provision of an updated Personal Medication List (PML) and Medication Action Plan (MAP) to each patient following each CMR/A visit
- Provision of information, support services and resources designed to enhance patient adherence with the patient's therapeutic regimens

Wisconsin Pharmacy Quality Collaboration (WPQC) Medication Therapy Management (MTM) Service Program

- Provision of verbal education and training designed to enhance patient understanding and appropriate use of the patient's medications
- Performance of follow up medication reviews to monitor and evaluate the patient's response to therapy, including safety and effectiveness of target medications
- Documentation of the care delivered and communication of essential information to the patient's primary care providers
- Referral to an appropriate health care provider if necessary
- Coordination and integration of medication management services within the broader health care system
- Appropriate prescribers will be notified of each CMR/A service provided and sent a copy of the PML and MAP. If authorizations to change specific medications are needed, the specific prescriber will be notified.

Wisconsin Pharmacy Quality Collaboration (WPQC) Medication Therapy Management (MTM) Service Program

- **BENEFIT STRUCTURE**

- **Level I Patient Eligibility & Benefit Structure**

- Level I (Intervention-based) Services: any outpatient with prescription drug coverage by a participating payer is eligible
- Total number of Level I interventions annually per patient will not be limited with the exception of Level I medication device instruction intervention and focused adherence intervention which will be limited to no more than four of each such intervention annually per patient. (For details on exceptions to this structure for WI Department of Health Services, please see Forward Health Provider Update, August 2012, 2012-39 and ForwardHealth Provider Update, March 2013, 2013-20).

Wisconsin Pharmacy Quality Collaboration (WPQC) Medication Therapy Management (MTM) Service Program

- **Level II Patient Eligibility & Benefit Structure**
- o Level II (Comprehensive Medication Review and Assessment) Services: any outpatient covered by a participating payer is eligible. Patients meeting criteria for Level II services will be eligible unless they choose not to participate in the program. Payers and pharmacists will be involved in the identification of eligible patients.
- High-risk patients include those who meet at least one of the following criteria:
- Take four or more prescription medications to treat or prevent two or more chronic conditions (one of which must include hypertension, asthma, diabetes, chronic kidney disease, heart failure, dyslipidemia, COPD or depression)
- -OR- Have diabetes
- -OR- Coordination of care due to multiple providers
- -OR- Discharge from the hospital or long term care setting within the past 14 days
- -OR- Experience health literacy issues* as determined by the pharmacist (prior authorization required)
- -OR- Patients may also be eligible based upon prescriber referral, plan prior authorization or plan identification).
- Health Literacy Criteria* (requires prior authorization from payer):
- Patients who experience difficulty acting on or understanding health information may qualify. For more details on who may qualify, [click here](#).



Health Literacy

Health literacy refers to the ability to **UNDERSTAND** and **ACT ON** health information. While individuals with limited basic literacy skills are most at risk of not understanding health information, even highly educated people may struggle with health literacy.

You can't tell by looking who may have problems with health literacy. While "red flags" are identified below, the best way to determine whether an individual would benefit from a Comprehensive Medication Review is by using the "Teach-Back" or "Show Me" technique with every patient. The pharmacist asks the patient to explain (or show) how they plan to take their medication when they go home. The pharmacist may then clarify any misunderstandings and repeat the process. **Following the use of the Teach-Back Method, patients qualify for a Comprehensive Medication Review if they demonstrate one or more of the following barriers:**

Patient Expresses a Barrier to UNDERSTANDING Health Information:

Based on the pharmacist's professional judgment, the patient does not understand crucial information related to their medication regimen following the use of Teach-Back.

The following are events that may indicate the patient has barriers to UNDERSTANDING health information:

- Patient cannot say what each of their medications is generally used for

Example: "I don't know what this is for, but the doctor said I need to take it." (The patient is unable to describe or explain all use/purpose/side effects/adverse effects/contraindications/indications/interactions/monitoring/other relevant information related to the medication.)

Example: "I don't know what this is for, but the doctor said I need to take it." (The patient is unable to describe or explain all use/purpose/side effects/adverse effects/contraindications/indications/interactions/monitoring/other relevant information related to the medication.)

Example: "I don't know what this is for, but the doctor said I need to take it." (The patient is unable to describe or explain all use/purpose/side effects/adverse effects/contraindications/indications/interactions/monitoring/other relevant information related to the medication.)

Example: "I don't know what this is for, but the doctor said I need to take it." (The patient is unable to describe or explain all use/purpose/side effects/adverse effects/contraindications/indications/interactions/monitoring/other relevant information related to the medication.)

Patient Expresses a Barrier to ACTING ON Health Information:

Based on the pharmacist's professional judgment, the patient does not know how to take his or her medication(s) correctly after Teach-Back has been implemented.

The following are events that may indicate the patient has barriers to ACTING ON health information:

- Patient is unable to demonstrate how and when to take prescribed medication(s)

Example: "I don't know when to take this, but the doctor said I need to take it." (The patient is unable to describe or explain all use/purpose/side effects/adverse effects/contraindications/indications/interactions/monitoring/other relevant information related to the medication.)

Example: "I don't know when to take this, but the doctor said I need to take it." (The patient is unable to describe or explain all use/purpose/side effects/adverse effects/contraindications/indications/interactions/monitoring/other relevant information related to the medication.)

Example: "I don't know when to take this, but the doctor said I need to take it." (The patient is unable to describe or explain all use/purpose/side effects/adverse effects/contraindications/indications/interactions/monitoring/other relevant information related to the medication.)

Example: "I don't know when to take this, but the doctor said I need to take it." (The patient is unable to describe or explain all use/purpose/side effects/adverse effects/contraindications/indications/interactions/monitoring/other relevant information related to the medication.)

- Patient requires the use of a qualified interpreter or translator

Wisconsin Pharmacy Quality Collaboration (WPQC) Medication Therapy Management (MTM) Service Program

- Level II Benefits (con't)
- o Eligible high-risk patients will be allowed one initial Level II service annually or following each discharge from the hospital or long-term care facility. Specific payers may determine exceptions to this guidance.
- o Eligible high-risk patients will be allowed up to three follow-up medication reviews annually. No additional follow-ups will be granted for patients following hospital or long term care setting discharge. The medication reconciliation comprehensive medication review for these patients will be considered a “stand-alone” service.
- o If Level I services are noted during provision of Level II services, the pharmacist should bill for Level I and Level II services. Focused adherence interventions and medication device instruction interventions are considered part of the Level II service and shall not be billed for separately.

Wisconsin Pharmacy Quality Collaboration (WPQC) Medication Therapy Management (MTM) Service Program

- **TRAINING REQUIREMENTS**

- Completion of the WPQC ACPE-accredited homestudy is required of each certified pharmacist, technician, and student pharmacist. The training includes program-specific information, educational reading materials, information on the quality-based network best practices, and tips for incorporating MTM practices into the pharmacy workflow. Audio visual examples of the comprehensive medication review & assessment process as well as clinical assessment activities are also included.
- Each WPQC-accredited pharmacy is provided a set of condition-specific clinical resources and tips for prioritization and consistent service provision.

Wisconsin Pharmacy Quality Collaboration (WPQC) Medication Therapy Management (MTM) Service Program

- **DOCUMENTATION**
- Documentation of both Level I and Level II services is required and may be audited.
- **BILLING**
- Both Level I and Level II service claims will be submitted for billing as directed by the specific payer.
- **QUALITY ASSURANCE Pharmacies will be required to keep policies & procedures on site documenting that their site meets the network quality-based best practices. The WPQC Quality Assurance Policy describes in depth the quality assurance activities required of participating pharmacies.**

Wisconsin Pharmacy Quality Collaboration (WPQC) Medication Therapy Management (MTM) Service Program

- **PHARMACIST PROVIDER ELIGIBILITY**
- **Eligible Level I (Intervention-based) Providers**
 - o All professional network pharmacy staff including pharmacy technicians may participate in the identification of Level I interventions.
- **Eligible Level II (Comprehensive Medication Review and Assessment) Providers**
 - o All professional network pharmacy staff may participate in the identification of Level II eligible patients.
 - o Pharmacists who provide and bill for Level II services are required to have a National Provider Identifier (NPI) and have completed the WPQC homestudy training.

Wisconsin Pharmacy Quality Collaboration (WPQC) Medication Therapy Management (MTM) Service Program

- **QUALITY-BASED BEST PRACTICES**

- Pharmacies will provide the following services or meet the following characteristics in order to be included in the WPQC network. The best practices are auditable. Pharmacies will have policies and procedures in place for the best practices. WPQC endorses these best practices as procedures which maximize patient safety in the medication use process. These best practices will be reviewed and augmented as the program expands in order to continually increase the quality of pharmacy services provided. Specific educational tools and training programs will be provided to participating pharmacies in order to facilitate the consistent implementation of the best practices.

- **Best Practices:**

- 1. Performance of a brief medication history on all new patients or patients who fill medications at multiple pharmacies
- 2. Consistent verification and documentation of allergies and adverse drug reactions
- 3. Implementation of a procedure to check all pediatric prescriptions to ensure the prescribed dose is appropriate for age, weight, and condition
- 4. Implementation of a procedure to ensure the correct product is dispensed and that specific patient engagement strategies are utilized for every patient during consultation
- 5. Use of at least two unique identifiers for each new prescription order and upon consultation
- 6. Implementation of a continuous quality improvement (CQI) program for medication risk management
- 7. Establishment and maintenance of standards for communicating and executing Class I drug recalls and necessary actions pertaining to FDA drug safety alerts

Wheaton Franciscan Healthcare- All Saints Clinic

- Ambulatory Care Clinic
- Transitional Care
- Elizabeth Buckley, Pharm.D.
 - Mid level provider access
- Medication Management
 - Diabetes
 - Hypertension
 - Hyperlipidemia
 - Smoking Cessation
 - Medication management
 - Flu vaccinations
 - Order Laboratories

Milwaukee Health Services Inc.-

Federally Qualified Health Center

- Sarah Ray, Pharm.D. and Loren Williams, Pharm.D.
- Ambulatory care clinic – primary care
- In-house pharmacy
- No Billing except for Medicaid
- MD's refer to the pharmacist for MTM and sign off on orders
- Access to EMR –Key
- Level of complexity
 - Diabetes
 - Hypertension
 - Hyperlipidemia
 - Smoking Cessation
 - Asthma/COPD

Milwaukee Health Services

- Order Laboratory tests
- Make referrals to dentist, podiatrist and optometrist

Dean Clinics – Madison, WI

- Ambulatory Care Clinics with 5 community pharmacies
- Dean clinic providers
 - 4 divisions Medical Directors of each division make the decisions on what drugs to include with input of the Dean's Drug Information Department (3 pharmacist)
- Drug information department developed list of approximately 150 medications that the pharmacist can therapeutically substitute.
- Refill protocol
- Epic (EMR) - Key

Dean Clinic Adult Pharmacy Collaborative Practice Substitution List

Excerpt from the list:

This is a guide only. When in doubt consult the prescribing doctor. To add to this list, make suggestions, or corrections- call the Drug Information Department cell phone at 608-279-3413 or Outlook email to DHS.Drug.Information

DHP: Dean Health Plan, ST: Step Therapy, QL: Quantity Limit, NC: Not Covered

le capsules	1-GS-20mg	10 mg daily	20 mg daily	Pharmacists may substitute omeprazole capsules for tablets (or vice versa) as long as the original dose prescribed is maintained in the new order. Consider dose reduction in hepatic impairment. Only 20 mg strength eligible for generic substitution.	Prilosec equivalent	omeprazole
ole	1-GS	20 mg daily	40 mg daily	No dose adjustment in mild to severe hepatic impairment	Protonix equivalent	pantoprazole
le OTC	1	15 mg daily	30 mg daily	consider dose reduction in severe hepatic disease	Prevacid OTC	lansoprazole
le/Sod Bicar	1	20 mg daily	40 mg daily	consider dose reduction in hepatic impairment	Zegerid OTC	omeprazole
rsions	2	15 mg daily	30 mg daily		lansoprazole ODT	generic ve
le/Sod Bicar	2-PA>11yo	20 mg daily	40 mg daily	consider dose reduction in hepatic impairment, PA for 12 years and older	Zegerid Powder	omeprazole
le suspension 2mg/ml	3	10 mg daily	20 mg daily	consider dose reduction in hepatic impairment	First Omeprazole	omeprazole
le susp 3mg/ml	3	15 mg daily	30 mg daily	consider dose reduction in severe hepatic disease	Lansoprazole Susp	lansoprazole
razole	3-ST,QL	30 mg daily	60 mg daily	30 mg/day max. in moderate hepatic impairment, requires failure of omeprazole, QL 1 cap per day.	Dexlansop	dexlansop
le OTC	NC	10 mg daily	20 mg daily	Pharmacists may substitute omeprazole capsules for tablets (or vice versa) as long as the original dose prescribed is maintained in the new order. Consider dose reduction in hepatic impairment	Prilosec OTC	omeprazole
le	NC	***	20 mg daily	No dose adjustment in mild to moderate hepatic impairment. No data in severe impairment; use	Aciphex	rabeprazole
ole	NC	15 mg daily	30 mg daily	consider dose reduction in severe hepatic disease	Prevacid	lansoprazole
	NC	15 mg daily	30 mg daily	consider dose reduction in severe hepatic disease, Tier 2 <42 years old	Prevacid SoluTab	brand
ole	NC	***	40 mg daily	granule packet- No dose adjustment in mild to severe hepatic impairment	Protonix PAK	pantoprazole
zole	NC	10 mg daily	20 - 40 mg daily	20 mg/day max. in severe liver impairment	Nexium	esomeprazole
zole	NC	10 mg daily	20 - 40 mg daily	20 mg/day max. in severe liver impairment	Nexium packets	esomeprazole
le tablets	NC	10 mg daily	20 mg daily	consider dose reduction in hepatic impairment		omeprazole
le/Sod Bicar	NC	20 mg daily	40 mg daily	consider dose reduction in hepatic impairment	Zegerid equivalent	omeprazole
	DHP Tier	Adult Dosing		Comments	Mupirocin- topical antibiotic	
ointment	1	mupirocin 2% ointment 22 gm tube		Mupirocin ointment cheaper than cream. Directions and refills prescribed should remain unchanged.	Bactroban ointment	mupirocin
cream	2	mupirocin 2% cream 15 gm or 30 gram tube			Bactroban cream	mupirocin

Excerpt from the list:

- 1) Patients can receive up to a 90-day refill supply if they haven't been seen within the last 12 months (or sooner if required for the particular medication) and should be encouraged to make a follow-up appointment if one is not already scheduled.
- 2) Patients that haven't completed required blood monitoring should be given a 30-day refill supply and encouraged to obtain the necessary blood testing.
- 3) The duration of refills should be based on the provider recommendations from the last office visit addressing the prescribing indication. If duration not specified in the provider note, use duration of refills from this list.

INHALED MEDICATIONS

Brand Name	Generic name	Requirements	Duration	Supply	Notes
Advair	fluticasone/salmeterol	For DHP/Navitus members interruption of tx > 4 mos requires re-trial of inhaled steroid monotherapy (Qvar or Flovent) before Advair covered. If this occurs consult MD/AP.	1 year	3 months	For both Asthma and COPD use check to ensure patient has albuterol-type rescue inhaler in home
Symbicort	budesonide/formoterol	For DHP/Navitus members interruption of tx > 4 mos requires re-trial of inhaled steroid monotherapy (Qvar or Flovent) before Symbicort covered. If this occurs consult MD/AP.	1 year	3 months	For both Asthma and COPD use check to ensure patient has albuterol-type rescue inhaler in home

ALL ONE YEAR IF CONDITIONS MET

Brand Name	Generic name	Requirements	Duration	Supply	Notes
Amoxicillin	Amoxicillin	500mg	10 days	1000 tablets	For respiratory infections
Paracetamol	Paracetamol	500mg	5 days	1000 tablets	For pain and fever
Aspirin	Aspirin	100mg	10 days	1000 tablets	For cardiovascular health
Insulin	Insulin	100 units	10 days	1000 units	For diabetes management
Metformin	Metformin	500mg	10 days	1000 tablets	For blood sugar control
Lisinopril	Lisinopril	10mg	10 days	1000 tablets	For high blood pressure
Atorvastatin	Atorvastatin	20mg	10 days	1000 tablets	For cholesterol management
Clonidine	Clonidine	0.1mg	10 days	1000 tablets	For blood pressure control
Hydrochlorothiazide	Hydrochlorothiazide	25mg	10 days	1000 tablets	For blood pressure control
Furosemide	Furosemide	40mg	10 days	1000 tablets	For fluid retention

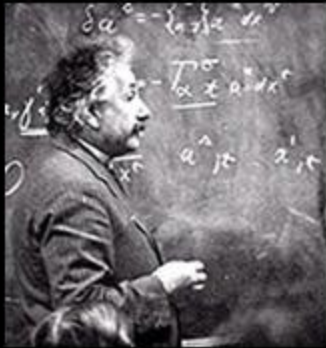
Impact:

- Pharmacist Mutual*
 - Decreases the pharmacist liability
 - Enhances communication.
 - Wisconsin Pharmacy Examination Board
 - No change in regulations
- Myron Ubl – Field Representative Pharmacist Mutual

Thanks to:

- Beth Buckley, Pharm.D. Wheaton-Franciscan
- Mindy Bauer, Pharm.D. Dean Clinic
- Sarah Ray, Pharm.D. Milwaukee Health Service
- Pharmacy Society of Wisconsin

Professors



What my parents think I do



What my friends think I do



What my students think I do



What my spouse thinks I do



What my colleagues think I do



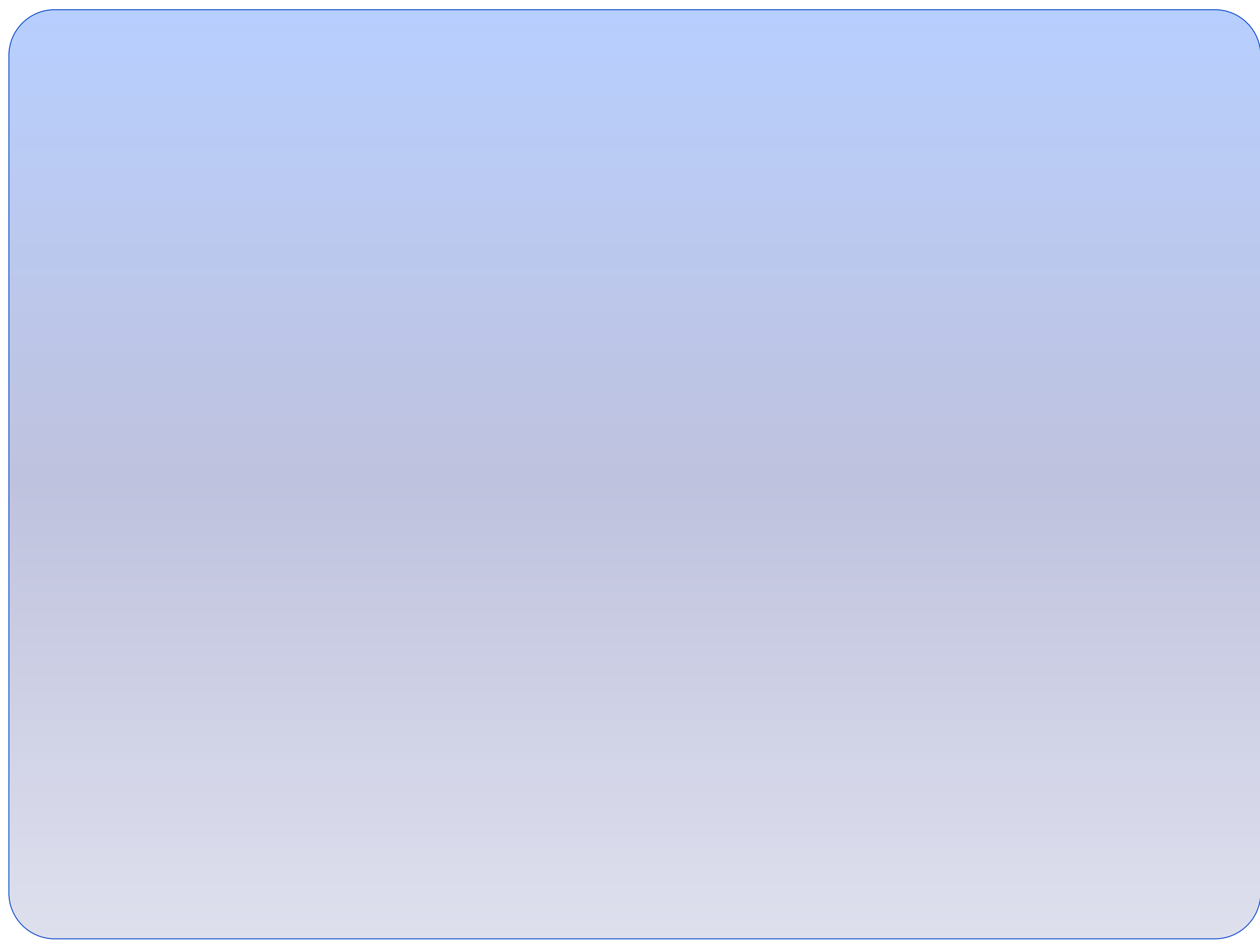
What I actually do



MYTHBUSTERS

The early years





THIS WAS GOOGLE

WHEN I WAS A KID

