

# **Incorporating Clinical Pharmacy Services into the Health Care Team**

## **Education and Training**

1. Pharmacists graduate with a Doctor of Pharmacy degree after at least 6 years of education and training, including one year of clinical experience. Some graduates go on to complete general and specialty residency training. Pharmacists can become board certified in areas such as pharmacotherapy, psychiatry, oncology, ambulatory, nutrition support, critical care, nuclear, and pediatrics.
2. Some pharmacists in Montana are Clinical Pharmacist Practitioners (CPPs), recognized by the Montana Board of Pharmacy and Montana Board of Medical Examiners. CPPs are experienced patient care providers with Board of Pharmacist Specialties (BPS) or other nationally recognized certification.

## **Practice Principles**

1. Pharmacists provide pharmaceutical care which includes a face-to-face assessment, the development of a care plan, and follow-up visits focused on proper medication use.
2. Pharmacists use an evidence-based approach to treatment and use objective measure including vital signs, laboratory results, and rating scales to assess medication effectiveness and safety.
3. Pharmacists provide patient care in hospitals and clinics as part of a health care team, using collaborative practice agreements (CPAs) with physicians, as outlined in state law.
4. Pharmacists use a consistent process called comprehensive medication management (CMM) to provide patient care using guidelines developed by the Patient-Centered Primary Care Collaborative (PCPCC), available here <https://www.pcpcc.org/sites/default/files/media/medmanagement.pdf>
5. Pharmacists provide a unique contribution to the health care team, focused on appropriate, effective, and safe medication use, to help patients reach healthcare goals.

## **Added Value**

1. Studies have shown that pharmacist-provided CMM improves outcomes, reduces overall healthcare costs, and shows a positive return on investment (ROI) of an average of 5:1, offsetting any potential increased medication costs.
2. Pharmacists can add to the healthcare workforce by assuming some medication management tasks, increasing physicians' capacity to complete tasks that only a physician can perform.

## Examples of Pharmacist Duties

1. Comprehensive medication management
2. Medication reconciliation
3. Medication titration (insulin, BP meds, antidepressants)
4. Medication education including devices (insulin, glucometers, inhalers)
5. Assessments for polypharmacy, drug interactions
6. Therapeutic drug monitoring (blood levels)
7. Rating scales (PHQ-9, GAD-7)
8. Anticoagulation management
9. Adherence assessment and counseling
10. Prior authorizations/Medicare document management
11. Population management/quality improvement

## Reimbursement and Cost Savings Opportunities for Team-based Care

1. Patient-Centered Medical Home Payments – care coordination payments for preventive and chronic care on a per-member-per-month (PMPM) basis
2. Quality Incentive Payments – for meeting pre-determined quality metrics
3. Current CPT Codes
  - a. “Incident to” - 99211
  - b. Diabetes Education - G0108
  - c. Transitions of Care: [TCM](#) - 99495, 99496
  - d. Chronic Care Management: [CCM](#) - 99490
  - e. Medication Therapy Management Services (MTMS) - 99605/06/07 (not currently reimbursed by payers)
  - f. Preventive Care such as Medicare Wellness Visits - G0438, G0439
4. Shared savings arrangements - ACOs
5. Cost avoidance – avoiding ED visits, hospitalizations, re-hospitalizations
6. Medicare Part D MTM – Billed by pharmacy through third party vendors

## Payment Examples from Other States

1. **Minnesota:** Minnesota Medicaid MTM Program
2. **Missouri** - Board certified psychiatric pharmacists are paid as a “Licensed Qualified Mental Health Professionals”
3. **New Mexico** Medicaid reimburses supervising physicians for work done by specially qualified “Pharmacist Clinicians” on the same fee scale as physicians
4. **Washington** (state) pays pharmacists for E&M codes: Washington SB 5557