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SECTION A: USER’S GUIDE
PSW recognizes the barriers that pharmacists have experienced in providing comprehensive medication review and assessment (CMR/A) services to patients through WPQC. One barrier is lack of physician knowledge about the program and available services. This toolkit is designed to provide the pharmacist with tips and ideas for promoting CMR/A services to the physician or physician extender, as well as provide the physician with the appropriate information and tools to properly refer patients to the pharmacy.

The toolkit is separated into four sections:

SECTION A: USER’S GUIDE
The User’s Guide contains an overview of the four sections of the toolkit.

SECTION B: INTRODUCTION TO WPQC
The ‘WPQC Cover Letter’ in this section can be used to make initial contact with the physician. It provides a brief introduction to the program and can be used as a letter, fax cover sheet, or a simple attachment to other mailings or faxes.

SECTION C: MEETING DOCUMENTS
This section contains documents to be used by the pharmacist when preparing and presenting the WPQC program to a physician. The ‘General Tips for Physician Meetings’ document contains thoughts to consider while planning the meeting. The ‘Services Offered by WPQC Pharmacies’ document provides a brief service overview to be left with the physician. ‘Pharmacist Talking Points’ are customized documents to be used in specific situations or for specific patient populations. The Pharmacist and Physician ‘Patient Eligibility’ documents describe strategies for identifying WPQC-eligible patients. The ‘Physician Referral Form’ provides guidance to the physician for referring patients to a pharmacist for WPQC services. The ‘2015 Physician Quality Reporting System (PQRS) Pharmacy-Related Measures’ document contains a list of goals that Medicare and Medicaid use to compensate physicians according to the percentage of goals met. This document contains a subset of the PQRS measures that pharmacists can help physicians meet using WPQC services. The ‘Evidence of Pharmacist Impact on Medication Use’ document provides a list of studies that demonstrate the ability of pharmacists to improve patient care by providing medication therapy management services.

SECTION D: LEAVE-BEHINDS
The final section consists of documents intended to be left with the physician. The ‘What to Bring’ document is intended for patients and can be used along with the ‘Physician Referral Form’ to help prepare the patient for the comprehensive medication review and assessment. Brochures are available on the WPQC web portal and provide a description of the WPQC program for both physicians and patients. The ‘Did You Know: WPQC Facts’ and ‘What to Expect from a WPQC Pharmacist’ documents provide background for physician reference.
SECTION B:
INTRODUCTION TO WPQC
Date

Dear Dr. ___________________,

We would like to inform you of a professional service program called the Wisconsin Pharmacy Quality Collaborative (WPQC). Most importantly, we believe this program will help you to attain CMS Meaningful Use standards and PQRS measures. As a WPQC pharmacy, we have chosen to implement a set of quality-based best practices that aim to provide the safest and highest quality of care for all patients. The WPQC program is a joint effort between the Pharmacy Society of Wisconsin (PSW), participating health plans, and community pharmacies.

The WPQC program provides services to patients with complex medication regimens and multiple disease states. One of our pharmacists will meet privately with your eligible or referred patient at our pharmacy and thoroughly review all of the patient’s medications, assess adherence and confirm patient understanding, and provide the patient with an updated medication list and medication action plan. We will communicate any recommendations for change with you and provide an updated medication list and documentation for your record keeping and follow-up.

Studies have demonstrated these services can complement the care you already provide to your patients resulting in:
- Increased medication adherence
- Improved prevention and management of adverse effects
- Decreased patient and payer medication costs
- Accurate medication reconciliation following hospital and nursing home discharge

We look forward to presenting this program to you and hope we can work together to help your patients reach their medication therapy goals. We look forward to discussing the program with you.

Sincerely,
SECTION C: MEETING DOCUMENTS
1. Consider the following approaches:
   a. Offer to be the physician’s ‘Go To’ pharmacist for clinical questions
   b. Offer to visit the clinic for a short period of time to field clinical questions on the spot (for more than one physician at a time)
   c. Send a pharmacist to perform comprehensive medication review and assessment within the physician clinic for a morning or afternoon
   d. Offer a trial comprehensive medication review & assessment for one of the physician’s patients
   e. Offer a Q&A session at a physician staff meeting
2. Remind the physician of the importance of the WPQC quality-based best practices and that it is unique that your pharmacy provides these services.
3. Remember that the meeting may take the form of a conversation versus a presentation.
4. Consider asking the physician what the pharmacist could provide to help manage their workload.
5. Stress the goal of working as a team and that your pharmacists strive to maintain the patient’s trust in the physician.
6. Make sure the physician knows that changes will not be made to medications without his or her approval.
7. Use non-aggressive and physician friendly language.
8. Do not underestimate the importance of including nursing, clinic staff, and the office manager in meetings.
9. Keep the message clear, precise, and consistent each time.
10. Remember that simple repetition can be powerful.
11. Prepare an example of a comprehensive medication review already performed for one of the physician’s patients:
   a. Use the patient case as an example
   b. Explain what the service included (e.g., drug therapy problems identified, how goals were met, patient cost savings)
   c. Explain information that was sent to the physician
   d. Ask for feedback/suggestions from the physician regarding the past comprehensive medication review
12. Consider the physician’s underlying personality in crafting your message (e.g. driver, expressive, analytical, etc.).
13. The tangible items to be left at the office may serve multiple purposes:
   a. Ice breakers
   b. Prescriber education
   c. Future reminders of pharmacy services
14. Be appreciative of the physician’s time.
15. Follow up with thank you notes for their time and any new referrals.
Services Offered by WPQC Pharmacies

**Comprehensive Medication Review ("Medication Check-up")**

- **Comprehensive Medication Review** (device instruction & adherence assessment included)
  Assessment of the patient’s full medication regimen and education and training designed to enhance understanding of all medications. Includes formulation of an updated medication list and a medication action plan. Health literacy issues are addressed as necessary.

**Individual Services**

- **Medication Device Instruction**
  Intensive pharmacist consultation lasting more than 5 minutes on any device associated with a medication (e.g., inhalers, injectables, glucometers, nebulizers, home blood pressure monitors, peak flow meters)

- **Focused Adherence Intervention**
  Adherence assessment and problem solving to enhance patient understanding of and adherence to the prescribed medication regimen. An appropriate tool/strategy to aid medication adherence is provided.

- **Dose Optimization**
  Dose review for age and organ function; May include dose, dosage form, or duration recommendations; cost effectiveness recommendations may include formulary or therapeutic interchange, tablet splitting, conversion to an OTC product, or dose consolidation.

- **Therapeutic Duplication**
  Identification of therapeutic duplications (e.g., prescriptions from multiple pharmacies, sample medications, medication sharing, prescriptions from multiple providers, etc.)

- **Medication Addition or Deletion**
  Recommendation to add or discontinue a medication based upon clinical guidelines, medication indication, contraindication, or drug-drug interaction (including herbals, OTC’s, nutraceuticals).

* Physician authorization required
1. As a WPQC pharmacy, we have implemented a set of safety-based best practices for all patients.
2. Comprehensive medication review (“medication check up”) consists of:
   a. Reviewing all prescription and non-prescription medications, assessing medication adherence, and providing a tool to improve adherence, if necessary
   b. Educating patients on any medication changes approved by the physician
   c. Providing an updated patient medication list
   d. Establishing a medication action plan
   e. Communicating recommendations and results to the physician
3. Provide an example of an intervention that you have performed in the past that had great impact for the patient and physician.
4. Participating insurance payers see the value in adding this additional benefit to their prescription drug coverage.
5. A return on investment study for Unity Health Insurance patients who received WPQC services demonstrated that cost effectiveness interventions provided a 10:1 (savings divided by cost) return on investment to Unity. Considering the cost savings from these interventions alone, the return on investment for all services provided remained positive (2.5:1).
6. Patients saved an average of $25.34 per prescription intervened upon.
7. “I would be happy to meet with one of your more complex patients, provide a comprehensive medication review, and provide you with items for consideration, the patient’s updated medication list, and a short SOAP note.”
8. Provide business card and leave behind documents.
Pharmacist Talking Points
10 min

1. WPQC is an initiative developed by pharmacists and health plans which facilitates collaboration between pharmacists and physicians (and physician extenders). WPQC aims to improve the value and safety of medications for patients.

2. Participating pharmacies incorporate a set of safety-based best practices:
   a. Pediatric dose checking (and age-appropriate dose monitoring)
   b. Patient engagement at consultation
   c. Implementation of a continuous quality improvement program
   d. Class I recall communication to physicians and patients

3. In a comprehensive medication review, the pharmacist reviews and updates the patient’s entire medication list:
   a. Prescription medications from all providers, including samples
   b. Over-the-counter medications
   c. Vitamins, herbals, and dietary supplements
   d. Mail order, internet, and borrowed medications
   e. The pharmacist searches for patterns of non-adherence, drug interactions, adverse events, and cost savings opportunities.

4. The pharmacist provides recommendations for physician consideration.

5. Changes are made only if approved by the physician.

6. Participating insurance payers provide these service opportunities to prescription insurance beneficiaries at no out of pocket cost.

7. Benefits to physician:
   a. Assistance with the medication review
   b. Thoroughly updated patient medication list
   c. Adherence consultation

8. This service complements the care that you provide; it does not replace it.

9. Allow me to spend half an hour with one of your complex patients. I will identify medication therapy problems and communicate a plan to you on how to optimize the patient’s therapy.
   Examples of good patient candidates:
   • Multiple disease states
   • Multiple medications
   • Complicated medication devices
   • Adherence issues
   • Medication therapy goals that are not being reached

1. WPQC is an initiative developed by pharmacists and health plans which facilitates collaboration between pharmacists and physicians (and physician extenders). WPQC aims to improve the value and safety of medications for patients.

2. Participating pharmacies incorporate a set of safety-based best practices:
   a. Pediatric dose checking (and age-appropriate dose monitoring)
   b. Patient engagement at consultation
   c. Implementation of a continuous quality improvement program
   d. Class I recall communication to physicians and patients

3. In a comprehensive medication review, the pharmacist reviews and updates the patient’s entire medication list:
   a. Prescription medications from all providers, including samples
   b. Over-the-counter medications
   c. Vitamins, herbals, and dietary supplements
   d. Mail order, internet, and borrowed medications
   e. The pharmacist searches for patterns of non-adherence, drug interactions, adverse events, and cost savings opportunities.

4. Our pharmacists are equipped to provide your asthma patients training on:
   a. Inhaler technique
   b. Importance of controller medication adherence
   c. Symptom control (assessed with the standardized Asthma Control Test™)
   d. Use of peak flow meter, when appropriate
   e. Understanding and properly utilizing an Asthma Action Plan

5. We can help you meet, your asthma-specific Physician Quality Reporting System (PQRS) goals

6. The pharmacist provides recommendations for physician consideration.

7. Changes are made only if approved by the physician.

8. Participating payers provide these service opportunities to prescription insurance beneficiaries at no out of pocket cost.

9. Benefits to physician:
   a. Assistance with the medication review
   b. Updated patient medication list
   c. Adherence consultation
   d. Improved asthma symptom control

10. This service complements the care that you provide; it does not replace it.

11. Provide business card and leave behind documents.
1. WPQC is an initiative developed by pharmacists and health plans which facilitates collaboration between pharmacists and physicians (and physician extenders). WPQC aims to improve the value and safety of medications for patients.

2. Participating pharmacies incorporate a set of safety-based best practices:
   a. Pediatric dose checking (and age-appropriate dose monitoring)
   b. Patient engagement at consultation
   c. Implementation of a continuous quality improvement program
   d. Class I recall communication to physicians and patients

3. In a comprehensive medication review, the pharmacist reviews and updates the patient’s entire medication list:
   a. Prescription medications from all providers, including samples
   b. Over-the-counter medications
   c. Vitamins, herbals, and dietary supplements
   d. Mail order, internet, and borrowed medications
   e. The pharmacist searches for patterns of non-adherence, drug interactions, adverse events, and cost savings opportunities.

4. Your patients with diabetes may benefit from our services:
   a. Glucometer training
   b. Glucometer downloads are faxed directly to your office.
   c. Insulin administration training
   d. Sick day management training

5. This service can also help complex patients reach goals for:
   a. A1c
   b. Blood Pressure
   c. Cholesterol

6. We can help you meet your diabetes-specific Physician Quality Reporting System (PQRS) goals

7. Physician Quality Reporting System (PQRS)

8. Consider customizing your talking points to the provider type:
   a. General practitioner – focus on helping the patient reach his or her specific blood glucose and A1c goals, education on diabetes medications and devices, and adherence.
   b. Diabetes specialists – focus on helping the patient reach all the other goals (e.g. hypertension, hyperlipidemia) and assessment of drug-drug and drug-disease state interactions.

9. The pharmacist provides recommendations for physician consideration.

10. Changes are only made if approved by the physician.

11. Participating insurance payers provide these service opportunities to prescription insurance beneficiaries at no out-of-pocket cost.

12. This service complements the care that you provide; it does not replace it.

13. Provide business card and leave behind documents.
1. WPQC is an initiative developed by pharmacists and health plans which facilitates a collaboration between pharmacists and physicians (and physician extenders). WPQC aims to improve the value and safety of medications for patients.

2. Participating pharmacies incorporate a set of safety-based best practices:
   a. Pediatric dose checking (and age-appropriate dose monitoring)
   b. Patient engagement at consultation
   c. Implementation of a continuous quality improvement program
   d. Class I recall communication to physicians and patients

3. The pharmacist reconciles discharge medications with pre-hospitalization or pre-LTCF medications, identifies, and communicates discrepancies to the appropriate physician. Discrepancies may include:
   a. Therapeutic duplications
   b. Formulary interchange opportunities
   c. Medication omissions
   d. Dosing and direction errors
   e. Drug interactions

4. We can help you meet your medication reconciliation Physician Quality Reporting System (PQRS) goals.

5. The pharmacist provides recommendations for physician consideration.

6. Changes are made only if approved by the physician.

7. Participating insurance payers provide these service opportunities to prescription insurance beneficiaries at no out-of-pocket cost.

8. Benefits to physician:
   a. Assistance with medication reconciliation following discharge from the hospital or LTCF.
   b. Updated patient medication list
   c. Adherence consultation

9. This service complements the care that you provide; it does not replace it.

Pharmacist Talking Points
Polypharmacy

1. WPQC is an initiative developed by pharmacists and health plans which facilitates collaboration between pharmacists and physicians (and physician extenders). WPQC aims to improve the value and safety of medications for patients.
2. Participating pharmacies incorporate a set of safety-based best practices:
   a. Pediatric dose checking (and age-appropriate dose monitoring)
   b. Patient engagement at consultation
   c. Implementation of a continuous quality improvement program
   d. Class I recall communication to physicians and patient
3. In a comprehensive medication review, the pharmacist reviews and updates the patient’s entire medication list:
   a. Prescription medications from all providers, including samples
   b. Over-the-counter medications
   c. Vitamins, herbals, and dietary supplements
   d. Mail order, internet, and borrowed medications
   e. The pharmacist searches for patterns of non-adherence, drug interactions, adverse events, and cost savings opportunities
4. The patient who takes multiple medications, sees several health care professionals, or uses several different pharmacies may benefit by:
   a. The provision of an updated list of all medications
   b. Identification of drug interactions
   c. Identification of duplicate therapies
   d. Identification of adherence issues and education to address adherence barriers
5. Allow me to spend 30 min with one of your complex patients. I will identify medication therapy problems and communicate a plan to you on how to optimize the patient’s therapy. Examples of good patient candidates:
   a. Multiple disease states
   b. Multiple medications
   c. Complicated medication devices
   d. Adherence issues
   e. Medication therapy goals that are not being reached
6. Goal: to work collaboratively to avoid potential medication therapy problems in patients who take many medications, use several pharmacies, and see multiple prescribers
7. The pharmacist provides recommendations for physician consideration.
8. Changes are only made if approved by the physician.
9. Participating insurance payers provide these service opportunities to prescription insurance beneficiaries at no out-of-pocket cost.
10. This service complements the care that you provide; it does not replace it.
11. Provide business card and leave behind documents.
Patients are eligible for WPQC services at no cost if they have prescription insurance from participating WPQC payers.

There are many ways to identify eligible patients. Below are several ideas to get you started:

• Flag patients covered by participating insurers in your prescription claims system.

• Generate prescription claims system reports of patients covered by participating insurers.

• Generate prescription claims system reports of patients with prescriptions from specific physicians. Analyze these patients’ medication lists to determine comprehensive medication review and assessment eligibility. Present the list as a suggested starting point to the physician.

• If you are unable to access prescription claims data, contact a participating insurer to request a list of patients who fill prescriptions at your pharmacy.

• Establish a usual and customary cash price for your comprehensive medication review and assessment services to provide to patients not covered by WPQC payers.

Visit www.pswi.org/WPQC to access the list of current WPQC payers.
Patients are eligible for WPQC services at no cost if they have prescription insurance from participating WPQC payers.

**There are many ways to identify eligible patients. Below are several ideas to get you started:**

- Have patients show your office staff their *prescription insurance card* at check-in.

- Have support staff ask the patient which prescription insurance they have during the intake process.

- When writing or entering prescriptions, ask the patient which *prescription insurance* they have.

- Have support staff “flag” (leave a sticky note, make a note in the patient’s paper or electronic chart, etc.) charts of patients with prescription insurance through a WPQC payer. Recognize your specific EMR workflow to ensure patient identification and post visit documentation can be accessed.

- Ask a WPQC pharmacy to send you a list of pharmacy patients who have filled prescriptions written by you.

- Send potentially eligible patient name(s) to a WPQC pharmacy utilizing the Physician Referral Form. The pharmacy can check eligibility and return it.

- Have patients call a WPQC pharmacy to determine eligibility and schedule an appointment. If the patient is eligible, suggest that the patient meet with the pharmacist before their next appointment with you.

- Attach the Physician Referral Fax Form and Physician Referral Prescription to visit information before patient is seen.

- Fax the Physician Referral Fax Form to the pharmacy.

- Provide the Physician Referral Prescription to the patient to take to the pharmacy.

Visit [www.pswi.org/WPQC](http://www.pswi.org/WPQC) for a list of participating WPQC pharmacies and payers.
# 2015 Physician Quality Reporting System (PQRS) (CMS) Pharmacy-Related Measures

## Diabetes Mellitus patients age 18 – 75
- Obtain A1C ≤ 9.0%
- Obtain LDL < 100 mg/dL

## Heart Failure patients 18 years or older with LVEF < 40% within a 12 month period
- Prescribed ACE-I or ARB therapy
- Prescribed appropriate beta blocker therapy

## Coronary Artery Disease patients 18 years or older within a 12 month period
- Prescribed aspirin or clopidogrel therapy
- Appropriate beta blocker therapy in patients with prior MI OR a LVEF < 40%
- Obtain LDL result < 100 mg/dL within 12 months
- Obtain appropriate ACE-I or ARB therapy for concurrent diabetes OR a LVEF < 40%

## Ischemic Vascular Disease age 18 or older
- Appropriate lipid lowering therapy (Goal LDL <100 mg/dL)
- Appropriate aspirin or antithrombotic therapy

## Hypertension
- Blood pressure within goal <140/90 mmHg for age 18 through 85 years

## Osteoporosis patients age 50 years or older
- Appropriate pharmacologic therapy within 12 months of diagnosis

## Medication reconciliation within 30 days of discharge from inpatient facility
- Patients 18 and older, discharged from any inpatient facility, seen by a doctor, RN, clinical pharmacist within 30 days of discharge; documentation of reconciliation of discharge medications with current medication list in the outpatient medical record

## COPD patients 18 years and older with FEV<sub>1</sub>/FVC < 60%
- Inhaled bronchodilator therapy

## Asthma (persistent) patients age 5 or older
- Prescribed long-term control medication

## Influenza vaccination
- All patients 6 months or older with an office visit between October 1 and March 31

## Pneumococcal vaccination
- All patients age 65 or older

## Acute Bronchitis age 18 through 64 years
- Avoidance of inappropriate antibiotic use (on or 3 days after the episode)

## Chronic Kidney Disease
- Blood pressure within goal <140/90 mmHg

## Documentation of current medications in the medical record for age 18 years or older
- Documentation of all current medications including non-prescription and must include the name, dosage, frequency and route of administration

## Tobacco use and screening age 18 years and older
- Cessation counseling intervention

## Depression (major)
- Maintain antidepressant therapy for at least 12 weeks
- Maintain antidepressant therapy for at least 6 months

## Screening for fall risk age 65 and older
- Percentage of patients age 65 years and older who were screened for future fall risk
Evidence of Pharmacist Impact on Medication Use

Community Pharmacist Point-of-Care MTM Services

- For 150 patients, 886 drug-related problems were identified through pharmacist medication therapy management. The patient’s physician was contacted for 74% of the interventions, and 47% of pharmacist recommendations were accepted.  
- Out of 201,000 prescriptions dispensed, 1503 point-of-care interventions were made by the community pharmacist
  » 16% avoided a potential drug-related hospital admission
  » 32% prevented likely harm
  » 24% had the potential to improve the efficacy of the intended therapeutic plan
  » 50% improved the clinical outcome and could have saved a visit to the general practitioner  
- A return on investment study for Unity Health Insurance patients who received WPQC services demonstrated that cost effectiveness interventions provided a 10:1 (savings divided by cost) return on investment to Unity. Considering the cost savings from these interventions alone, the return on investment for all services provided remained positive (2.5:1). Patients who received WPQC services saved $25.34 per prescription.

Pharmacist-Provided Comprehensive Medication Reviews

- Total health care costs decreased by an average of $725/patient/year and missed work hours decreased by 400% for asthma patients.  
- Average systolic blood pressure significantly decreased by 10.7 mmHg among 2246 patients in a meta-analysis of pharmacist interventions.  
- In 285 patients, after 1 year of MTM services provided by a pharmacist
  » Patients who reached goals of therapy increased from 76% to 90%
  » 71% of intervention group patients versus 59% of comparison group patients met HEDIS 2001 criteria for hypertension management (p = 0.03)
  » 52% of intervention group patients versus 30% of comparison group patients met HEDIS 2001 criteria for cholesterol management (p = 0.001)
  » 637 drug therapy problems were resolved
  » Total health costs for patients in the intervention group were reduced by $3678 per patient per year and overall the program resulted in a return on investment of $12.15 per $1 in costs  
- Diabetes clinical and economic outcomes among 573 patients after 1 year:
  » Average Hemoglobin A1C decreased from a mean of 7.5% to 7.1% (p = 0.002)
  » Patients achieving A1C < 7% increased from 43% to 53%
  » LDL cholesterol <100 mg/dL rate increased from 57% to 63%
  » Patients achieving blood pressure control (<130/80 mmHg) increased from 28% to 39%
  » The average health care cost per patient was reduced by $1,079 per year with averted costs estimated at $278,512 for employers and $339,875 for patients in the first year  

Pharmacist Medication Reconciliation

- Preventable adverse drug events decreased from 11% to 1% (p = 0.01)  
SECTION D: LEAVE-BEHINDS
What to Bring to Your Medication Check-Up

Medicines
- prescription
- over-the-counter
- sample
- herbal
- dietary supplement
- vitamins
- mail order
- internet
- borrowed from someone else

Devices used with your medicines
- blood glucose meters
- inhalers
- injectables
- blood pressure cuffs
- spacers
- peak flow meters
- nebulizers

- Medicine list

Allergy information

Records or logbooks
- blood pressure
- blood sugar
- lab results
- My Chart® login information
- vaccination record
- health journal
- symptom diary
- diet and nutrition
- after visit summaries

Prescription insurance information

Any other important information about your health or medications

Your caregiver or family member is also welcome to attend the check-up

APPOINTMENT

Date: _______________

Time: _______________

Pharmacist/location: _______________

Phone: _______________

Please kindly call at least 24 hours before your appointment if you cannot keep your appointment.
Physician: complete this form and attach any relevant information (if necessary)
• Provide this form to patient to present to participating WPQC pharmacy, to participating pharmacy, or call a verbal order into the participating pharmacy
• Eligible patients have prescription insurance through Wisconsin ForwardHealth (Medicaid/SeniorCare), Unity Health Insurance, UnitedHealthcare-WI or Gundersen Health Plan.
• Pharmacist: maintain this form or verbal order on file for record-keeping purposes

Patient Information

Name: _______________________________________________________________
DOB: __________________________________________________________________

Insurance coverage (circle one):     Unity Health Ins.          WI ForwardHealth (Medicaid/SeniorCare)
                                    Gundersen Health Plan                UnitedHealthcare-WI

Service Requested

☐ Comprehensive Medication Review: Review of medications with education and training. Updated medication list and medication action plan included.

☐ Medication Device Consultation: Inhaler, nebulizer, glucometer, injectable, home blood pressure monitor, peak flow meter, other: __________________________________________

☐ Focused Adherence Intervention: Determine adherence barriers and discuss improvement strategies.

☐ Dose Optimization: Based on age, organ function, and/or dosage forms.

☐ Cost Effectiveness: Review medications to find less expensive and equally effective options.

☐ Other, please specify: __________________________________________________________________________

Authorizing Signature: _____________________________________________  NPI: ____________
Print name ______________________________________  Today’s Date: ________________________
Phone: ________________________________________  Fax: ______________________________________

☐ Additional information attached

Pharmacist: Maintain this form or verbal order on file for record-keeping purposes.

* For a list of accredited pharmacies and participating payers, please visit www.pswi.org/WPQC
Did You Know?
Wisconsin Pharmacy Quality Collaborative (WPQC) Facts

1. WPQC is a unique collaboration between pharmacies and health plans. **WPQC HAS ESTABLISHED A CREDENTIALING PROCESS** and uniform set of pharmacist-provided medication therapy management services for participating Wisconsin pharmacy providers.

2. An initiative of the Pharmacy Society of Wisconsin, WPQC was created by aligning incentives for pharmacies and health plans. While **REDUCING EXCESSIVE COSTS FOR HEALTH PLANS AND PATIENTS**, WPQC’s goal is to ensure that safe and excellent care is provided to patients.

3. Pharmacists are ideally positioned to **COORDINATE MEDICATIONS FOR PATIENTS WITH MULTIPLE PHYSICIANS AND CHRONIC CONDITIONS**. WPQC encourages patients to establish a meaningful relationship with one pharmacy as one way to accomplish this.

4. Pharmacies participating in WPQC must consistently meet a number of **PATIENT SAFETY-BASED REQUIREMENTS**. For example, participating pharmacies:
   a. Consistently verify patient allergies
   b. Implement procedures to ensure that patient engagement strategies are utilized for every patient during consultation
   c. Establish a continuous quality improvement process to evaluate quality-related events and improve patient safety
   d. Have a plan in place to address FDA recalls and safety alerts
   e. Routinely check that pediatric dosing is appropriate by using weight-based calculations

5. WPQC facilitates a standardized process for pharmacists to partner with physicians to recommend and make approved medication changes to **IMPROVE COST-EFFECTIVENESS AND ADHERENCE** to appropriate medication regimens and ensure that patients obtain maximal benefit from their medications.

6. As part of WPQC, pharmacists have face-to-face “medication check-ups” with patients who may require more extensive help managing complex medication regimens. This allows specially-trained pharmacists to **DEVELOP INDIVIDUALIZED MEDICATION ACTION PLANS** and establishes a pharmacist-patient relationship to ensure that steps to achieve the plan are taken.

7. The **WPQC PROGRAM PLACES IMPORTANCE ON COMMUNICATION WITH THE PHYSICIAN TO ENSURE CONTINUITY OF CARE FOR PATIENTS**. Following the “pharmacist medication check up,” physicians receive the patient’s updated medication list and documentation describing the visit with the pharmacist.

8. During the initial 18 months of the WPQC program pilot, a return on investment study for Unity Health Insurance patients who received **WPQC SERVICES DEMONSTRATED A POSITIVE RETURN ON INVESTMENT** (10:1). Patients who received WPQC services saved an average of $25.34 per prescription filled.

9. WPQC aims to provide patients with a “pharmacy home.” By focusing on medication use and management, WPQC pharmacies contribute to the overall effort to improve the management and coordination of care provided to Wisconsin patients. The WPQC program also aims to **INCREASE PUBLIC EXPECTATIONS FOR PROVISION OF QUALITY CARE BY PHARMACY PROVIDERS** and establishes pharmacists as an integral member of the health care team.

10. After a patient leaves the hospital or LTCF, WPQC pharmacists strive to obtain the most accurate and current patient medication list to **PREVENT ADVERSE DRUG EVENTS** and ensure the appropriate and intended medication regimen is continued at home.

11. There is a WPQC-accredited pharmacy in almost every county in Wisconsin.
### What to Expect From a WPQC Pharmacist

<table>
<thead>
<tr>
<th>WPQC Service</th>
<th>The Pharmacist Can…</th>
<th>Examples of WPQC Successes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost Management</strong></td>
<td>Look for ways to reduce out of pocket medication costs. By facilitating use of the health plan formulary to ensure the least expensive equivalent medication, pharmacists can often save payers and patients 3-4 times the cost of medications.</td>
<td>A patient was on a combination medication for high blood pressure. This medication cost the patient $29 per month and would increase to $47 per month the following year. After communicating with the patient’s provider, a pharmacist switched the patient to a similar combination medication which only costs the patient $7 per month. Overall, the pharmacist was able to save the patient $480 for the year, while maintaining control of his blood pressure.</td>
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<tr>
<td><strong>Adherence Consultation</strong></td>
<td>Assess possible reasons for non-adherence to therapy and recommend a solution to help patients take their medications to better manage their disease states.</td>
<td>A dyslexic patient with low health literacy and the inability to read presented to our pharmacy. A pharmacist on staff worked with her to specially package her medications and spent several visits training and retraining her on use of her insulin pen. She had been measuring the incorrect dose and improperly injecting the insulin. Her technique significantly improved after the course of several visits and the patient’s A1C has decreased from 8.4% to 7.1%.</td>
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<tr>
<td><strong>Gaps in Therapy</strong></td>
<td>Assess a patient’s medication regimen and current conditions to recommend additional medications to ensure optimal therapy based upon clinical guidelines.</td>
<td>A patient with asthma requested a refill for her 5th rescue inhaler in 90 days. The pharmacist discovered she was not taking a controller medication for her asthma. After contacting the physician and sharing information regarding the patient’s refill history, the pharmacist and physician worked together to get the patient started on a cost effective controller therapy. The patient’s breathing improved greatly and she was very grateful!</td>
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<tr>
<td><strong>Age-appropriate Clinical Review</strong></td>
<td>Ensure appropriate dosing for geriatric patients by increasing or decreasing medication doses based on the patient’s ability to eliminate it from their system; Ensure appropriate dosing for pediatric patients based on their weight.</td>
<td>An elderly woman was prescribed a medication for treatment of a urinary tract infection. The pharmacist determined that the patient’s kidney function was below the recommended level for the medication to be effective. The physician agreed that the medication would miss the urinary tract and thus not eliminate the infection. A more appropriate treatment was chosen, and the physician was very appreciative of the phone call.</td>
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<td><strong>Medication Check-Up</strong></td>
<td>Review of patient medication regimens to reduce costs, assess for adverse effects and interacting medications, and help patients to understand the importance and purpose of their medications.</td>
<td>Our pharmacy received an antibiotic suspension prescription for a 1 year old patient. After asking the mother for the patient’s weight, we determined the dose of the antibiotic was 2 times the recommended dose. We contacted the physician’s office, where it was determined that the wrong medication concentration had been selected. The error was corrected and the patient received a safe dose of the antibiotic.</td>
</tr>
</tbody>
</table>

*Note:* These examples showcase successful outcomes achieved through the Worksite Pharmacy Quality Collaborative (WPQC) program.
Evidence of Pharmacist Impact on Medication Use

POINT-OF-CARE MTM SERVICES:
Out of 201,000 prescriptions dispensed, 1503 point-of-care interventions were made by the community pharmacist.
  “ 16% avoided a potential drug-related hospital admission
  “ 32% prevented likely harm
  “ 24% had the potential to improve the efficacy of the intended therapeutic plan
  “ 50% improved the clinical outcome and could have saved a visit to the general practitioner

WPQC cost-effectiveness services provided a **10:1 ROI to Unity.** The ROI for all services provided remained positive (2.5:1). Unity patients who received WPQC services saved **$25.34 per prescription.**

COMPREHENSIVE MEDICATION REVIEWS:
Diabetes clinical and economic outcomes among 573 patients after 1 year:
  “ Average hemoglobin A1c decreased from a mean of 7.5% to 7.1% (p = 0.002)
  “ Patients achieving A1C < 7% increased from 43% to 53%
  “ Average SBP decreased from 132.5mm to 130.1mm (p<0.001)
  “ The average health care cost/patient was reduced by $1,079/year with averted costs estimated at $278,512 for employers and $339,875 for patients in the first year.

** Total health care costs decreased by an average of $725/patient/year and missed work hours decreased by 400% for asthma patients.

MEDICATION RECONCILATION:
Preventable adverse drug events decreased from 11% to 1%

COMPREHENSIVE MEDICATION REVIEWS:
In 285 patients, after 1 year of MTM services: **637 drug therapy problems were resolved**