GETTING YOUR PHARMACY INTO DRIVE:
CONDUCTING AND DOCUMENTING LEVEL II CMR/AS

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Objectives

• Outline the steps involved in performing a CMR/A.
• Develop a systematic process for effectively conducting a CMR/A.
• Discuss ways to engage the patient throughout the CMR/A and at follow-up visits.
CMR/A Components

1. Set the stage and identify the patient’s goals.
2. What to cover during the CMR/A
3. Documentation
4. Prioritizing problems
5. Set expectation for a follow-up visit
6. Patient Take Away Materials (MAP/PML)
1. Set the Stage and Identify the Patient’s Goals
Set the Stage

• Explain the purpose of the CMR/A
  – Talk about your medications in detail.
  – Make sure each medication has a current purpose.
    • Look for unnecessary treatment
    • Look for untreated conditions.
  – Gives us a chance to make sure you are getting the most benefit from your medicine.
  – Minimize side effects.
  – Make sure your medications work well together
Identify Patient’s Goals/Concerns

• Determine patient’s goals and Chief Concerns (CC)
  – What would you like to achieve during today’s visit?
  – What is your primary medication concern? (3 C’s)
    • Cost
    • Convenience
    • Comfort

• Take note and make sure you address CC

• Patient’s goals (generally) supersede RPh’s
2. What to Cover During the CMR/A
Information Gathering

• Obtain information not collected prior to visit
  – Height/weight
  – Family history
  – Social history
  – Health conditions
  – Omissions from medication list
  – Allergies & adverse reactions
  – Immunization record
Review Medications

• Assess patient understanding
  • “I’m going to name one of your medications. Tell me HOW you take it and WHY you take it and whether you’re having any problems with it.”

• 3 Prime Questions:
  • What did your prescriber tell you it is for?
  • How did s/he tell you to take it?
  • What did s/he tell you to expect from it?

• Ask probing questions (open ended):
  • What concerns you most about your medications?
  • Which of your medications is not working as well as you would like it to?
Check for Drug-Related Problems

• Evaluate appropriateness of each medication
  – Ensure each medication is dosed properly for age, weight, etc.
  – Opportunities to optimize dose
  – Look for unnecessary medications
  – Look for gaps in therapy
  – Look for potential drug-drug interactions
  – Manage side effects
Assess Problems & Health Conditions

• Is each problem and health condition being treated appropriately?
• Are clinical guidelines being adhered to?
Adherence Discussion

• Expected component of CMR/A
  – Not separately billable
• Adherence
  – Review refill history and ask questions to understand refill gaps
  – Medication Possession Ratio (MPR)
    = Days Supply/Days Since Last Refill
  – Don’t forget about EARLY refills!
Adherence cont.

• Question patient about source of medications
  – Samples/ Mail Order/ Another Pharmacy
  – Stress importance of getting medications from ONE pharmacy

• Ask about dose changes that could impact refill frequency
  – E.g. Change to ½ Tabs, dose increases/decreases

• Determine cause of non-adherence: eg side effects, dosage form, cost, etc.
Adherence cont.

• Together, with the patient, come up with a tool/strategy/plan to improve adherence
  – Describe on MAP

• Check on adherence after CMR/A
  – Reinforce positive behavior
  – Adjust strategy/plan PRN
Medication Device Instruction

• Expected component of CMR/A
  – Not separately billable
• Have patient demonstrate HOW he/she uses each device and describe WHY it is used
  – Praise good technique
  – Share tips for improvement
  – Answer questions as needed
  – Have patient demonstrate technique again (Teach Back Method)
Pharmacy Based Tests

• Perform available screenings, if appropriate:
  – Asthma Control Test
  – Blood pressure/pulse
  – Bone density
  – Blood sugar
  – Height
  – Weight
3. Documentation
Documentation

• HIT: useful for efficient real-time documentation and communication

• Aprexis™
  – Ability to enter known data prior to CMR/A
  – Condition-specific questions consistent with current guidelines guide the pharmacist through CMR/As. Can skip around to fit your needs
  – Evidence-based recommendations auto-populate
  – Can change/update info up to claim submission
Items to Document

• Documentation is patient- and plan-specific
  – Commercial Payers: use Aprexis to record information collected prior to/during CMR/A
  – Medicaid: manual documentation with additional entry into the WI ForwardHealth portal

• Record all pertinent information collected during the CMR/A
  – Answers to clinical questions
  – Any problems or interventions found
  – Recommendations
  – Follow-up plans
Embedded LI Interventions

• Billable items identified during a CMR/A
  – Cost Effectiveness
  – Dose/Dosage Form/Duration Change
  – Medication Additions
  – Medication Deletions

• Can lead to increased MTM revenue

• Tells the story of the CMR/A – what the pharmacist identified/acted upon
4. Prioritizing Problems
Prioritizing Problems

• Pharmacists are thorough; no need to try to solve ALL problems at one time.
• Address the patient’s primary concerns
• Address your top 1-2 priorities in first visit, ensure patient is in agreement
• Set expectation conversation will continue and future items can be addressed at follow-up visits
Recommending Changes

• Recommend no more than a few changes at a time. (Remember to prioritize!)
  – Providers & patients prefer this
  – Greater ability to monitor the effect of the change

• Manageable chunks
  – Information overload can lead to inaction
  – Great time investment by patient can lead to reluctance to return for follow-up
5. Set Expectations for a Follow-Up Visit
Follow-Up Expectations

“Just like you have an annual check up with your doctor, you should have at least an annual medication check up with your pharmacist, or more frequently if your medications change throughout the year.”
Follow-Up Expectations

“Based on what you’ve told me, I’d like to recommend ___. I will communicate what we talked about with your doctor and notify you of any changes. I’d also like to see you back in (one month, 3 months, etc.) to see how you are doing and make sure any changes are working as expected.”
6. Patient Takeaway Materials (MAP/PML)
Post-Visit Workflow

- Documentation
  - MAP/PMR
  - SOAP
  - Embedded Interventions

- Provider Follow-up
  - Send Communications
  - Receive Response
  - Complete the Circle

- Patient Follow-up
  - Follow-up Appt Scheduled
  - Goals*
  - Recommendations

- Billing
  - Level 1 (embedded)
  - Level 2
  - Reconciliation

* follow-up with patient on goals or other information needed such as labs, etc.
Patient Take Away: MAP

• Medication Action Plan (MAP) Components
  – Patient identification (Name, DOB, etc.)
  – Pharmacy contact information
  – Doctor contact information
• Notes specific to a medication
• Notes specific to a health condition
• Supplemental information
  – E.g. Lifestyle changes
• Give to patient at end of visit or within 14 days
Patient Take Away: PML

- Personal Medication List (PML) Components
  - Can be created manually or by HIT
  - Include ALL medications including OTCs, herbals, supplements, and compounded items
- Give to patient at end of visit or within 14 days
- Current medication record for patients to keep and share with their prescribers
Patient Take Away Materials

• Anticipate which educational materials your patient may need based on prescribed meds and health conditions

• Have an easy to access spot to organize educational materials
  – Should be near your MTM service area

• Review handout with patient versus just giving it to them
Post-Visit Workflow
Close the Communication Loop

• Contact provider with embedded Level I interventions/recommendations
• Watch for e-scripts on recommendations
• Have a process for following up on pending recommendations
Post CMR/A Documentation

• Ensure all required documentation components are recorded
  – WI ForwardHealth Policy outlines which items are required.
  – Need to protect yourself in case of an audit.
  – As of 9/1/2014 WI Forward Health requires clinical documentation in addition to claims billing
  – Documentation elements required by the commercial payers are noted in Aprexis
Notes for Next Visit

• Track items you wish to follow-up on at the next visit:
  – For following-up at additional visits
  – E.g. counsel on __ (TLC, environmental triggers, etc.)
  – Assess __ (change in therapy, symptom control, etc.)
  – If __, then __ (step up therapy, etc.)
Tips for Efficiency

• Familiarize yourself with HIT!!

• Review Level I pushes that can be addressed during Level II visit
  – Can complete push rather than adding recommendation as a separate intervention

• Limit S/O, put A/P first
  – Limit to one page
More Tips for Efficiency

• Use MAP/PML features in HIT
  – No need to create from scratch!
• Avoid double documentation!
  – Don’t write everything on paper and then type everything into HIT
  – Document as you go
  – Have scratch paper ready as well
Questions?