START YOUR ENGINES!
PREPARING FOR THE CMR/A

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WPQC Operations Manager
Objectives

• Learn strategies for identifying, recruiting and retaining patients.
• Understand pre-visit workflow process.
• Maximizing use of technology as part of the pre-visit workflow.
Identifying Patients

• Methods to identify patients eligible for a CMR/A
  – Commercial payers
    • Level II Pushes (CMR/A Eligible)
    • Level I Pushes (patient may still benefit from CMR/A)
    • Review “existing patients” in Aprexis
  – WI ForwardHealth
    • Dispensing Reports
    • Level I Pulls (patient may still benefit from a CMR/A)
    • Discharge report from hospital
Recruiting/Retaining Patients

• Strategies for recruiting patients
  – Explain the purpose and benefits of the service
  – Use a standard script and personalize the message
    • Create your 15 second commercial
  – Put a “smile on your voice”
  – Develop relationships!
    • Patients much more likely to accept if they know the pharmacist and have an established relationship
  – Set expectation for longitudinal discussion of their health
Reminder Calls

• Remind patient of CMR/A appointment
  – Technician (Scheduler) should call patient a few days in advance of appointment and/or day before
  – Reinforce commitment patient has made
  – Inform patient what to bring
    • Prescription bottles
    • OTC/Supplements
    • Medication devices (inhalers, glucometers, etc.)
    • Health Logs (blood pressure, blood glucose, food etc.)
    • Lab results, After Visit Summaries
    • List of questions for the pharmacist
Drug Authorization Policy Override

- WI Medicaid Patients
- Call DAPO to reserve patient in advance of CMR/A
- Record date, authorization number, customer service representative name
Selecting the Consult

• Selecting the CMR/A Visit in Aprexis
  – Respond to CMR/A pushes in a timely manner
  – Ensure patient meets WPQC Level II Criteria
    • Initial Visit: proceed with push
    • Follow-Up Visit: select alternative intervention
      – CMR: Asthma Visit 1*
      – CMR: Diabetes Visit 1*
      – CMR: Heart Failure Visit 1*
      – CMR: Geriatric Syndromes Visit 1*
      – General CMR/A - Follow Up Visit

*All condition specific visits are reimbursed by payers at the follow-up rate
Documenting Workflow Steps

• Communicating Task Completion
  – Notes section in patient profile (Aprexis)
  – Folder system, dispensing record (Paper)
    • Contacted by/date: Staff initials, date
    • Appointment date: date
    • Lab requested/received: date/initials, date/initials
    • Labs/Immunizations/Allergies/Meds added: date/initials
    • Reminder call: date/initials
    • (For Medicaid patients) DAPO contacted: date/initials of staff person/name of DAPO rep
    • DAPO confirmation #:
Pre-Visit Investigation

• Labs/Medical History
  – Authorization for Release of Health Information
  – Request labs
    • HgA1c
    • LDL
    • Blood Pressure
    • SCr, INR, TSH, chem panel
  – Technician enter labs into Aprexis
  – Essential Elements for WPQC Data Analysis
Pre-Visit Investigation

• Review
  – Medications (Dispensing System, Aprexis)
    • Technician can enter instructions/indication and prescribers into Aprexis in advance of review
  – Medical History/Diagnoses
    – Reverse differential diagnosis
  – Labs/Vitals
  – Allergies
  – Immunization History
    – Can check WIR to obtain info
  – Gather patient handouts
Pre-Visit Investigation

• Identify Drug Related Problems
  (Use clinical toolkits, guidelines, resources on web-portal)
  – Adherence
  – Device Instruction
  – Therapy Optimization
    • Medication Additions
    • Medication Deletions
    • Dose/Dose Form/Duration Changes
    • Cost Effectiveness Opportunities
  – Review clinical question set in Aprexis consult
Pre-Visit Investigation

• Organizing your investigation
  – Jot down initial thoughts
  – Create a tentative MAP and possible Level I interventions
    • You do not have to wait for a prescriber response to create the MAP
  – Use the MAP and notes as your “agenda” for the visit
Pre-Visit Investigation

• Aprexis Queue
  – Review Clinical Level I Pushes
  – Responding to Pushed Clinical Service Opps

<table>
<thead>
<tr>
<th>Asthma</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy Optimization—Add Controller</td>
<td>Add ACE/ARB</td>
</tr>
<tr>
<td>Therapy Optimization—SABA Overuse</td>
<td>Add Statin</td>
</tr>
<tr>
<td>Asthma Controller Non-Adherence</td>
<td>Diabetes Non-Adherence</td>
</tr>
</tbody>
</table>
Pre-Visit Investigation

• Aprexis Queue
  – Review Clinical Level I Pushes

<table>
<thead>
<tr>
<th>Heart Failure</th>
<th>Geriatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase Dose Beta Blocker</td>
<td>Recommend Discontinuing Potentially Inappropriate Medication</td>
</tr>
<tr>
<td>Increase Dose ACE/ARB</td>
<td></td>
</tr>
<tr>
<td>Switch to FDA HF Approved ARB</td>
<td></td>
</tr>
<tr>
<td>Heart Failure Non-Adherence</td>
<td></td>
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</tbody>
</table>
Fast Forward:
Utilizing Technology to Maximize Efficiency

Pre-Consult Information to Enter/Review in Aprexis

<table>
<thead>
<tr>
<th>Information</th>
<th>Task Owner/Reviewer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication of task completion</td>
<td>Tech</td>
</tr>
<tr>
<td>Medication directions/indications</td>
<td>Tech/Pharmacist</td>
</tr>
<tr>
<td>Labs/Vitals</td>
<td>Tech/Pharmacist</td>
</tr>
<tr>
<td>Immunizations/Allergies</td>
<td>Tech/Pharmacist</td>
</tr>
<tr>
<td>Level I Pushes</td>
<td>Pharmacist</td>
</tr>
<tr>
<td>Level II (CMR/A) Consult</td>
<td>Pharmacist</td>
</tr>
</tbody>
</table>
Questions?

On your mark...get set.....GO!!!