BE THE “BOSS OF THE ROAD”: TIME MANAGEMENT: EQUATION FOR WPQC SUCCESS

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Objectives

• Assess MTM workflows to identify rate limiting steps
• Delegate
• Conducting CMR/A: importance of maintaining efficiency during visit
• CPAs
Time is what we want most, but what we use worst

-William Penn

(who never drove a Ford but would have if cars had been invented earlier)
Scenario

You are a newly hired WPQC champion. The purpose of your role is to expand the current WPQC program at the pharmacy practice site. The pharmacy is committed to providing MTM but has struggled to implement the program.
Scenario

You talk to the pharmacy owner and the pharmacy staff members about their current challenges associated with the WPQC MTM program at the pharmacy

1. Pharmacy staff members response: “We don’t have enough time”

2. Owner’s response: “It doesn’t make enough money”
Scenario

After hearing this feedback you decide your task is easy. You simply need to do one the following:

a. Create more time (awesome idea—but can’t be done)

b. Charge for WPQC services that are not being performed (there may be legal ramifications for this choice)

c. Stay within the space-time continuum (i.e. use the time you have) but make the pharmacy’s WPQC processes more efficient to increase sustainability

d. All of the above

Answer: C!!!
Scenario

Before embarking on assigning roles, standardizing workflows and processes, and delegating tasks, you decide the first step is to determine the current workflows related to WPQC activities. You meet with the main pharmacist and technician who perform the majority of WPQC tasks to find out more information.
Disclaimer!

All staff member names are hypothetical and are not based off the true story of any WPQC participants or pharmacies.

However....this example has been compiled from site visits and scrambled to create a hypothetical WPQC pharmacy and staff so it’s loosely based on reality.
Scenario

Information Collected from Gail, the MTM pharmacist

– Identifying opportunities
  • Calls patients on her admin days (one every 3-4 weeks) to recruit or if she remembers when she’s counseling.
  • Checked the Aprexis queue once but didn’t see any pushes and she can’t remember her log-in info.
Scenario

• Information Collected from Gail, the MTM pharmacist
  – Performing the service
    • Sits down with patient during overlap (Mon 12-3) or during admin day. If patient can’t come during those times, she forgoes the opportunity.
    • Spends on average 60 min face-to-face with patient but will spend 1.5 hours for complex patients (or if she ends up interrupted during her visit).
    • Interested in visiting patients at their home but owner says it’s too time-intensive.
Scenario

Information Collected from Gail, the MTM pharmacist

- Documenting
  - Using Microsoft Word templates for Medicaid patients
  - Average documentation time is 1 hour, sometimes it’s more

- Recommendations to providers
  - Tries to follow up with prescribers she faxed recommendations to or asks the tech, Todd, to re-fax/call
Scenario

Information Collected from Gail, the MTM pharmacist

– Billing
  • Uses WPQC Medicaid billing form and puts in patient’s manila folder
  • Delegates actual billing to Todd

– Reconciliation
  • Todd performs this activity
Scenario

Information Collected from Todd, the technician:

- Identifying opportunities
  - He isn’t involved because he isn’t sure who’s eligible or Gale’s availability for performing CMR/As

- Pre-Visit Workup
  - He contacts the patient’s clinic for labs when instructed by Gale

- Recommendation to Providers
  - Gale does the follow-up
Scenario

– Billing
  • He does all MTM billing in ForwardHealth Portal. He’s the only one trained and he usually does it when he randomly has downtime.
  • He mentioned that if an e-script is sent in response to a recommendation they often don’t catch this billable opportunity.
  • He thinks it’s really time consuming to hunt through the manila folders for the billing forms.

– Reconciliation
  • Todd has no idea what this process is or how to do it.
Question

Do any of these workflows sound like the WPQC MTM practices at your pharmacy?
If any of the below steps fail, the MTM program fails

- Patient Identification
- Patient Recruitment
- Pre-Visit Workup
- Conduct the Visit
- Post-Visit Documentation
- Bill for WPQC services
- Reconcile Claims

Not executing or being inefficient in any of these steps results in either the MTM service not being performed, the MTM service taking too long, or not receiving payment for an MTM service already performed. All of these examples prevent success and sustainability.
Collective Brainstorming

If you were the WPQC champion, what changes would you make to improve the execution of WPQC at this pharmacy?

Reflect on the following:

a) What tasks are being performed inefficiently?

b) What tasks are not being performed?

c) What tasks could be delegated and/or standardized?
# Potential Solutions

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<thead>
<tr>
<th>Step in Workflow</th>
<th>Problem</th>
<th>Solution</th>
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<tbody>
<tr>
<td>1. Patient identification</td>
<td>Only 1 team member (pharmacist) involved; technician capable of performing this task; not utilizing Aprexis; inefficient.</td>
<td>1. Train technicians how to identify patients and incorporate identification flags into standard pharmacy workflow. 2. Check Aprexis for pushed opportunities on a regular basis.</td>
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<tr>
<td>2. Patient recruitment</td>
<td>Only 1 team member (pharmacist) involved; technician capable of performing this task; inefficient.</td>
<td>1. Train technicians how to recruit patients and refer back to the pharmacist, if necessary.</td>
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<td>3. Pre-visit workflow</td>
<td>Not standardized; no clearly defined tasks.</td>
<td>1. Standardize communication process and assigned duties.</td>
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<td>4. Conducting CMR/As</td>
<td>Visits take too long; inefficient (unstable ROI)</td>
<td>1. Train pharmacist to stick to a specified amount of time. 2. Address lower priorities at f/u visits.</td>
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<td>6. Billing</td>
<td>Not all performed services being billed; loss of revenue.</td>
<td>1. Standardize process. 2. Make billing forms readily available. 3. Periodically review patient Rx files to catch e-scripts sent in response to approved recommendations. 4. Schedule billing time.</td>
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<td>7. Reconciliation</td>
<td>Task not being performed; Loss of revenue!</td>
<td>1. Assign ownership of task to knowledgeable individual. 2. Schedule reconciliation time.</td>
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Implementing Solutions

The WPQC Champion implements changes over the next three months. The following results occur:

– Staff understand their roles and responsibilities and are less stressed about MTM activities.
– Pharmacy owner is pleased because additional services are being performed, billed for, and reimbursed.
– Streamlining workflows allows for the pharmacy to focus on MTM expansion.
Additional Time Management Tips

• Maximize use of Technology
  – Apréxis identifies patients, facilitates documentation and billing.
  – Use the platform REAL TIME instead of going back in after the patient leaves to record answers/data!
  – Become comfortable with the features & functions available.
  – Rely on the workflow queues in the system to organize your activities.
Additional Time Management Tips

• Visit Length: Train and educate pharmacists to keep CMR/As to a specified time length to promote MTM sustainability.
  – Set clear time expectations.
    • When scheduling appointments, when starting visit.
  – Prioritize patient concerns and problems.
    • If time runs out, pick up where you left off at a future follow up visit!
  – Clearly communicate expectations to see the patient again at the conclusion of visit: Schedule follow-up visit!
Additional Time Management Tips

• Marketing to Providers
  – Generates Referrals/additional business

• Create Collaborative Practice Agreements
  – Increases time-efficiency for both pharmacy and provider
Questions?