


Flip the Pharmacy's focus is caring for patients in an appointment-based clinical model

by Jayne Cannon

A Practice Transformation

Gates Pharmacy's Kaitlyn Sullivan checks a patient's blood pressure.


DOMAIN ONE



OCTOBER
1

Leveraging the Appointment-Based Model

DOMAIN TWO



Improving Patient Follow Up and Monitoring

The voice on the phone sounded panicky.

She'd been a longtime customer until she switched insurance companies and was forced into mail order. The night before, she said, she'd gone to fill her pill organizer and couldn't find the bag with what was left of her three-month supply of maintenance medications.

She called her insurance company, explained her predicament, and asked if they could send her meds a month early. The answer was no. She asked what she should do and the person she talked to told her to contact her doctor to see if they had samples. Otherwise, they said, she would have to wait a month for her refill package.

Her doctor had no samples, she said. She then apologized for calling a community pharmacist. "I'm embarrassed to call you," she said. "I just didn't know where else to turn."

The pharmacist quickly assured her that he'd take care of it, and less than 20 minutes later, he called her back to say her medications were ready for pickup. He'd simply called her physician and got permission to do a 30-day refill.

This story isn't about a pharmacist who saved the day. Instead, it's a story that goes straight to the heart of the need for community pharmacy, says Randy McDonough, the Iowa pharmacy owner who serves as

director of practice transformation for Flip the Pharmacy. It's an initiative launched in 2019 that aims to transform pharmacy practice from one centered on dispensing medication to one centered on patient care over time.

"The importance of the relationship between patient and community pharmacist – that is being lost with mail order," McDonough says. "Flip the Pharmacy is all about transforming the practice to focus on patient care to ensure patients are optimizing their medications. It's all about the pharmacist-patient relationship."

HOW IT STARTED

In June 2019, the Community Pharmacy Foundation and CPESN® USA announced a five-year partnership to change community-based pharmacy practice. The idea began to form a few months earlier, at a CPF board meeting. Anne Marie Kondic, the foundation's executive director, described it as "a ray of light in a pretty dark environment." Board members knew the value that community pharmacists bring to their patients but needed a mechanism to show that value to a greater audience – and to get paid for it.

Instead of just talking about the need for transformation, the Flip the Pharmacy project was created to be a hands-on learning process where pharmacies could work with a curriculum focused on key elements designed to move from a traditional prescription-filling, single-transaction



model to a pharmacist-patient relationship that is economically viable and scalable, supported by coaches. It was, Kondic says, a big idea, the biggest by far in the foundation's 20-year history. In August, the foundation board approved a \$3.3 million grant to fund the Flip the Pharmacy initiative, and, 20 practice transformation teams (representing more than 500 pharmacies) were chosen to be part of the project's first cohort. What started as a discussion in February became a reality when the program started Oct. 1. CPESN has partnered with CPF to serve as the coordinating center for Flip the Pharmacy.

"It was fast, and it was a big lift," Kondic says. "We picked 20 teams and we had more interest than we could accommodate for the first group."

A second cohort will be chosen this summer. But some pharmacies didn't want to wait. Eight additional teams were so enthusiastic that they found funding elsewhere. So, the original vision was for 20 teams but there are actually 28 pharmacy teams in the first cohort.

The strong show of interest told Kondic that the time was right for the idea of practice transformation.

DOMAIN THREE

Developing New Roles for Non-Pharmacist Support Staff

DOMAIN FOUR

Optimizing the Utilization of Technology and electronic Care Plans

DOMAIN FIVE

Establishing Working Relationships with other Care Team Members

DOMAIN SIX

Developing the Business Model and Expressing Value

HOW IT WORKS

The two-year experience focuses on six “domains,” or areas of change. Over 24 months, the pharmacy works on measurable goals with each domain. By the end of the two-year program, the incremental changes will add up to a true practice transformation, says McDonough, who is the Flip the Pharmacy director of practice transformation.

The domains are:

- Leveraging the appointment-based model.
- Improving patient follow up and monitoring.
- Developing new roles for non-pharmacist support staff.
- Optimizing the utilization of technology and electronic care plans.
- Establishing working relationships with other care team members.
- Developing the business model and expressing value.

With the completion of each domain, the pharmacy is moving toward a patient-centered practice, McDonough says. In the first domain, for example, pharmacies create a robust medication synchronization program. But within that goal are many smaller goals. Making small changes and doing them every day makes transformation easier, he adds.

“You have to start somewhere,” McDonough says. “Something is better than nothing.” Moving to an appointment-based model means that technicians must work to the top of their job scope, which frees up a pharmacist’s time to work directly with patients. Efficiencies in the pharmacy must be improved, and that includes smart use of staff and technology, McDonough says, so over time, practices are transformed and so are employees.

Attitude is also important, McDonough says. Bruno Tching, a

pharmacist and CEO of Inland Pharmacy in Hemet, Calif., and a Flip the Pharmacy coach, agrees.

“For a lot of employees, the mindset is still ‘Fill,’” Tching says. “This is a barrier we have to overcome.” It comes down to this: nationwide, about 70 percent of health care spending comes from patients with two or more chronic illnesses. In the average pharmacy, about 83 percent of prescriptions are filled for these patients. The business model has been to fill those prescriptions almost in a vacuum with no context for the past or future. By transforming the traditional pharmacy model and working with patients to manage those conditions, money is saved, and patients are healthier, McDonough says.

“In many ways, it’s just doing more of what we already do,” Tching says. “We have so many touch points with our patients. They come in and ask us what to do about a rash, their eye, some problem they’re having. They already turn to us. We’re already triaging patients. We need to document the care. Flip the Pharmacy helps us keep on track with the changes you have to make.”

OFF AND RUNNING

Pharmacies must prove their value in the marketplace, and a big part of that is documenting the care they provide using the Pharmacist eCare Plan. The 570 pharmacies in the Flip the Pharmacy program submitted some 85,000 care plans between Oct. 1, 2019, and Feb. 25, 2020. In the same time period, 18,000 blood pressure checks were done.

“We have always said that community pharmacists are having an impact on patient care, but we did not have the documentation that this was actually happening,” McDonough says. “Now that pharmacists are documenting their patient care activities and

submitting their care plans, we have a story to tell and it is a compelling story. Community-based pharmacists have access to patients and are capable of providing enhanced services. We can now go to payers and say, ‘We can do this.’ This is a powerful statement.”

Change is always hard, he says, but for community pharmacy today, change is imperative.

“Times have changed,” McDonough says. “If we don’t change, we’re not going to survive.” ■

Jayne Cannon is NCPA director of communications.

Looking ahead

The application period for pharmacies to join the second Flip the Pharmacy cohort will open this summer, but pharmacies that want to get started on practice transformation sooner can find all the program information at flipthepharmacy.com under “Access Change Packages.” The information is free. “You won’t have the coach, but at least it’s a start,” McDonough says.

Follow Flip the Pharmacy on Facebook (www.facebook.com/FlipthePharmacy/) and Twitter (@flipthepharmacy).

Sign up for the updates at the Flip the Pharmacy website at www.flipthepharmacy.com. A variety of social media posts are available at “Latest News” on the Flip the Pharmacy website as well.

Over the next several pages, we share stories from several pharmacists “flipping” their pharmacies toward a clinical appointment-based health care model. They are **Eklavya Lalwani**, pharmacist, CPESN luminary and owner of Olden Pharmacy in Hamilton, N.J.; pharmacist and CPESN luminary **Bruno Tching**, owner of Inland Pharmacy in Hemet, Calif.; and **Amanda Harmon**, CPESN luminary and staff pharmacist at Gates Pharmacy in Mt. Airy, N.C.

A game changer for community pharmacists

by Chris Linville

For pharmacists who were part of the first group of businesses who began the Flip the Pharmacy initiative last fall, they see it as a game changer.

“The transformation is a gradual process. There are a lot of things about the pharmacy that have to change,” says Lalwani. “We can’t just keep filling prescriptions and hoping that our businesses will be fine. It’s not going to happen. The reality is we have to re-invent ourselves so we can improve our revenue. Being involved with a clinical program with CPESN is the best way to do it.”

Tching says he’s already seeing the differences the program is making.

“The little steps that we are taking to improve patient outcomes, it’s because of this transformation,” he says. “Without the transformation, how often are you applying clinical principles? You aren’t. You are just in a rut of selling prescriptions. With Flip the Pharmacy we feel like we have a positive impact for patients. We’re taking things that we already know and taking it further to practice at the top of our license.”

The Flip the Pharmacy program kicked off in October with the first of

six, monthly change packages, each consisting of a different domain (see pages 28-29), and a focus on hypertension. The sixth domain, which concluded in March, completes the first quarter, or progression, of the two-year initiative.

Pharmacists say they appreciate Flip the Pharmacy’s incremental approach, as opposed to having everything thrown at them at once.

“The first change packet was for medication synchronization — they want your pharmacy to engage in that type of practice, and start submitting the care plans,” Tching says. “Then in the following change packet they wanted you to start collecting blood pressure and patient goals. They just added little by little to each subsequent change package, with the intent to get you to change into an appointment-based model, where you are essentially operating by calendar.”

Harmon has 15 years of experience in long-term-care and is board certified in geriatrics. She is also certified in advanced diabetes management, and runs a diabetes education class at the pharmacy. Flip the Pharmacy fit relatively seamlessly into the store.

“With my background as a clinical director, I’m used to implementing programs,” Harmon says. “They have made it fairly easy for anyone to be able to follow the step-wise approach. Each month kind of builds on the previous month. I felt like we eased into it, gradually building one step on top of another.”

GETTING STAFF BUY-IN

Many pharmacists admit that they can be control freaks, trying to micro-manage everything. Lalwani admits he’s been that way at times.

“I’ve had my share of those situations where I say ‘I’m going to do this, and this, and that,’” he says. “But there’s only so much time in a day and you can’t try to do everything. In domain three they talked about having huddles with your staff, and we actually did that. We would spend five minutes in the morning and have a huddle and go over everything. I would tell them this is what I would like to accomplish today. So get other staff involved, and delegate to other members of your pharmacy team.”

Harmon says that each month when she received the change package, she would share it with two technicians who are helping with the program.

“I get their ideas and feedback on the change package and then we talk through what our main goals are that we want to accomplish each month,” she says.

Harmon says that the front-end staff help fill out customer questionnaires related to hypertension, and have been trained and certified to do blood pressure checks. If a patient’s numbers are elevated, the pharmacist is notified.

“The whole staff has been wonderful,” Harmon says. “Personally, we benefit from providing services to our patients. You don’t know whose life you are going to save by implementing these programs, but if you can make a difference in one person’s life by checking BP and preventing a stroke, that’s huge. I think it’s a great benefit for all pharmacies to offer any type of additional service to their patient.” ■

Chris Linville is managing editor of *America’s Pharmacist*®.

Document, document, document

If a pharmacy cuts down a tree in the forest and nobody is around, does it make a sound? Okay, maybe a silly analogy. How about this – if a pharmacy provides all sorts of innovative and creative clinical services for its patients but doesn't write it down, did it really happen? In the minds of some potential payers, it didn't.

The Pharmacist eCare Plan is the interoperable standard for recording clinical services. A growing number of technology vendors offer care plans, which conform to the same rules for physician electronic health record (EHR) interoperability. Therefore, data contained within the Pharmacist eCare Plan can be exchanged between systems, allowing the work done by pharmacists to be seen by the patient's physicians and care managers if the EHR their practice uses has adopted the technology. If not, it can still be sent as a .pdf, or similar format.

"It's been pretty instrumental; it forces us to have massive patient documentation," says Tching. "Plans are looking for ways to reduce their medical spend. If plans have a working relationship with us to do this, how do they know



Bruno Tching, owner of Inland Pharmacy in Hemet, Calif., says Flip the Pharmacy's focus on documentation not only appeals to payers but also helps with internal patient care initiatives.

that we are actually doing the work? Are they just looking at the drugs that we fill? We could be dispensing it but the patient might not be taking it. How do they know that we are actually doing the work? We are able to answer with a care plan. It's important for everyone to understand the utilization of care plans as a way to aggregate data to show payers what we are capable of doing and producing positive outcomes."

Recognizing trouble, improving outcomes

It may sound like a cliché, but it's true that pharmacists are the most accessible health care professionals. When they see patients on a regular basis, pharmacists can spot potential health issues and intervene before it becomes potentially serious. They can also help others who simply want to improve their health.

Harmon recalls a woman in her 50s coming into the pharmacy. It was clear that she was under a lot of stress, and her elevated blood pressure reading confirmed that.

"I talked to her and discovered that she hadn't been taking blood pressure medications correctly," she says. "I called her doctor's office and made them aware of that, then went over her medicine with her and made sure she knew how to take it correctly. She took it very seriously and went to see her doctor. They did have to increase her blood pressure medicine just to get it down into non-stroke territory. But those are the kind of things we can learn by talking to our patients."

Tching recalls a new patient enrolled in his med sync program, a male in his 50s who was overweight and had issues with hypoglycemia related to diabetes. Tching also learned the patient had a cardiac history.

"I would not have known all that if I had not interviewed him a bit more, and collected vitals and his health background," he says. "Typically that isn't done in a retail setting, collecting that kind of information."

Tching was looking for a way to bring the patient's hypoglycemia under control and hopefully address the cardiac issues. The patient was taking metformin and the doctor wanted to add a sulfonylurea, which Tching says he rarely sees these days. So he spoke to the patient's doctor, who agreed to prescribe an oral medication that had some cardiac benefits.

"Now the patient is not subject to hypoglycemia, and has a drug that also provides cardiac benefits, plus

“It’s been pretty instrumental; it forces us to have massive patient documentation.”

“It’s been the focus of the entire program, right from the get-go,” says Lalwani.

Lalwani points out that that having the ability to share data with other health care practitioners enhances opportunities to work collaboratively.

“It’s great that we are doing all of this work, but if nobody else knows that we’re doing it, you aren’t getting credit for it, but most importantly physicians and nurse practitioners don’t know who their problem solvers can be,” he says. “So we are explaining to our local practitioners what we are trying to accomplish and how we are trying to do it.”

Harmon provides some insights into the care planning process. “The core of it is to make sure that when we have interactions with patients that we are actually entering the SNOMED codes,” she says. “Those codes are required

when you transmit to a company that is going to be a payer. You need it to get paid.”

For example, to get a code for hypertension education, Harmon would type that in and it automatically prompts the SNOMED code. Codes mean that everyone performing the service call is the same thing and the payer doesn’t have a dozen free text variations (such as htn ed, HTN EDU, etc.) “You don’t have to memorize any numbers,” she says. Additionally, Harmon can enter information about the interaction with the patient, vitals, and education provided.

Tching also says the care plan provides useful functionality. “With the care plan you have to be more cognizant when you are doing it – because you are documenting it,” he says “Am I choosing the right codes? Does it make sense? It’s helped us review charts a little better. Flip the Pharmacy kind of melds with the other things we are trying to achieve in the pharmacy. We are trying to roll out our diabetes self-management education program, and reviewing charts could help us identify good candidates for that program. Having Flip the Pharmacy address an appointment-based model helps create an atmosphere leaning more toward the clinical side of pharmacy. It has really helped in that sense.” ■ **Chris Linville**

the drug that we got him changed to was a combo pill,” Tching says. “We improved his compliance, we reduced the number of pills he had to take, and we reduced the potential side effects, and that falls in line with the patient’s aspiration to improve his diabetes management. These are the things we can do when you are flipping your pharmacy to clinical from retail.”

Lalwani says he had a pharmacy rotation student from Fairleigh Dickinson University assisting with his Flip the Pharmacy efforts. One Saturday, one of his med sync patients came in and Lalwani asked the student to sit down with the patient and basically do a brown bag review and explain what all the medications were. Lalwani thought it would be a good practical exercise.

“The patient said he was so happy that somebody wanted to sit down and do this with him, because his doctor doesn’t have time for him.”

In the meantime, Lalwani went back to work, and a short time later looked up and saw that the patient was in tears. Concerned that something was wrong, he went over and asked if everything was OK.

“The patient said he was so happy that somebody wanted to sit down and do this with him, because his doctor doesn’t have time for him, and there’s nobody that he knew who was willing to help him with his

prescriptions and provide any guidance with his health,” Lalwani says. “He said, ‘I’m just so thankful that you guys want to do this.’”

Reflecting on that moment, Lalwani says, “I realized how much of an affect that pharmacists can have on health outcomes and overall health experiences. I realized that whatever I was doing was right.” ■ **Chris Linville**

Get in sync

Another foundational aspect of Flip the Pharmacy is med sync. Harmon says Gates Pharmacy has about 1,000 patients in its med sync program. Many, but not all have hypertension, which is the domain's focus.

"Part of Flip the Pharmacy is finding ways to identify and work with those hypertension patients," she says. "How can we do that and do that effectively with med sync?"

Harmon says Gates Pharmacy's program enlists technicians who call patients prior to prescriptions being prepared. During those calls the technicians have a form with hypertension questions.

"We'll ask if the patients have missed any medications in the past 14 days, or if they have any issues with their medications," Harmon says. "Do they know their goal blood pressure? How often do they check their blood pressure? Do they write it down? Do they smoke?"

Whatever questions that weren't answered in the initial call are completed by the front-end staff when the patient comes to pick up the medications.

"We've also developed a tool to hand to the patient that tells them the risk of high blood pressure, along with smoking cessation information," Harmon says. "And on the back of the tool we have a blood pressure log. When

"Part of Flip the Pharmacy is finding ways to identify and work with those hypertension patients."

we check their blood pressure, we document that on their log and give it to the patient to take with them to their doctor."

Tching says his business has been practicing med sync for years.

"It's an efficient method to keep track of patients, and reduce the burden of deliveries and calls," he says. "It helps us isolate problems hopefully before they occur, such as dose changes, or drug discontinuations, things like that. The idea is just to be able to keep track of where patients are. When you have things streamlined like that, it opens up time. Because now you know where your patients are scheduled, or who I have to call, and then you can see openings in your schedule where you can engage in other activities."

For Tching, anything that can make the pharmacy run more smoothly is the objective. "My goal is always to try and make things more efficient, and spend time working

All teams need good coaching

All teams need good coaching. Every team can use a good coach to help guide it and lead it toward a successful outcome, and that's certainly true with the Flip the Pharmacy initiative. The program has named a number of practice transformation coaches who develop close relationships with participating pharmacies. They engage in frequent on-site visits to share data coming from the participant pharmacy's patient care activities and provide insights and feedback on workflow, care

processes, and business modeling.

Pharmacist and CPESN luminary Beth Bryan, owner of Surgoinsville Pharmacy in Surgoinsville, Tenn., stays busy running her own business. But she also donates her time working as a coach to help guide pharmacies toward their objectives with Flip the Pharmacy.

"I have a set number of pharmacies that I contact and visit each month to go over the Flip the Pharmacy goals for the month," she says. "I am available anytime by phone or email to help. The goal over the two-year span is to transform the practi-

es from a fill-centric practice to a patient-centric practice. This means that our practices revolve around the patient and their outcomes instead of processing or filling prescription medications. It is such an important initiative as community pharmacists because we can offer so much more than pills in a bottle."

Bryan says that a pharmacist's skill and knowledge base can provide immense patient benefits and help fill gaps in health care.

"I see it every day," she says. "A patient gets a new diagnosis at the doctor's office and is sent home with



Photo by Ann Katherine's Photography

intelligently,” he says. “The sync is crucial to that because it helps address multiple things. With the calls we are able to identify changes in drug therapy that may have occurred since the last fill.”

Lalwani admits his store’s med sync program left a bit to be desired prior the Flip the Pharmacy.

“It wasn’t well established; we had maybe 30-40 patients,” he says. “It became a cat-and-mouse game because patients would get unsynced and then you would try to sync them back. We would get frustrated.”

With the Flip the Pharmacy model in place to provide structure, things are turning around. “We have about 400 patients synchronized,” Lalwani says. “The phones don’t ring as much anymore, because the patients have their

Gates Pharmacy staff pharmacist and CPESN luminary Amanda Harmon speaks with a patient.

medications. We’re not 100 percent there, but the mindset has changed because the staff is thinking about chronic patients and getting them synced. The customers love it too because they believe you are taking the time to stay on top of their prescriptions, taking something off of their plate. They typically are not going to get that service at a chain. It’s another way we can build that relationship with our customers.”

It also frees up time for other important tasks, such as managing inventory. “You have time to accomplish all these tasks and it’s not just constantly filling and filling,” Lalwani says. “It’s because everything is organized.” ■

Chris Linville

a pad of new prescriptions. They leave confused, concerned, and with a list of questions in their head.”

Bryan says pharmacists can help alleviate patient concerns by counseling them on their newly diagnosed conditions and medications.

“They need to know how to monitor their conditions and manage their medications, and how to decrease numbers such as glucose and blood pressures,” she says. “The more involved we get in programs such as Flip the Pharmacy, the better patient outcomes we are seeing. That’s why practice transformation is crucial, and

we have to have the time to spend with the patients. We aren’t given more hours in the day, so we create more time by transforming the practices and using our time more wisely. We use things like medication synchronization so that we have more control over when we are filling monthly prescriptions so we can create clinical time to spend on patient outcomes.”

Bryan points out that Flip the Pharmacy’s emphasis on documenting clinical care is extremely important to payers. “Because with the data we are collecting, we can actually prove patient outcomes,” she says. “Better patient outcomes equals better

spending of health care dollars and huge savings to health care payers.”

Bryan was asked what her “elevator speech” would be to a potential payer. Here’s her answer: “If I told you that I have a group of independent pharmacies with proof that they can save you money and improve your patient outcomes by lowering hospital readmission rates, decreasing non-routine office visits, and increasing patient adherence, would you be interested? When would be a good time to sit down to discuss how to make this happen?” ■

Chris Linville