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October 28, 2019

Dear NV State Board of Pharmacy Members,

I am submitting this letter of request to provide Medication Therapy Management (MTM) services to patients as part of the Dignity Health, Quality Technical and Assistance Center (QTAC) initiative to incorporate pharmacists into patient-centered team-based care. I would like to request an appearance before the Board at the December 2019 meeting for review of services provided. The pharmacy services are provided at alternate sites than a licensed pharmacy, I am including the following details as requested per NAC 639.403 sections (a) through (k):

(a) The name of the pharmacist:
KayLynn Bowman, PharmD, MS, MEd

(b) A description of the services that the pharmacist intends to provide at the site;
MTM pharmacy services provided to patients with chronic disease states including, but not limited to, Diabetes, High Blood Pressure, High Cholesterol and Congestive Heart Failure. Services will include collection of patient demographics, social history, health history, medical conditions, allergies, immunization history, available lab work data, medication and non-medication history.

Services Provided Include:

Poly-pharmacy, medication optimization, medication adherence are addressed during each visit. Pharmacist consultations as requested. Group classes on healthy heart, DSMES services, Medication Management, Fall Prevention, Smoking Cessation, Exercise, Diet and Nutrition. Dignity Health Quality, Technical and Assistance Center (QTAC) disease management program initiatives. Medication Reconciliation: Along with reduction of CHF 30-day readmissions.

(c) The location at which the pharmacist will provide the services;
Clark County:

Dignity Health and Wellness Centers

Green Valley Center: 2651 Paseo Verde Pkwy, Suite 180, Henderson, NV 89074

West Center: 7220 S. Cimarron Rd, Suite 195, Las Vegas, NV 89113

Henderson Center: 98 E. Lake Mead, Suite 301, Henderson, NV 89015

North Las Vegas Neighborhood Hospital Wellness Center: 1550 W. Craig Rd, Ste 250, NLV, NV 89032

West Flamingo Neighborhood Hospital Wellness Center: 9880 W Flamingo Rd, Ste 220, LV, NV 89147

Blue Diamond Neighborhood Hospital Wellness Center: 4855 Blue Diamond Rd Ste 220, LV, NV 89139

Churches:

Church of Christ: 2626 N Martin L King Blvd, North Las Vegas, NV 89032

Grace Temple Ministries: 721 W McWilliams Ave Las Vegas, NV 89106

Nye County:

Nye Communities Coalition: 1020 E Wilson Rd, Pahrump, NV 89048

(d) An identification of the types of patients or other persons to whom the pharmacist intends to provide the services;

Patients with chronic disease states, including diabetes, and high blood pressure, and patients that are located in urban and rural underserved areas. Patients identified from underserved populations within traditional African-American churches.

(e) An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services;

Dignity Health and Wellness Centers, Nye Communities Coalition, Churches identified as located in underserved areas in Clark County.

(f) A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services;

Patient intake forms and paper charts, HealthIE Nevada electronic chart patient information, Dignity Health Wellness program participant information, LexiComp, Ovid, Global RPh, Up to Date, Pharmacist's Letter, and other evidence-based sources of medical information.

(g) The days and hours during which the pharmacist intends to provide the services;

Dignity Health Centers: Monday - Sunday by appointment

Nye Communities Coalition: Monday - Sunday Telehealth by appointment

Churches: Monday - Sunday by appointment

(h) An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable;

The pharmacist is available by appointment only, all referrals are submitted to the pharmacists and appointments are made for MTM services. There are no clinic hours maintained. When not available, patients will be provided contact information or leave a message for followup. In the case of an emergency, the patient will be directed to emergency services.

(i) An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided, including, without limitation, paper and electronic records;

Paper charting is stored on site at the Dignity Health Green Valley Center: 2651 Paseo Verde Pkwy, Suite 180, Henderson, NV 89074. If paper charting is collected off site, the charts are transported via combination locked filing case and transported to stored site location.

Patient information collection and MTM services will be documented utilizing the MTM Aprexis software on-line at Aprexis.com. A Business Associate Agreement is documented to comply with the requirements of the implementing regulations at 45 Code of Federal Regulations ("C.F.R.") Parts 160-64 for the Administrative Simplification provisions of Title II, Subtitle F of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

(j) Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy; and

The services provided are not affiliated with a licensed pharmacy.

(k) A description of the business plan for the services provided.

No business plan is needed. MTM services are covered by grant initiatives and objectives.

Please contact me if any additional information is needed.

Thank You,

KayLynn Bowman, PharmD, MS, MEd
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Community Healthy Hearts Initiative: Church parishioners with high blood pressure

Project Goal: To identify ten participants with high blood pressure for the enrollment in Medication Therapy Management (MTM) services provided by a licensed community pharmacist to include medication review, blood pressure measurement and education on reducing blood pressure through lifestyle choices and prescribed therapies.

Protocol:

1. Identify an underserved community church with ten parishioners that have self-identified as having high blood pressure to enroll and participate in MTM services.
2. Choose date and time to meet for MTM services to be provided at the community church location.
3. Each participant will receive a blood pressure monitor to monitor blood pressure and track readings for the specified time of the project. The pharmacist will educate the participant on the recommended method per American Heart Association (AHA) on measuring blood pressure. The participant will demonstrate knowledge by performing a self-administered blood pressure measurement. The readings will be tracked on the AHA blood pressure tracking form.
4. Each participant will receive education material on high blood pressure management, how to lower salt intake and the importance of blood pressure medication. A medication weekly reminder pill container will be given to each participant to encourage adherence to prescribed therapies.
5. Each participant will complete an MTM enrollment form for the purpose of completing a medication review with the licensed community pharmacist that will employ the following processes:
 - a. Understand the patient's personal medication experience/history and preferences/beliefs. Identify actual use patterns of all medication, including OTC, supplements, herbals, and prescribed medications.
 - b. Employ intensive patient education efforts aimed at addressing adherence, barriers, including a comprehensive understanding of why each medication is prescribed. Assess each medication for appropriateness, effectiveness, safety, and adherence. Focus on achievement of clinical goals for each therapy.
 - c. Document the opportunities that were addressed with the patient, including any gaps in therapy preventing optimal outcomes. Address financial barriers to adherence such as high drug costs by potentially switching to generics or less expensive formulary alternatives.
 - d. Develop a care plan addressing recommendations, including therapeutic changes needed to achieve optimal outcomes. Document the quality and safety of prescribing as part of the MTM intervention. Provide patient with a complete list of prescribed medications.
6. Return for a follow-up with participants on their blood pressure tracking forms, review medication adherence, and answer any questions regarding medication therapy.

7. Upon completion of followup appointment and review of blood pressure tracking form, the participants will be given the information on how to receive a heart healthy food basket as an incentive to continue healthy lifestyle choices.
8. The collected information (non-patient identified) will be submitted as part of the outcomes of the program. All materials will be in compliance with HIPAA privacy rules.

Participants Receive:

PMR - Patient Medication Review provides a patient with a complete list of their medications
 MAP - Medication Action Plan provides a patient-centered document containing a list of actions for the patient to track progress and self-management.
 Complementary Blood Pressure Monitor
 Weekly Pill Box Reminder
 AHA Blood Pressure Tracker Form
 Blood Pressure Management and Reduction Educational Material

References:

American Pharmacists Association; National Association of Chain Drug Stores Foundation. Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model. Version 2.0. J Am Pharm Assoc (2003). 2008;48:341-353.

Centers for Medicare & Medicaid Services. Medicare Part D medication therapy management (MTM) programs: 2018 fact sheet. Updated August 20, 2018. Available at: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/CY2018-MTM-Fact-Sheet.pdf>. Accessed January 21, 2019.

McInnis T, Webb CE, Strand LM. The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes, Patient-Centered Primary Care Collaborative, June 2012. Available at: <http://www.pcpcc.org/sites/default/files/media/medmanagement.pdf>. Accessed January 21, 2019.

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Medication Therapy Management Protocol:
Developed by: KayLynn Bowman, PharmD

1. Identify and recruit eligible patients that have not achieved clinical goals of therapy. Rely on hospital discharge, in addition screening for usual MTM criteria.
2. Coordinate care with network of providers and prescribers for referral of eligible MTM candidates and to make recommendations and discuss identified drug related problems.
3. Understand the patient's personal medication experience/history and preferences/beliefs. Identify actual use patterns of all medication, including OTC, supplements, herbals, and prescribed medications.
4. Employ intensive patient education efforts aimed at addressing adherence, barriers, including a comprehensive understanding of why each medication is prescribed. Assess each medication for appropriateness, effectiveness, safety, and adherence. Focus on achievement of clinical goals for each therapy.
5. Document the opportunities that were addressed with the patient, including any gaps in therapy preventing optimal outcomes. Address financial barriers to adherence such as high drug costs by potentially switching to generics or less expensive formulary alternatives.
6. Develop a care plan addressing recommendations, including therapeutic changes needed to achieve optimal outcomes. Document the quality and safety of prescribing as part of the MTM intervention. Provide patient with a complete list of prescribed medications.
7. Patient agrees and understands care plan which is communicated to care team (providers, prescribers) for his or her consent/support within 72 hours post-visit.
8. Follow-up evaluation with patients are critical to determine the effects of changes, reassess actual outcomes and recommend further therapeutic changes to achieve desired clinical goals/outcomes: allow 2 weeks for recommended therapy interventions, allow 1 month for evaluating patient-centered clinical/educational goals/outcomes.
9. Use efficient communication methods to convey medication recommendations to prescribers, including e-prescribing and electronic medical records.
10. Leverage all available data sources (EHR, registries, claim data) to determine whether gaps in medical care are present, including preventive care and maintenance related to the patient's specific medication condition.

Deliverables:

PMR - Patient Medication Review provides a patient with a complete list of their medications
 MAP - Medication Action Plan provides a patient-centered document containing a list of actions for the patient to track progress and self-management.
 Intervention and/or Referral - consultative services for pharmacy interventions for drug related problems.

Evaluation of Program Goals:

Therapy Goals are individualized based on measurable standards of care such as A1C, BMI, blood pressure etc. Economic measures include hospitalization prevention, emergency room visits eliminated, clinical visits avoided, fewer sick days used, and any impact on drug costs.

MTM is a reiterative process: Care is coordinated with other team members and personalized (patient unique) goals of therapy and understood by all team members.

References:

American Pharmacists Association; National Association of Chain Drug Stores Foundation. Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model. Version 2.0. J Am Pharm Assoc (2003). 2008;48:341-353.

Centers for Medicare & Medicaid Services. Medicare Part D medication therapy management (MTM) programs: 2018 fact sheet. Updated August 20, 2018. Available at: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/CY2018-MTM-Fact-Sheet.pdf>. Accessed January 21, 2019.

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Telehealth MTM Protocol:

1. Collaborate with Community Health Workers (CHWs) in identifying and recruiting participants with high blood pressure and/or high cholesterol in a rural, underserved community to engage in telehealth MTM services for medication reviews.
2. Nye County has been identified as a rural, underserved area with limited access to health services. CHWs recruit participants from the Senior Center, Americore and Diabetes DPP class. CHWs talk with participants by first utilizing an American Heart Association screening tool. Appointments are made using time blocks for audio/visual access.
3. Telehealth utilizes Vivyo technology that allows participants to communicate in real time with pharmacist in a private and secured line of contact. Any forms or labwork will be faxed to the Dignity Health, St. Rose, Green Valley (GV) Center: 2651 Paseo Verde Pkwy, Suite 180, Henderson, NV 89074, 702.616.4914 (office), 702.616.4909 (facsimile).
4. At the time of the appointment the CHW will act as a liaison between the participant and the pharmacist to collect/fax/coordinate meeting. Blood pressure of the participant is taken at the time of the appointment by the CHW. The CHW has been trained to take blood pressure and identify and respond to American Heart Association Hypertensive Urgency or Hypertensive Emergency.
 - a. Hypertensive Urgency: when blood pressure is 180/120 or greater, wait about 5 minutes and try again. If the second reading is just as high and participant is not experiencing any other associated symptoms (chest pain, shortness of breath, back pain, numbness/weakness, change in vision or difficulty speaking) encourage participants to seek healthcare provider advice on medication adjustment.
 - b. Hypertensive Emergency: if the blood pressure is 180/120 or greater and experiencing any of the associated symptoms ((chest pain, shortness of breath, back pain, numbness/weakness, change in vision or difficulty speaking) then this would be considered an emergency and call 9-1-1.
5. The participant will be provided an MTM enrollment packet to complete prior to the scheduled appointment. The packet includes video consent, demographic information, health history, social history, medical conditions, relevant health data, labwork results, medication list including prescription and non-prescription information. The packet will be faxed to the Dignity Health office selected for the Vivyo telehealth.
6. The MTM appointment follows the MTM protocol (attached).
7. Follow-up with patient may occur for future collection of data and recording of patient outcomes.

Medication Therapy Management Protocol:
Developed by: KayLynn Bowman, PharmD

1. Identify and recruit eligible patients that have not achieved clinical goals of therapy. Rely on Community Health Workers (CHWs), noted hospital discharge, in addition to screening for usual MTM criteria.
2. Coordinate care with network of providers and prescribers for referral of eligible MTM candidates and to make recommendations and discuss identified drug related problems.
3. Understand the patient's personal medication experience/history and preferences/beliefs. Identify actual use patterns of all medication, including OTC, supplements, herbals, and prescribed medications.
4. Employ intensive patient education efforts aimed at addressing adherence, barriers, including a comprehensive understanding of why each medication is prescribed. Assess each medication for appropriateness, effectiveness, safety, and adherence. Focus on achievement of clinical goals for each therapy.
5. Document the opportunities that were addressed with the patient, including any gaps in therapy preventing optimal outcomes. Address financial barriers to adherence such as high drug costs by potentially switching to generics or less expensive formulary alternatives.
6. Develop a care plan addressing recommendations, including therapeutic changes needed to achieve optimal outcomes. Document the quality and safety of prescribing as part of the MTM intervention. Provide patient with a complete list of prescribed medications.
7. Patient agrees and understands care plan which is communicated to care team (providers, prescribers) for his or her consent/support within 72 hours post-visit.
8. Follow-up evaluation with patients are critical to determine the effects of changes, reassess actual outcomes and recommend further therapeutic changes to achieve desired clinical goals/outcomes: allow 2 weeks for recommended therapy interventions, allow 1 month for evaluating patient-centered clinical/educational goals/outcomes.
9. Use efficient communication methods to convey medication recommendations to prescribers, including e-prescribing and electronic medical records.
10. Leverage all available data sources (EHR, registries, claim data) to determine whether gaps in medical care are present, including preventive care and maintenance related to the patient's specific medication condition.

Deliverables:

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MAP - Medication Action Plan provides a patient-centered document containing a list of actions for the patient to track progress and self-management.

Intervention and/or Referral - consultative services for pharmacy interventions for drug related problems.

Blood Pressure Tracking form: American Heart Association blood pressure tracking form

Evaluation of Program Goals:

Therapy Goals are individualized based on measurable standards of care such as A1C, BMI, blood pressure, cholesterol levels, etc. Economic measures include hospitalization prevention, emergency room visits eliminated, clinical visits avoided, fewer sick days used, and any impact on drug costs.

MTM is a reiterative process: Care is coordinated with other team members and personalized (patient unique) goals of therapy and understood by all team members.

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