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19A

July 20, 2020

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 at the Roseman Medical Group, the Clinical Practice of Roseman University of Health Sciences. I would like to request an appearance before the Board at the September 2020 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 at the site may include Roseman Medical Group medical residents and/or Roseman University of Health Science, College of Pharmacy student interns.

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 patient disease state education.

(c) The location at which the pharmacist will provide the services;
Roseman Medical Group, the Clinical Practice of Roseman University of Health Sciences
5380 S Rainbow Blvd #120, Las Vegas, NV 89118
Phone: 702-463-4040, Fax: 702-968-5681

(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, high blood pressure, and high cholesterol and located in urban and underserved areas of Southern Nevada.

(e) An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services;
Roseman Medical Group practice serves a wide variety of patients eligible for services living in Southern Nevada in urban and 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;
Roseman Medical Group EHI and charting, 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;
Rosmean Medical Group: Monday - Friday 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 utilizing the Roseman Medical Group appointment system. There are clinic hours offered during the month to be determined by appointment needs. When not available, patients will be provided contact information or leave a message at Roseman Medical Group Office Number 702-463-4040 and/or Pharmacist's mobile number 702-218-1456. 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;
Electronic medical records are stored and accessed through the Roseman Medical Group electronic medical records.

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

Please contact me if any additional information is needed.

Thank You,
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MTM Pharmacy Services, Consultant Pharmacist
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Roseman Medical Group Medication Therapy Management Protocol
Developed by: KayLynn Bowman, PharmD

1. Identification and referral of eligible patients from Primary Care Providers at Roseman Medical Group (RMG) that have not achieved clinical goals of therapy.
2. Coordinate care with RMG 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 patients with a complete list of prescribed medications.
7. Patient agrees and understands the care plan which is communicated through the electronic medical record to the care team (providers, prescribers) for his or her consent/support following the MTM appointment.
8. Follow-up evaluation with patients is 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 video/tele-communications 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 based on standards of care.

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.

Roseman Medical Group Medication Therapy Management Protocol
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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.

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.

Protocol Developed By:

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19B

Dear NV State Board of Pharmacy Members,

I am submitting this letter to request approval to perform work as a pharmacist at an off-site. I would like to request an appearance before the Board for review of my services at an alternate site other than a licensed pharmacy.

- Pharmacist Name: James H Kim, PharmD
- A brief description of the services the pharmacist intends to provide at the site:
 - **Site 1 – Hometown Health or Home**
 - Medication therapy Management services per Centers for Medicare & Medicaid Services per Requirements for Medication Therapy Management Programs (MTMP): Under 423.153(d) for a Part D sponsor
 - Managed Care Services
 - Formulary Management
 - Prior Authorizations review
 - Utilization management
 - Patient Safety Monitoring
 - Analysis of therapeutic outcomes
 - **Site 2 – Department of Human Health Services or Home**
 - My main role for DHHS is to oversee and provided reporting for the states Drug Transparency Program according to NRS 439B.630, NRS 439B635, and NRS, 436B.660.
 - This work includes but is not limited to reviewing Medicaid claims, Drug pricing, working with Pharma and drug manufactures to meet reporting guidelines.
- Location of sites:
 - Hometown Health – 10315 Professional Cir, Reno NV 89521
 - DHHS – 4150 Technology Way Carson City, NV 89706
 - Home – Address available upon request
- An identification of the types of patients or other persons to whom the pharmacist intends to provide the services:
 - Hometown health- Members of the insurance
 - DHHS – N/A
- An Identification of the types of pharmacies or other entities to whom the pharmacist intends to provide services with:
 - Site 1
 - Renown Health
 - Maxor Plus
 - Medimpact
 - Agadia
 - Sinfonia

- Site 2 – Not applicable
- A description of all resources –
 - Site 1 – A computer with VPN access to hometown health network. Access to Epic EMR, SQL servers for analytics, Medication Claims systems through PBMs. MTM platform through Sinfonia –Rx companion
 - Site 2 – A computer with VPN access to DHHS drug transparency program.
- Schedule:
 - Site 1 – MTM will only be provider during business hours 8-5 pm, All other work can be performed anytime
 - Site 2 – Anytime
- An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable:
 - Not applicable
- An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data:
 - Policy per HIPPA regulations for both sites
 - MTM information of be documented per RX companion software which meets all HIPPA regulations
- Services will not be affiliated with an adjunct of or otherwise related to a licensed pharmacy.

Thank You,

James Kim, PharmD