

Using Outcomes Pharmaceutical Health Care®

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P3 Pharmacy Student



What is Outcomes Pharmaceutical Healthcare[®]?

What do you already
know about Outcomes?

What is Outcomes Pharmaceutical Healthcare[®]?

- A company that has built a nationwide network of Personal Pharmacists that deliver MTM services to covered members.
- Outcomes:
 - contracts with sponsors to cover MTM services on behalf of one or more members.
 - compensates local Personal Pharmacists for the delivery of these services.
 - documents and reports the value of these services to contracted sponsors.



The Network

SPONSERS

- UPMC
- Carefirst
- Humana
- Others

PHARMACISTS

- Giant Eagle
- Chains
- Ind. Pharm.
- Others

Members



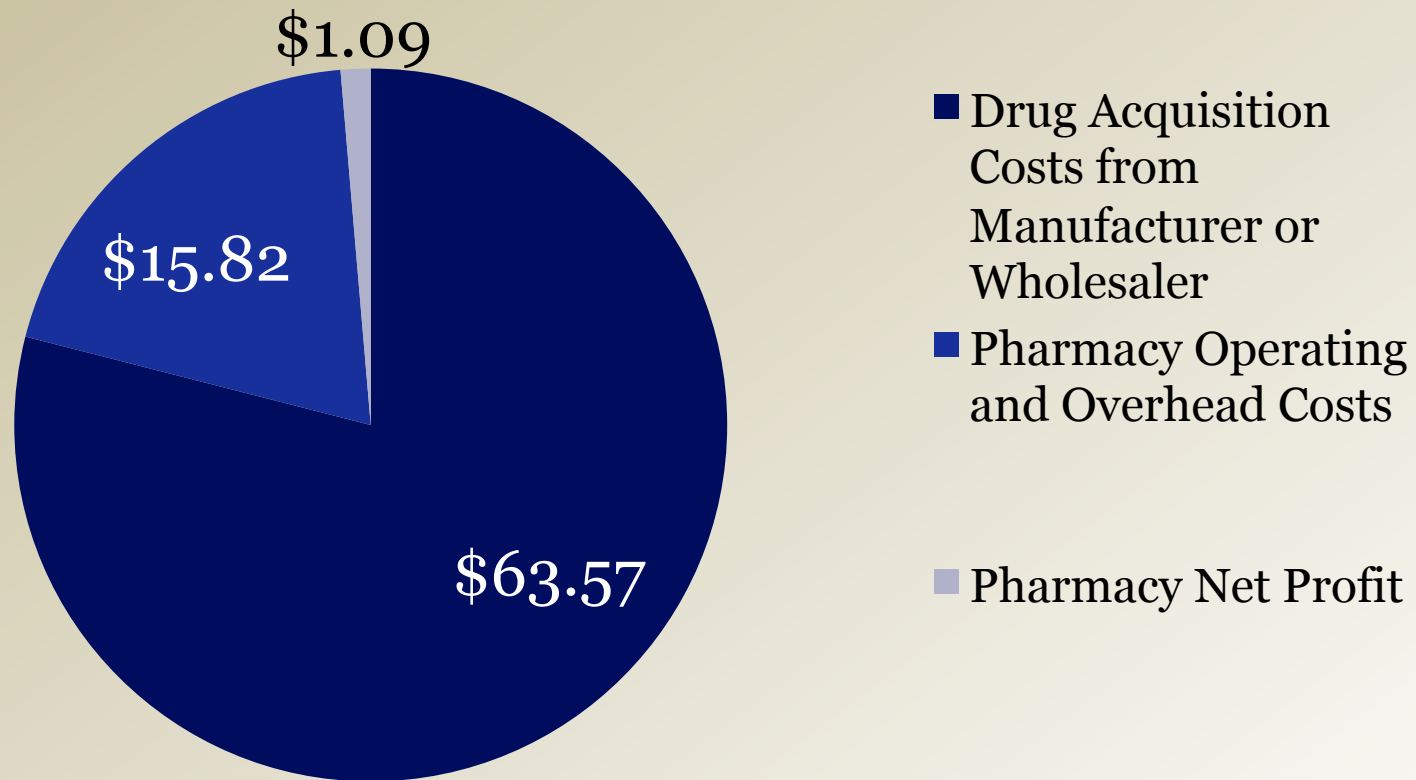
Services

**Better Patient
Care**



Revenue from a Prescription

- 2010 Average Community Pharmacy Reimbursement per Prescription: \$79.39



Opportunities for Compensation

- Targeted Intervention Program (TIP[®])
 - “Push claims”
- Pharmacist Identified Interventions
 - “Pull claims”
- Comprehensive Medication Reviews (CMR)



Brief Intervention Compensation Rates

	UPMC SNP	Humana	CareFirst
Prescriber Consultation- Cost Efficacy Management	\$20	\$20	\$20
Prescriber Consultation- Drug Therapy Problem	\$20	\$20	\$20
Patient Compliance Consultations	\$20	\$20	\$20
Patient Education and Monitoring	\$10	\$10	\$10
Prescriber Refusal	\$2	\$2	\$2
Patient Refusal	\$2	\$0	\$0



THOUGHTS?



Creating an Outcomes Account

- “Login”
 - Go to www.getoutcomes.com
- “Create an Account”
- Register as a technician
- Need NABP number of pharmacy
 - Obtain from the pharmacist if you’re not sure what is it
- Complete one hour training videos and test
- Management will approve account



Targeted Intervention Program (TIP®)

- Analyze prescription claims data from contracted plans to “push” targeted interventions to plans’ pharmacy networks
- TIPs focus on areas such as:
 - Cost Efficacy
 - Inappropriate medications in the elderly
 - Underuse/Compliance
 - Needs Therapy



TIP[®] (TARGETED INTERVENTION PROGRAM)



CLAIM # [REDACTED]
 PROTOCOL [REDACTED]
 TIP DESCRIPTION UNDERUSE - ACEI/ARB
 CREATED 05/25/2012
 DEADLINE 07/31/2012

PATIENT INFORMATION		PRESCRIPTION INFORMATION	
ID NUMBER	[REDACTED]	[REDACTED]	
NAME	[REDACTED]	[REDACTED]	
GENDER/DOB	[REDACTED]	DRUG NAME	LISINAPRIL TAB 10MG
GROUP	OPHCUPMC	QTY	31
		PRESCRIBER	1821061342

ENCOUNTER OVERVIEW

ANGIOTENSIN CONVERTING ENZYME INHIBITORS (ACEI'S) AND ANGIOTENSIN RECEPTOR BLOCKERS (ARB'S) PLAY AN IMPORTANT ROLE IN THERAPY. ACCORDING TO REFILL DATA, THIS PATIENT HAS AN ACEI OR AN ARB AVAILABLE ON LESS THAN 80% OF COVERED DAYS. THE PATIENT MAY NOT BE CONSISTENTLY USING THE MEDICATION. YOU MAY HAVE AN OPPORTUNITY TO HELP THIS PATIENT TO ACHIEVE OPTIMAL DRUG THERAPY BY PROACTIVELY ADDRESSING ACEI/ARB UNDERUSE WITH THE PATIENT AND/OR THE PATIENT'S CAREGIVER. PLEASE CONTACT THE PATIENT OR THE PATIENT'S CAREGIVER AND ADDRESS: REASON(S) FOR NON-COMPLIANCE (UNDERUSE) HEALTH BENEFITS OF APPROPRIATE COMPLIANCE AND STRATEGIES TO IMPROVE MEDICATION COMPLIANCE TWO WEEKS LATER, PLEASE CONTACT THE PATIENT OR THE PATIENT'S CAREGIVER TO ENSURE THE PATIENT IS NOW USING THE MEDICATION APPROPRIATELY. IF THE PATIENT IS USING THE MEDICATION CONSISTENTLY UPON FOLLOW-UP, DOCUMENT "ALTERED COMPLIANCE". IF THE PATIENT IS NOT USING THE MEDICATION CONSISTENTLY UPON FOLLOW-UP, RE-EDUCATE THE PATIENT AND SCHEDULE ADDITIONAL FOLLOW-UP. A PATIENT COMPLIANCE CONSULTATION TO ADDRESS THIS MATTER IS PAYABLE THROUGH THE OUTCOMES MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM. APPROPRIATE DOCUMENTATION OF THE STEPS BELOW WILL RESULT IN PAYMENT TO YOUR PHARMACY ACCORDING TO THE SCHEDULE PROVIDED. IF TIP IS INVALID, PLEASE DOCUMENT IN THE ENCOUNTER NOTES.

MTM DOCUMENTATION & BILLING

STEP 1: INDICATION FOR SERVICE (REASON)	CODE		MTM FEE
UNDERUSE	160		
STEP 2: MTM SERVICE (ACTION)	CODE		
PATIENT CONSULTATION	215		
STEP 3: OUTCOME OF SERVICE (RESULT)	CODE		MTM FEE
ALTERED COMPLIANCE	360	<input type="checkbox"/>	20.00
THREE ATTEMPTS - UNABLE TO REACH (PATIENT)	379	<input type="checkbox"/>	0.00-2.00
PATIENT REFUSAL	380	<input type="checkbox"/>	0.00-2.00
STEP 4: ESTIMATED COST AVOIDANCE LEVEL	LEVEL		
STEP 5: ENCOUNTER NOTES AND ECA RATIONALE			
	PER PROTOCOL TIP200811-005		
STEP 6: ADDITIONAL PHARMACIST NOTES (OPTIONAL)			

COMPLETE THIS STEP AND FAX TO 877.544.3383



*IF "OTHER", FEE TO BE DETERMINED BASED ON DOCUMENTATION IN STEP 6 BELOW.



TIP® (TARGETED INTERVENTION PROGRAM)



CLAIM # [REDACTED]
PROTOCOL [REDACTED]
TIP DESCRIPTION NEEDS THERAPY - BETA BLOCKER (CHF)
CREATED 05/25/2012
DEADLINE 07/31/2012

PATIENT INFORMATION		PRESCRIPTION INFORMATION	
ID NUMBER	[REDACTED]	DRUG NAME	DIOVAN TAB 160MG
NAME	[REDACTED]	QTY	30
GENDER/DOB	[REDACTED]	PRESCRIBER	1558387308
GROUP	OPHCUPMC		

ENCOUNTER OVERVIEW

THE AMERICAN COLLEGE OF CARDIOLOGY AND AMERICAN HEART ASSOCIATION GUIDELINES RECOMMEND THAT BETA BLOCKERS BE STARTED IN ALL SYMPTOMATIC HEART FAILURE PATIENTS WITH REDUCED LEFT VENTRICULAR EJECTION FRACTION (LVEF). ACCORDING TO THE PATIENT'S DRUG PROFILE, THIS PATIENT MAY BENEFIT FROM THE ADDITION OF A BETA BLOCKER INDICATED FOR HEART FAILURE. PLEASE VERIFY THE PATIENT HAS BEEN DIAGNOSED WITH HEART FAILURE WITH REDUCED LVEF. IF THE PATIENT DOES HAVE SYMPTOMATIC HEART FAILURE WITH REDUCED LVEF, YOU MAY HAVE AN OPPORTUNITY TO HELP THIS PATIENT ACHIEVE OPTIMAL DRUG THERAPY OUTCOMES BY RECOMMENDING THE INITIATION OF A BETA BLOCKER TO THE PATIENT'S PRESCRIBER. RECOMMENDED STARTING DOSES FOR SELECT BETA BLOCKERS INCLUDE: BISOPROLOL 1.25MG/DAY CARVEDILOL 3.125 MG TWICE DAILY METOPROLOL EXTENDED-RELEASE 12.5MG/DAY A PRESCRIBER CONSULTATION (IN LIEU OF A PATIENT OFFICE VISIT) TO ADDRESS THIS MATTER IS PAYABLE THROUGH THE OUTCOMES MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM. APPROPRIATE DOCUMENTATION OF THE STEPS BELOW WILL RESULT IN PAYMENT TO YOUR PHARMACY ACCORDING TO THE SCHEDULE PROVIDED. IF TIP IS INVALID, PLEASE DESCRIBE IN STEP 7.

MTM DOCUMENTATION & BILLING

STEP 1: INDICATION FOR SERVICE (REASON)	CODE		
NEEDS THERAPY	120		
STEP 2: MTM SERVICE (ACTION)	CODE		
PRESCRIBER CONSULTATION	205		
STEP 3: OUTCOME OF SERVICE (RESULT)	CODE		MTM FEE
INITIATION OF BISOPROLOL 1.25MG	330	<input type="checkbox"/>	20.00
INITIATION OF CARVEDILOL 3.125MG	330	<input type="checkbox"/>	20.00
INITIATION OF METOPROLOL ER 12.5MG	330	<input type="checkbox"/>	20.00
PRESCRIBER REFUSAL	375	<input type="checkbox"/>	2.00
THREE ATTEMPTS- UNABLE TO REACH (PRESCRIBER)	379	<input type="checkbox"/>	2.00
THREE ATTEMPTS- UNABLE TO REACH (PATIENT)	379	<input type="checkbox"/>	0.00-2.00
PATIENT REFUSAL	380	<input type="checkbox"/>	0.00-2.00
STEP 4: ESTIMATED COST AVOIDANCE LEVEL	LEVEL		
STEP 5: ENCOUNTER NOTES AND ECA RATIONALE	PER PROTOCOL TIP201202-004		
STEP 6: ADDITIONAL PHARMACIST NOTES (OPTIONAL)			

COMPLETE THIS STEP AND FAX TO 877.544.3383



***IF "OTHER", FEE TO BE DETERMINED BASED ON DOCUMENTATION IN STEP 6 BELOW.**



ENCOUNTER DOCUMENTATION		Date of Encounter	M	M	D	D	Y	Y	Y	Y	Claim Number																																																																																																																																																																																	
I. Indication For Service (Reason)		II. Professional Service (Action)		III. Outcome Of Service (Result)																																																																																																																																																																																								
Complex Drug Therapy	100	Comprehensive Med Review (CMR)	200	CMR with Encounter	300																																																																																																																																																																																							
				CMR without Encounter	301																																																																																																																																																																																							
				Patient Refusal	380																																																																																																																																																																																							
Cost Efficacy Management	105	Prescriber Consultation	205	Initiation of Cost Effective Drug	305																																																																																																																																																																																							
				Prescriber Refusal	375																																																																																																																																																																																							
Cost Efficacy Management	105	Patient Consultation	215	Patient Refusal	380																																																																																																																																																																																							
New/Changed Prescription Therapy	110	Patient Education/Monitoring	210	Therapeutic Success (Resolved/Stable)	310																																																																																																																																																																																							
OTC Therapy	117	Patient Education:		Therapeutic Failure (Unresolved/Worse)	320																																																																																																																																																																																							
		<input type="checkbox"/> Name of Drug		Patient Refusal	380																																																																																																																																																																																							
		<input type="checkbox"/> Therapeutic Class																																																																																																																																																																																										
		<input type="checkbox"/> Directions for Use																																																																																																																																																																																										
		<input type="checkbox"/> Side Effects/Warnings																																																																																																																																																																																										
		<input type="checkbox"/> Storage Requirements																																																																																																																																																																																										
		<input type="checkbox"/> Missed Dose Actions																																																																																																																																																																																										
		<input type="checkbox"/> Written Material																																																																																																																																																																																										
		<input type="checkbox"/> Set Monitoring Appointment																																																																																																																																																																																										
Drug Therapy Problem Detected:		Monitoring:		Drug Therapy Problem Resolved:																																																																																																																																																																																								
Indications		<input type="checkbox"/> Monitor Symptoms		Indications																																																																																																																																																																																								
Needs Therapy	120	<input type="checkbox"/> Monitor Side Effects		Initiated New Therapy	330																																																																																																																																																																																							
Unnecessary Therapy	125	<input type="checkbox"/> Monitor Compliance		Discontinued Therapy	335																																																																																																																																																																																							
Efficacy		<input type="checkbox"/> Patient Question & Answer		Efficacy																																																																																																																																																																																								
Suboptimal Drug Selection	130			Changed Drug	340																																																																																																																																																																																							
Insufficient Dose/Duration	135			Increased Dose/Duration	345																																																																																																																																																																																							
Safety				Safety																																																																																																																																																																																								
Adverse Drug Reaction	140			Altered Regimen/Changed Drug	350																																																																																																																																																																																							
Drug Interaction	145			Decreased Dose/Duration	355																																																																																																																																																																																							
Excessive Dose/Duration	150	Prescriber Consultation	205	Prescriber Refusal	375																																																																																																																																																																																							
Compliance		Patient Compliance Consultation	215	Compliance																																																																																																																																																																																								
Overuse	155	<input type="checkbox"/> Education		Altered Compliance	360																																																																																																																																																																																							
Underuse	160	<input type="checkbox"/> Set Monitoring Appointment		Altered Admin/Technique	365																																																																																																																																																																																							
Administration/Technique	165			Patient Refusal	380																																																																																																																																																																																							
IV. Estimated Cost Avoidance																																																																																																																																																																																												
<input type="checkbox"/> Level 1 Improved Quality of Care		<input type="checkbox"/> Level 4 Additional Prescription Order		<input type="checkbox"/> Level 7 Life Threatening																																																																																																																																																																																								
<input type="checkbox"/> Level 2 Drug Product Costs		<input type="checkbox"/> Level 5 Emergency Room Visit		<input type="checkbox"/> Prescriber/Patient Refusal																																																																																																																																																																																								
<input type="checkbox"/> Level 3 Additional Physician Visit		<input type="checkbox"/> Level 6 Hospital Admission																																																																																																																																																																																										
V. Encounter Notes And Estimated Cost Avoidance Rationale																																																																																																																																																																																												
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Important to remember...

- Any time an intervention is made, you must follow up with patients in order to bill for a TIP
- You only have 2 weeks in order to bill from the encounter date
- The encounter date is the date when the last contact was made with the patient
 - i.e. date of follow up



Tools and Resources

- Outcomes
 - General
 - Staff Information Document
 - Pharmacy Technician Guide
 - Outcomes MTM Policy and Procedure Guide
 - **Prescriber Fax Form** ←
 - Clinical/TIP
 - Disease State Guidelines
 - Potentially Inappropriate Medication References
 - TIP Best Practices
 - TIP Rationales
- Other
 - Online Webinars
 - Will email the link to view webinars

Prescriber Recommendation

Dispensing Pharmacy: _____
Phone: _____
Fax: _____

Prescriber: _____

Patient: _____ Allergies: _____
Member ID: _____
Date of Birth: _____


Current Medication: _____

Recommendation: _____

Recommendation made by _____
Phone: _____

Please indicate your response and, as necessary, complete the prescription below and sign the document. Signature will indicate acceptance unless otherwise noted.

Accept the above recommendation Do not accept the above recommendation

 Please fax your response to: _____
Please respond within 48 hours.

Attention Prescribers: Please follow all state regulations when faxing prescriptions

Name _____ Date _____
Address _____
Drug _____ Strength _____
Directions _____
Quantity _____ Refills _____

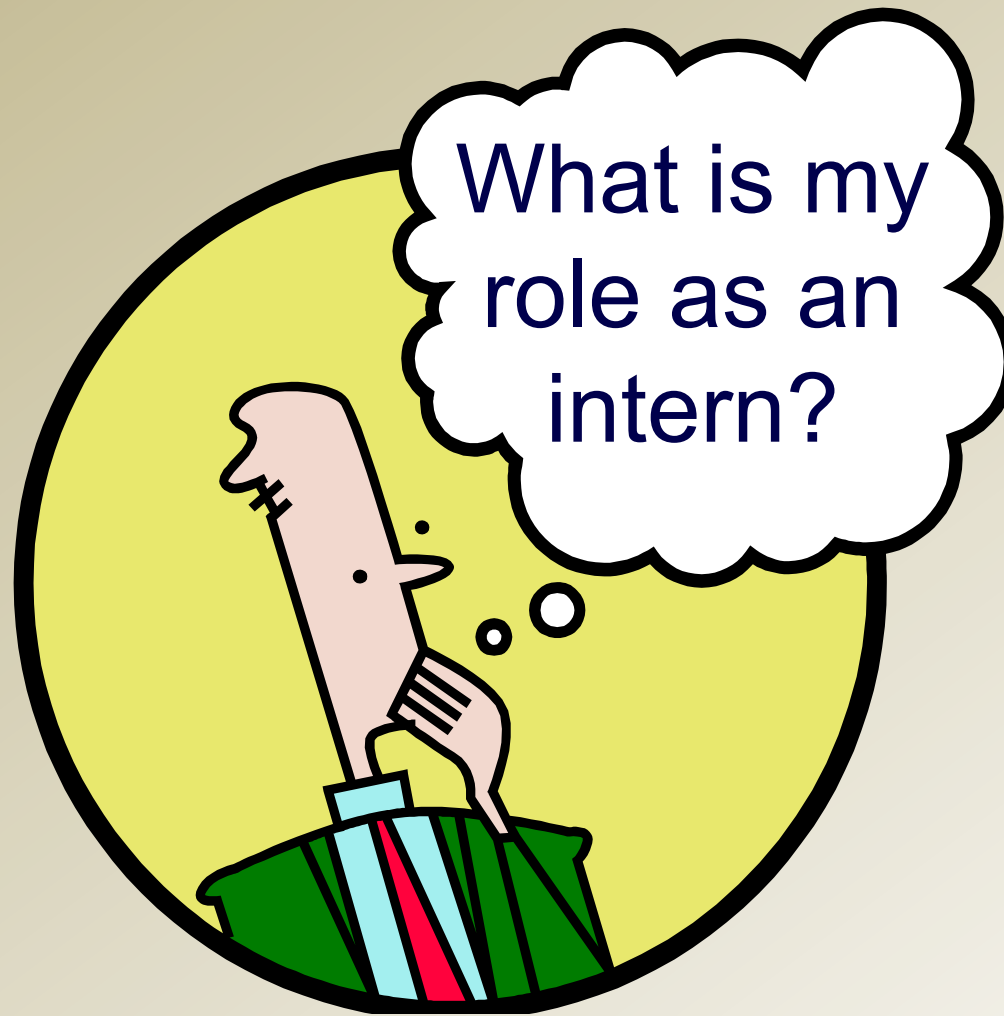
Authorized Signature _____ Authorized Signature _____
(Substitution Allowed) (Dispense As Written)

Prescriber Name (Please print) _____
Prescriber Address _____
City _____ State _____ Zip _____ Phone _____
DEA# _____ NPI# _____ Oral Code# (HI only): _____

Attention Prescribers: Please follow all state regulations when requesting no generic substitution
DE: In order for a brand name product to be dispensed, the prescriber must hand write "Brand Medically Necessary" in the space to the right _____
NY: This prescription will be filled generically unless prescriber writes 'd a w' in the box to the right _____

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The Study

- What role can pharmacy interns play in the rapid implementation of MTM services within high-volume grocery store chain community pharmacies?
 - Conduct surveys to measure perceived effectiveness of interns in supporting pharmacists to implement and expand MTM services
 - Facilitate focus group discussions to identify best practices for implementation of MTM services in that setting



Questions?



DRUG THERAPY PROBLEMS

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