



Building Missouri's Community Pharmacy Enhanced Services Network (CPESN)

by

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Headlines continue to dominate the news media with a range of health care topics, from the Affordable Care Act to collaborations of corporate health care entities, and more. Health care is nationalizing for the economies and purchasing power that come from being larger and able to meet evolving health care system needs. In Missouri, multiple health systems have formed statewide networks of collaborative care in an effort to increase access to care, improve health outcomes through the sharing of best practices, and reduce costs of care. The health care landscape is constantly shifting. And, health care reform is well underway, changing how patient health care is delivered.

Health care reform continues to drive the creation of new payment models that no longer reward providers for the quantity or duration of health services offered, but reward

for the quality of care and those responsible, including providers, health plans, and other value purchasers. The new payment models are driving a revolution to incentivize health care providers to deliver services that keep patients out of the emergency room, out of the hospital, and adherent to the most appropriate medication regimen. For community pharmacy, this translates into opportunity. Community pharmacists provide value to the patient, the value purchasers, and other providers delivering care.

THE VALUE OF COMMUNITY PHARMACY IN THE MEDICAL NEIGHBORHOOD— THE NORTH CAROLINA EXPERIENCE

By now, you have most likely heard of CPESN. Perhaps, you are intrigued by its evo-

lution and see the opportunity to launch a Missouri CPESN.

CPESN originated from North Carolina (NC) and its progressive initiatives, working together to provide cooperative, coordinated care through the medical home model. Over its 25 year history, Community Care of North Carolina (CCNC) expanded to 14 networks covering all 100 counties, with the underlying goal to improve quality and cost effectiveness while enhancing the ability of the primary care physician to improve care outcomes for patients with chronic diseases. Pharmacy had always been included as part of the plan to achieve this goal in strengthening the medical home. In addition to activities provided by care managers, behavior health professionals, and nutritionist, CCNC employed pharmacists in each network to oversee local medication use optimization initiatives. This included embedding pharma-

cists into primary care offices, long term care facilities, and hospitals. However, this vision never included formalizing medical home relationships with local community pharmacies.

In early 2013, CCNC released Medicaid claims data that indicated high-risk patients were visiting the community pharmacy 35 times per year compared to 3.5 visits to their primary care provider. This data, along with other environmental conditions related to health care at the time, challenged CCNC Pharmacy Program Vice President Troy Trygstad to examine opportunities to incorporate community pharmacy into the CCNC model. If the population that needs medication management the most visits a pharmacy 35 times annually, how could these encounters in community pharmacy be leveraged most effectively to improve patients' overall health trajectory and reduce total cost of care?

FIRST CPESN NETWORK LAUNCHED

Like most great collaborations, the genesis of the NC CPESN started with recognition of an opportunity and the sharing of ideas. CCNC developed a position for a lead community pharmacy coordinator with the main goal of building a network in NC. Joe Moose, an independent community pharmacy owner, who knew the NC community pharmacy environment well and was dedicated to the idea of transforming community pharmacy practice, filled the role as the "luminary." He took the idea of integrating a community pharmacy within the medical neighborhood and began to share with a few more pharmacists.

The idea spread. Soon after, pharmacists were gathered in a room discussing components of building a NC CPESN. They addressed the questions such as how to differentiate themselves as high performing pharmacies, what types of enhanced services could collectively be offered, what are the minimum criteria for pharmacies to participate, and how can the network be held accountable for

maintaining quality standards. At the close of the meeting, the groundwork for a voluntary CPESN was underway.

The framework for the NC CPESN was developed as an open network, allowing all pharmacies with the willingness to deliver enhanced services, document interventions, and meet the established minimum criteria to participate. Participating pharmacies committed to the goal of improving quality of care and patient outcomes related to medication use, enhance patients' overall health trajectory, and reduce the total cost of care.

CPESN EXPANSION

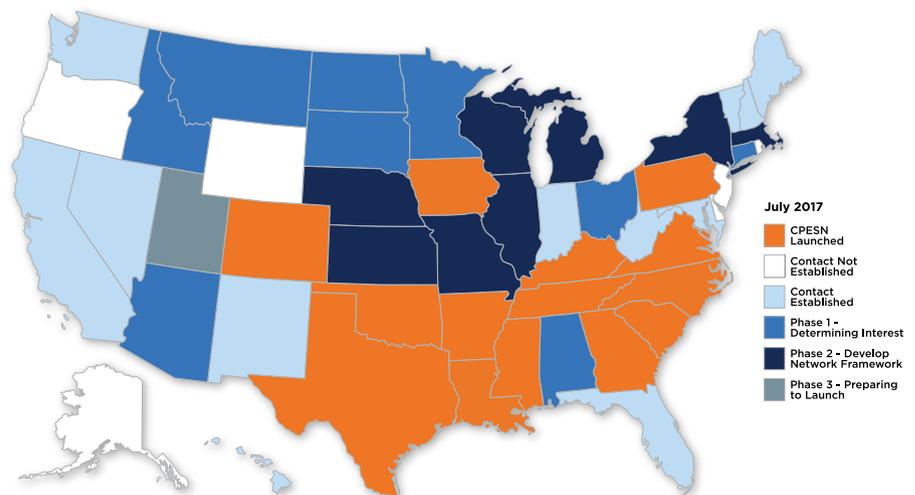
Shortly after the formation of the CPESN, CCNC was funded a three-year grant from the Center for Medicare and Medicaid Innovation (CMMI) to test payment reform in community pharmacies for Medicaid, Medicare, dually eligible Medicare-Medicaid, and NC Health Choice beneficiaries by using a collaborative care model where community pharmacy is part of the medical home team. The project, "Optimizing the Medical Neighborhood: Transforming Care Coordination through the North Carolina Community Pharmacy Enhanced Services Network" is still underway. It supports the provision of enhanced services offered by

CPESN pharmacies. Pharmacies have the potential to be compensated for services through a hybrid of payment types depending on intensity and time required to perform the medication optimization service.

By 2014, 246 North Carolina pharmacies committed to broadening the availability of medication management resources to the state's highest-needs population. Key to the CPESN approach was active integration of pharmacist activity with the larger care team, including primary care physicians, specialty providers such as behavioral health professionals, and the extended care team of the Patient Centered Medical Home.

DEFINING THE MINIMUM CRITERIA

As part of the participant criteria, all participating pharmacies agreed to support medication adherence, conduct medication reconciliation after hospital discharge, and prevent medication waste by verifying patient need prior to each fill. Likewise, clear and clinically-relevant communication with the provider and care team was a core service of all CPESN pharmacies. Pharmacies participating in the CPESN additionally agreed to offer comprehensive medication review, care plan development and reinforcement, and longitudinal follow-up.



CPESN-USA AND LOCAL CPESNS: NETWORK BUILDING ACROSS THE NATION

Pharmacy organizations, community pharmacists, and value purchasers soon expressed interest in the CPESN model. In September 2015, CCNC launched the Multi-State High-Performing Community Pharmacy Collaborative (MSPC) to facilitate the expansion of additional high-performing CPESNs nationally. The MSPC was developed to connect pharmacists and other pharmacy stakeholders who have an interest in the delivery of financially viable, patient-centered care that exceeds traditional pharmacy dispensing services.

Through this voluntary collaborative, pharmacies and organizations, including for example existing pharmacy networks and state pharmacy associations, are pursuing development of additional CPESNs nationwide. And through that process, the CPESNs can share knowledge, highlight emerging and sustainable practice models, and share resources and technology to catalyze understanding, development, and enhancement of value-based activities.

The nationwide expansion is supported by joint collaboration between CCNC and the National Community Pharmacists Association (NCPA) and the formation of CPESN-USA. The CPESN-USA role is to:

- *Develop and sustain local CPESN networks*
- *Establish a national marketplace presence for collective regional and national offerings*
- *Provide services and solutions where scale and aggregation make the most sense, such as consulting expertise, marketing expertise, and technology solutions*
- *Establish relationships, payment models, and payment opportunities with the medical benefit side of the payer infrastructure*

Locally, each CPESN designates a lead team with specific roles and responsibilities, for example a lead luminary and lead facilitator, as well as other clinicians and staff providing additional support as needed.

MISSOURI CPESN LAUNCH

MPA and Missouri Pharmacist Care Network (MO-PCN) leadership has been in communication with the CCNC leadership team for many months, exploring the potential for a Missouri CPESN. The exploratory phase included participation in the annual CCNC meeting in Raleigh-North Carolina. Through Missouri community pharmacies and pharmacists, statewide partnerships and collaborations and existing MO-PCN infrastructure, we recognize the strength and rapid growth potential of a Missouri CPESN.

We are pleased to announce the launch of Missouri CPESN at the upcoming September 7-10 annual convention in St. Louis.

Missouri's own Tripp Logan, Pharm.D., Southeast Missouri Community Pharmacist and CPESN-USA National Luminary, has been actively engaged in the CPESN nationwide initiative. He has also agreed to serve as the CPESN Missouri Lead Network Luminary. Tripp shared his commitment to the CPESN initiative, "I've been working with the CPESN-USA leadership for some time and am excited to help launch a network in Missouri. Times have been tough for community pharmacies over the past several years and I truly see CPESN as a way for us to bring opportunity back to our community practices. By aligning Missouri pharmacies around like enhanced service offerings, we believe that we can drive new patients, opportunities, and payment models

to Missouri CPESN pharmacies. A benefit of partnering with CPESN-USA to do this, is we create the ability to also align with pharmacies outside of Missouri for regional and national opportunities, thus creating a national network of LOCAL networks. Due to the great work MO-PCN has already done in this space, compared to other states, I feel like we have a head start in Missouri. We have the advantage of using MO-PCN's momentum and experience to create more opportunities more quickly for CPESN Missouri pharmacies."

A key foundation of each CPESN is statewide luminaries. A luminary is a local pharmacist who helps support recruiting pharmacies and launching the CPESN Missouri program specific to community pharmacy, with a commitment to delivering exceptional quality and high integrity patient care services.

If you are interested in serving as a luminary, please contact Tripp Logan (see contact information below).

Here are CPESN Missouri convention activities to anticipate:

- *MO-PCN, CPESN Missouri convention booth representation*
- *CPESN Missouri Lead Network Luminary Tripp Logan and CPESN-USA representative discussion regarding:*
 - *CPESN-USA and CPESN Missouri overview*
 - *CPESN Missouri statewide luminaries*
 - *CPESN Missouri next steps*

We look forward to the successful launch and expansion of CPESN Missouri and the continued collaboration and partnership with CPESN-USA.

Join us at the upcoming September 7-10 annual convention to learn more! For immediate questions, please contact Tripp Logan at tlogan@semorx.com or call (573) 683-3307; Cheryl Hoffer at cheryl@morx.com or call (314) 249-2840. 