



## Chronic Care Management

Guidance for Outreach to a Primary Care Partner: Pharmacist Participation in Delivery

### State your goal as a pharmacist

Example: We would like to partner with you to provide CCM services to eligible patients. This billable service encompasses aspects of care management that we may already be doing, and collaborating to document and complete these services will allow for a new revenue stream.

### State how your role as a pharmacist will benefit this collaboration

Example: The type of high-risk patients eligible for CCM are seen often by our pharmacy. Improving our collaboration for non-face-to-face services could improve patient outcomes while reducing the time our individual offices spend in follow-up. CCM includes medication reconciliation and self-management support, both services that we provide expertise in assessing and supporting. Another CCM requirement is 24-hour access for the patient. A 24/7 pharmacy can fulfill this requirement (if your pharmacy is 24/7).

### Make the case for CCM

These non-face-to-face services include phone calls and emails with the patient as well as coordination between providers as a direct result of interaction with the patient. This includes a lot of communication that already occurs between our offices, and could allow for us to generate revenue for this time. In addition to direct revenue, CCM offers practitioners a bridge over the chasm between fee-for-service and value-based reimbursement. By developing and implementing a CCM program, a practitioner will grow skill sets and internal processes critical to population health management, all the while receiving fee-for-service payment to support those activities.

### If necessary, provide a brief overview of CCM

Five key components:

1. Recording structured data in the patient's health record
2. Maintaining a comprehensive care plan for each patient
3. Providing 24/7 access to care
4. Comprehensive care management
5. Transitional care management

### Topics to discuss during an initial meeting

- What is the payer mix for the provider? Roughly how many eligible patients are there?
- Review the components and identify the following:
  - Areas that both parties feel are already largely being done
  - Areas that are not currently addressed, noting risks and opportunities
- Explore initial expectations of what role each participating provider might play
- Address the reimbursement pathway and the need for some kind of contractual relationship between pharmacist and billing provider in order to reimburse pharmacist



**What would your initial next steps look like?**

- Primary care site provide a report of eligible patients
- A detailed discussion of contractual options and reimbursement
- Start to define roles and responsibilities
  - Identify a project champion
  - What other partners need to be included in the team
  - Consider non-clinical support
- Identify if any specific training is needed
- Discuss options for communication and documentation

**Potential barriers to discuss early**

- After-hours clinicians need access to the patient's care plan
- Incident to billing restrictions
- Tracking the 20 minutes to ensure the minimum is met per month
- Patients will have to pay a co-pay, and opt-in.