Partnering with a Pharmacist for Diabetes Management

March 22, 2023

Louisiana's Health Initiative

Speaker

- Dr. Kisha Gant, PharmD, BCACP, BCGP, BCPS
  - Pharmacist Consultant

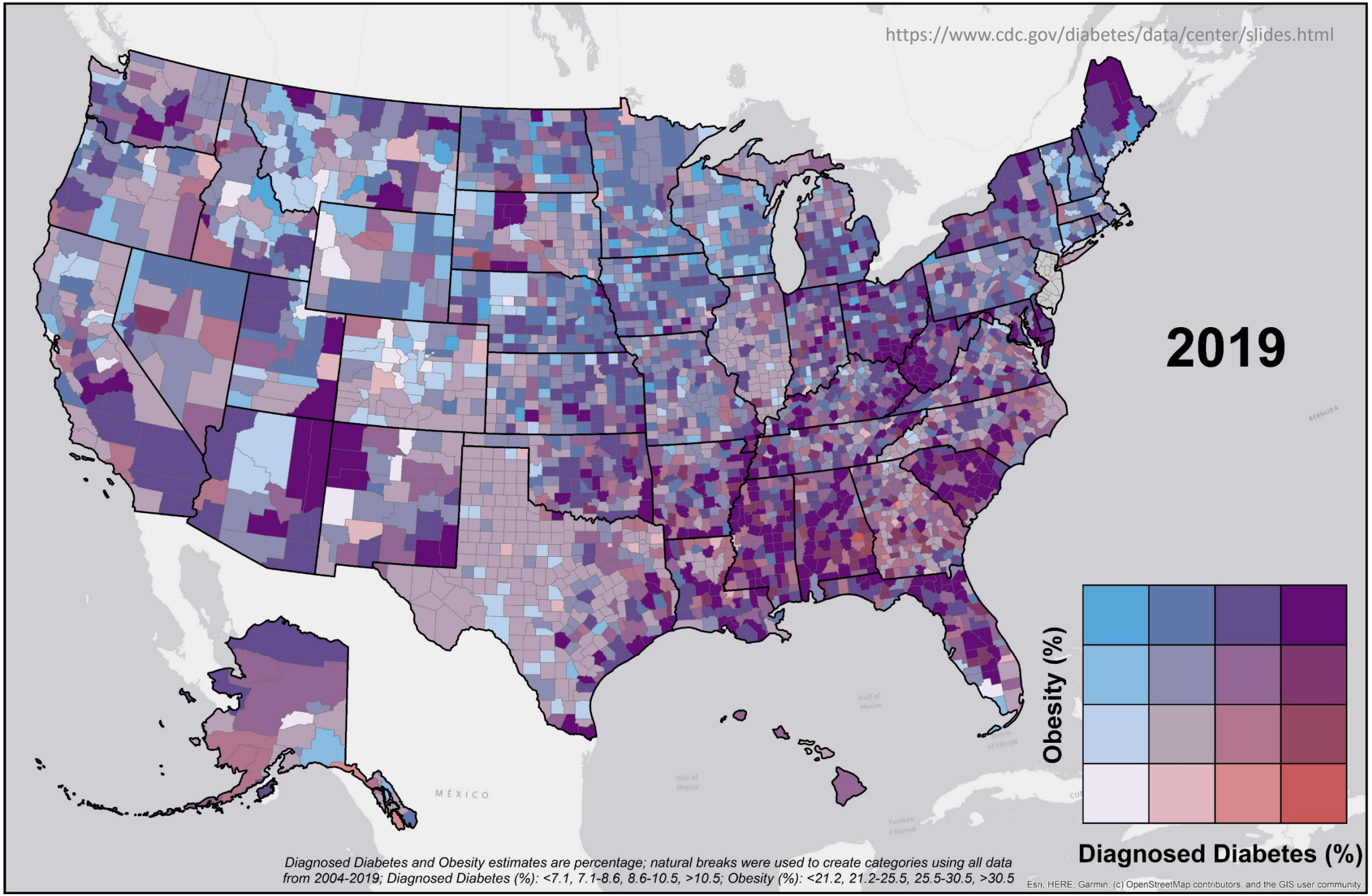
Objectives

- Learn how to impact chronic disease outcomes through collaboration with pharmacists and best practices for working together
- Learn the pharmacist’s role in Diabetes Self-Management Education Services (DSMES)
- Learn about Medication Therapy Management and Chronic Care Management services including the roles of the pharmacist and primary care collaborator

Diabetes Facts

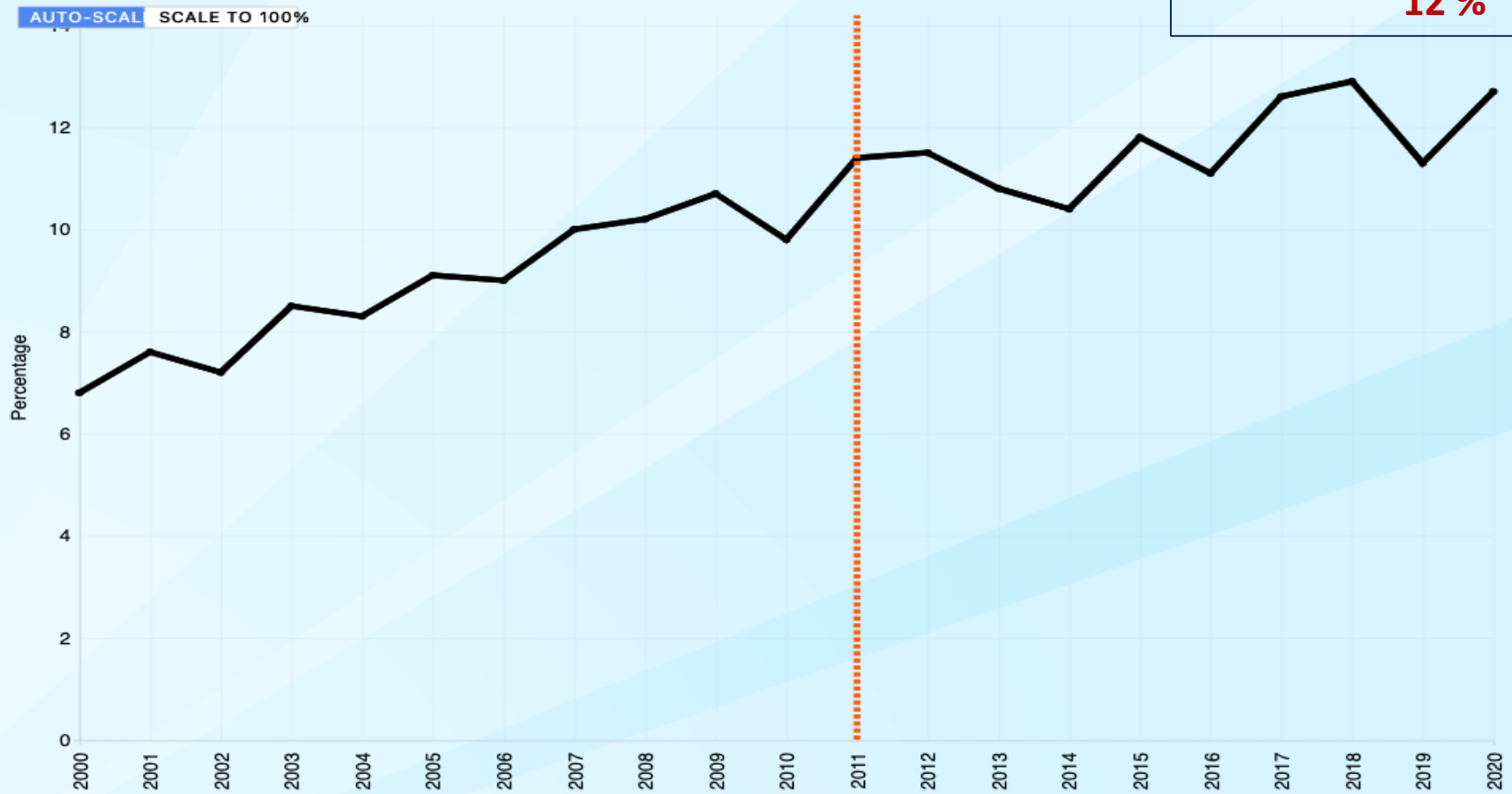
- **Total:** 37.3 million people have diabetes (11.3% of the US population)
- **Diagnosed:** 28.7 million people, including 28.5 million adults
  - Risk of early death 50% higher vs. non-DM
- **Undiagnosed:** 8.5 million people (23.0% of adults are undiagnosed)
- 7th leading cause of death in US
- **Cost**
  - $327 billion annually due to increased medical costs & lost wages
  - Average 2.3 times higher medical costs than those without diabetes

https://www.cdc.gov/diabetes/data/statistics-report/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fdiabetes%2Fdata%2Fstatistics%2Fstatistics-report.html
https://www.cdc.gov/diabetes/dsmes-toolkit/background/background.html


https://www.cdc.gov/diabetes/data/center/slides.html
2019
Obesity (%)
Diagnosed Diabetes (%)
MÉXICO
Gulf of Mexico
Yucatan Channel
BERMUDA
Diagnosed Diabetes and Obesity estimates are percentage; natural breaks were used to create categories using all data from 2004-2019; Diagnosed Diabetes (%): <7.1, 7.1-8.6, 8.6-10.5, >10.5; Obesity (%): <21.2, 21.2-25.5, 25.5-30.5, >30.5
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

Diagnosed Diabetes, Total, Adults Aged 18+ Years, Age-Adjusted Percentage, Louisiana

#Diagnosed with DM (2020):
12 %



Source: USDSS Major changes to the survey methods in 2011 Horizontal dotted line indicates "No Data", "Suppressed Data" or both.

Disclaimer: This is a user-generated report. The findings and conclusions are those of the user and do not necessarily represent the views of the CDC.

CHRONIC DISEASES IN AMERICA

6 IN 10

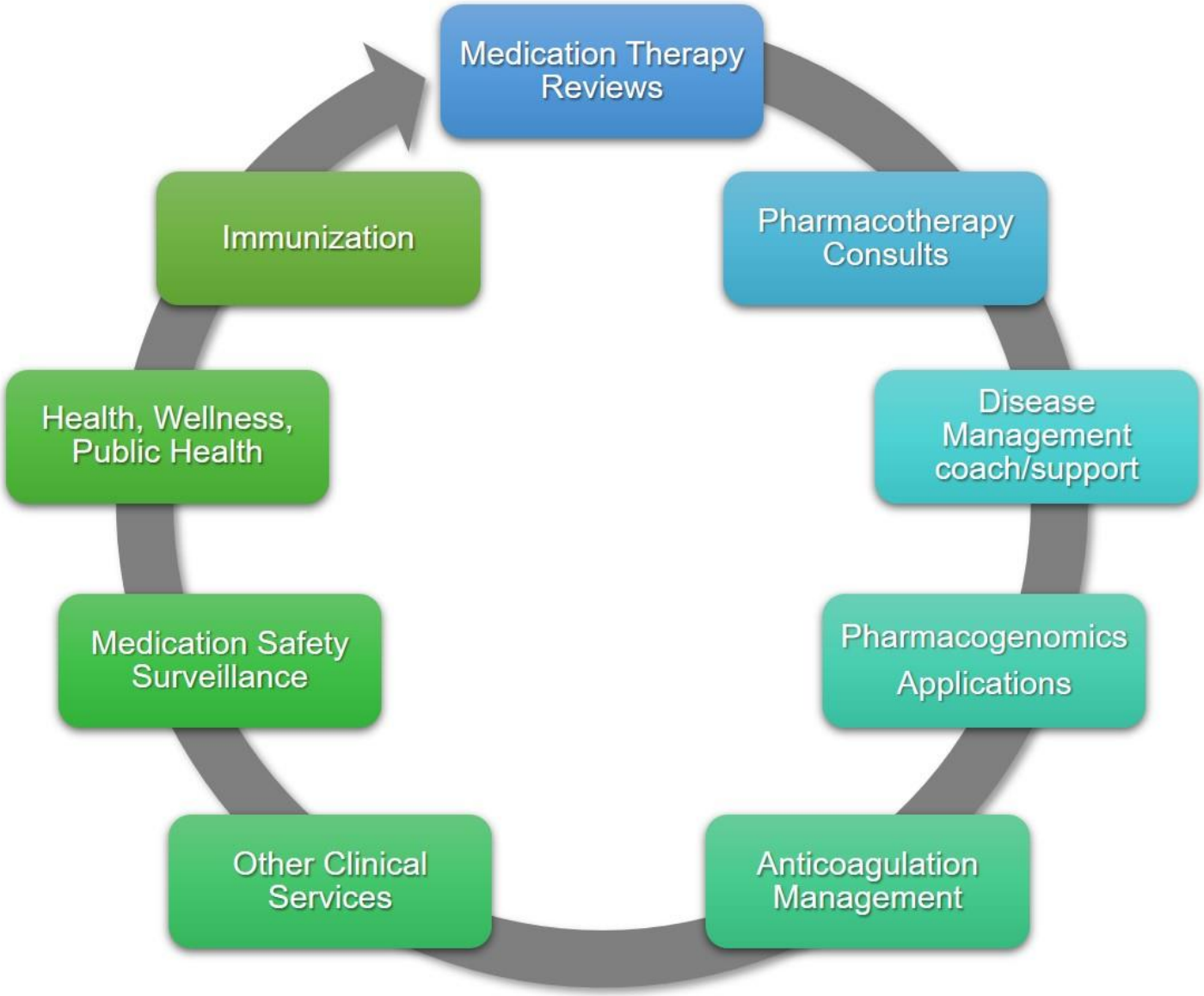
Adults in the US have a **chronic disease**

4 IN 10

Adults in the US have **two or more**

THE LEADING CAUSES OF DEATH AND DISABILITY
and Leading Drivers of the Nation's **$4.1 Trillion** in Annual Health Care Costs

https://www.cdc.gov/chronicdisease/tools/infographics.htm



https://pharmacist.com/Practice/Patient-Care-Services/Medication-Management

Primary Care Provider/Pharmacist Collaboration

J Am Pharm Assoc. 2014;54:477–485

Improving Outcomes for Diverse Populations Disproportionately Affected by Diabetes: Final Results of Project IMPACT: Diabetes

- FQHCs, free clinics, employer worksites, community pharmacies, departments of health, physician offices, & other care facilities in 25 communities in 17 states
- June 2011 – January 2013
- n = 1,836
- Outcomes
  - HbA1C: – 0.8 %
  - Statistically, but not clinically significant
    - LDL-C: −7.1 mg/dL
    - Trig – 23.7 mg/dL
    - TC: – 8.8 mg/dL
  - Study Communities: 92% intend to sustain pharmacists' services

Improvement in Clinical Outcomes and Access to Care With Pharmacist-Led Chronic Care Management Services at a Rural Family Medicine Clinic

Oct 2020 – May 2021

Clinical encounters at 3- & 6-months, also changes in HbA1C or BP at 3- & 6-month intervals

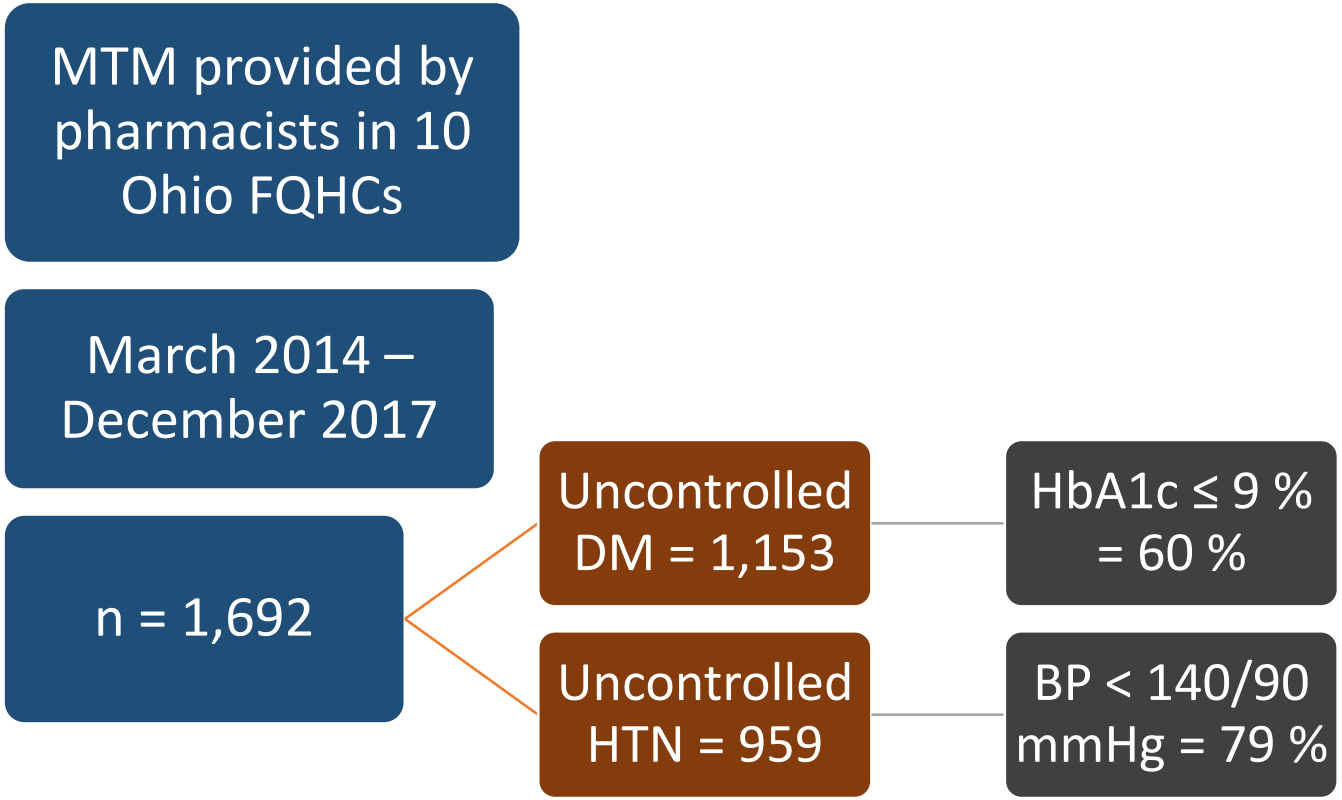
n = 46

Outcomes

- HbA1C
  - 3 months: - 1.07 % (95% CI -1.70 to -0.44, P = 0.0016)
  - 6 months: - 1.64 % (95% CI -2.35 to -0.92, P < 0.001)
- 73.8% ↑ in encounters = ↑ access

J Pharm Pract. 2022;8971900221118232

Pharmacists in Federally Qualified Health Centers: Models of Care to Improve Chronic Disease



Prev Chronic Dis 2019;16:190163

Pharmacist-Physician Split-Shared Visits in a Federally Qualified Health Center: Lessons Learned from a Novel Reimbursement Model using Telehealth

6 sites & 5 clinical pharmacists

June 2020 – March 2022

Clinical Pharmacists: DM video-conference → Visits w/clinical pharmacists, then "enhanced visit" w/eligible, billable clinic provider

n = 195

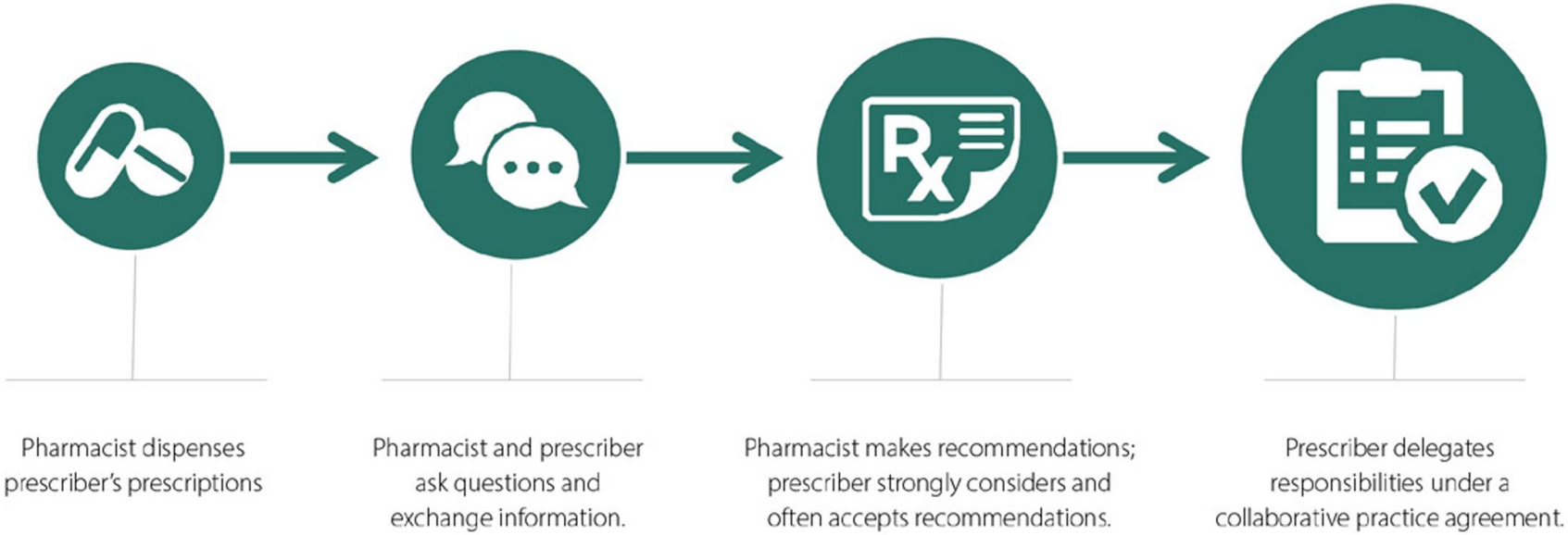
HbA1C ↓ = - 1.5 % (avg. 11% → 9.5%)

Innov Pharm.2022;13:1

Primary Care Provider/Pharmacist Relationship

Degree of Trust Between Pharm & MD

Figure 1: Level of Professional Interaction Reflects Degree of Trust Between the Pharmacist and the Prescriber



M.Minderhoud, CC BY-SA 3.0, via Wikimedia Commons

https://www.cdc.gov/dhdsp/pubs/docs/cpa-team-based-care.pdf

Communication Tips

- Define your service (MTM, CCM, etc).
- Make the message patient-centered.
- Emphasize shared goals.
- Provide a vision of what the partnership would include.
- Frame the partnership as a collaboration that enhances the provider's services.

https://aphanet.pharmacist.com/members-only-file/MTMPrescriberToolkit-03%20EssentialTips.pdf

AMA's Embedding Pharmacists Into the Practice

6 STEPS to Integrate Pharmacists into Your Team

- Identify the roles of the pharmacists or pharmacy technicians
- Decide how your practice can benefit from including a pharmacist
- Find your pharmacist or pharmacy technician match
- Prepare & set expectations for your team & patients
- Determine the resources the pharmacist needs & the impact on the physician's workflow
- Measure impact

https://edhub.ama-assn.org/steps-forward/module/2702554

Potential Roles & Relationships

Community Pharmacist

- MTM
- Consolidate med fills
- Provide pt ED on community recourses (PAP)
- PAs
- Review orders for interactions

- Relationship
  - Lack access to EMR & provider
  - Readily accessible to pts

Clinical Pharmacists

- Authorize refills under CPA
- Identify & resolve MRP
- Recommend or initiate med changes based on CPA
- Provide CMR for complex or polypharmacy pts
- Establish disease management services & pop health strategies
  - Focus on gaps in care

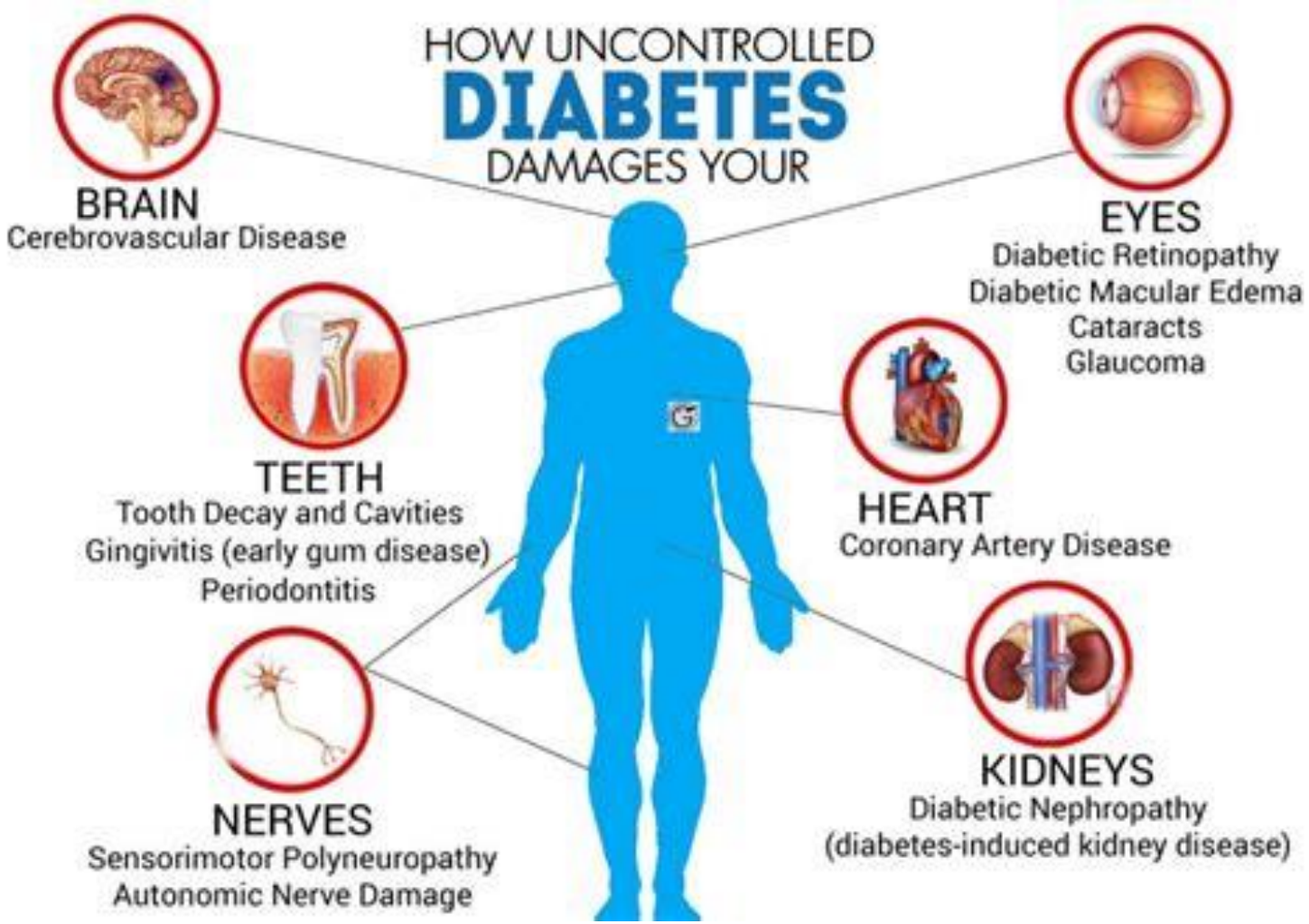
- Relationship
  - Access to EMR & provider
  - Not as accessible to pts

- Med Rec
- Drug information
- Identify & address nonadherence

bit.ly/3mQTr73

Pharmacist's Role in Diabetes Self-Management Education & Support (DSMES)

Why Diabetes Self-Management Education & Support (DSMES) ?



DSMES = "the ongoing process of facilitating the knowledge, skills, & ability necessary for diabetes self-care, as well as activities that assist a person in implementing and sustaining the behaviors needed to manage his or her condition on an ongoing basis, beyond or outside of formal self-management training"

https://www.cdc.gov/diabetes/dsmes-toolkit/background/terminology.html

https://external-content.duckduckgo.com/iu/?u=https%3A%2F%2Ftse1.mm.bing.net%2Fth%3Fid%3DOIP.tTlB3GeoaPSp7dQcp2mURQHaFK%26pid%3DApi&f=1

Pharmacist's Role

- National Standards for Diabetes Self-Management Education & Support address pharmacist's role in the provision of DSMES
- Pharmacists may serve as part of the multidisciplinary DSMES team or provide DSMES directly
- Settings may include community pharmacies, managed care organizations, clinics/provider practices, long-term care facilities, hospitals, and government entities such as federally qualified health centers and Department of Veterans Affairs medical centers
- Pharmacists may not directly bill CMS for the provision of diabetes self-management training (DSMT)
  - However, if pharmacist employed by a pharmacy that is a Medicare part B provider AND provides services such as urgent care & influenza vaccines → pharmacy may be able to bill CMS for the provision of DSMT services

https://www.cdc.gov/diabetes/dsmes-toolkit/staffing-delivery/dsmes-settings.html

DSMES Benefits

Provider

- Contain cost of delivering health care services
- Increase indirect revenue, such as revenue from lab tests related to the DSMES service
- Receive assistance adhering to standards & goals for healthcare reform
- Gain help meeting National Committee for Quality Assurance (NCQA) standards for patient centered medical home or an accountable care organization

Patient

- Reduce onset &/or progression of diabetes complications
- Increase quality of life
- Encourage long-term lifestyle behavior change
- Enhance self-efficacy & empowerment
- Increase healthy coping
- Decrease diabetes-related depression

https://www.cdc.gov/diabetes/dsmes-toolkit/business-case/roi.html
https://www.cdc.gov/diabetes/dsmes-toolkit/business-case/value.html

Medication Therapy Management (MTM) & Chronic Care Management (CCM)

Potential Challenges At the Office

- No time to get to inboxes
- Refill requests from many pharmacies
- Prior authorizations
- MTM recommendations pile up
- Lab results to counsel
- Patients are overbooked
- Quality measures overlooked
- 3rd party rejections for inappropriate note documentation

- New Pt visit = 30 mins / Follow up visit = 15 mins
  - Just enough time to address 1 problem = the main problem
- Front desk
  - Check-in/out
  - Answer non-stop phone calls from pharmacies, patients checking on status of refills/PA, cancel or change appointments, fax requests, receive & transfer of medical records

http://www.ncpa.co/ce/Roadmap-To-Working-With-Prescribers.pdf

Why MTM?

- People visit **pharmacies** on avg **35 times** per yr
- **Pharmacists** are the **MED EXPERTS**
- Every **$1 spent** on MTM = up to **$4 saved** on overall health care costs
- **29%** of adults take **5 or more** meds
- Pharmacist-provided MTM = improvements in **A1C, BP, & LDL**
- U.S. spends **$3.5 billion** on **extra medical costs** that result from **ADEs**
- **125,000 deaths** per year due to nonadherence

www.pharmacytimes.com/publications/directions-in-pharmacy/2014/august2014/pharmacists-as-influencers-of-patient-adherence-

http://www.pharmacist.com/toolkit-marketing-mtm-prescribers

N Engl J Med. 2005;353:487-489

https://www.bu.edu/slone/files/2012/11/SloneSurveyReport2006.pdf

http://avalere-health-production.s3.amazonaws.com/uploads/pdfs/1400680820_05212014-Exploring_Pharmacists_Role_in_a_Changing_Healthcare_Environment.pd

IOM. Preventing Medication Errors: Quality Chasm Series.2006

What is MTM ?

Distinct service or group of services that **optimize therapeutic outcomes** for **individual patients** and are **independent of**, but can occur in conjunction with, the **provision of a medication product**

J Am Pharm Assoc (2003) 2008 May-Jun;48(3):341–53

JCPP Definition

Now called “**Medication Management Services**”

A **spectrum** of **patient-centered**, **pharmacist-provided**, **collaborative** services that **focus** on **medication** appropriateness, effectiveness, safety, and adherence with the goal of **improving health outcomes**.

https://jcpp.net/wp-content/uploads/2017/12/Agenda-Item-3-A2-Pt-Care-Proc-Workgroup-Recom-Revisions-to-the-Professions-Medication-Therapy-Management-Definition.pdf

MTM Requirements

Patient-specific & **individualized** services or sets of services provided directly by a **pharmacist**

Face-to-face interaction between the patient & pharmacist as the **preferred** method of delivery

Opportunities for pharmacists & other qualified healthcare providers to **identify patients** who should receive MTM

Payment for MTM consistent with contemporary provider payment rates that are based on the **time**, **clinical intensity**, & **resources** required

Processes to improve continuity of care, outcomes, & outcome measures

J Am Pharm Assoc (2003) 2008 May-Jun;48(3):341–53

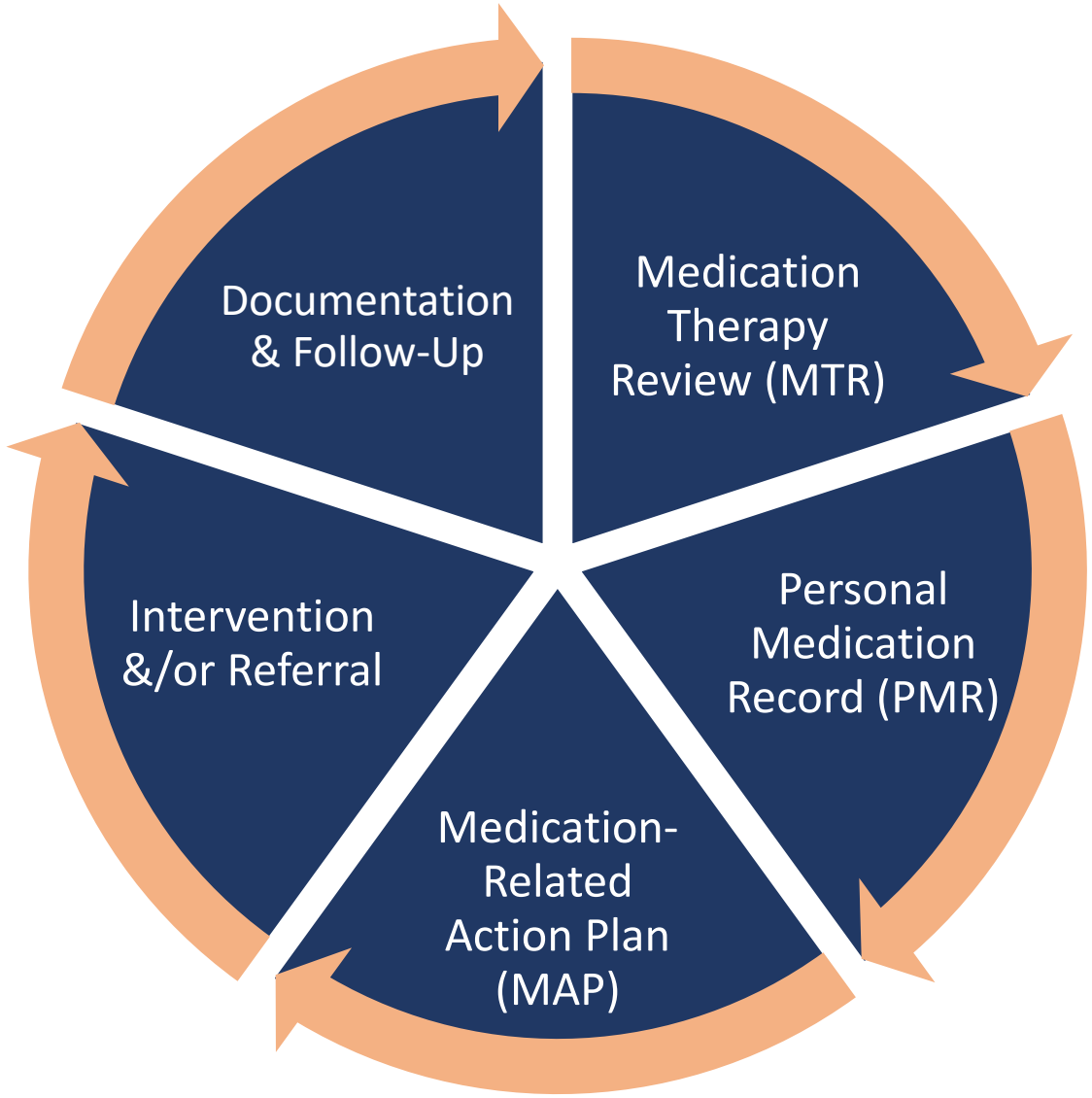
Who Needs MTM?

Patients who have:

- Experienced transitions of care
- Multiple chronic conditions, providers, or meds
- History of nonadherence
- Limited health literacy
- Desire to reduce healthcare costs
- Changed medication regimens or insurance coverage
- High-risk meds

J Am Pharm Assoc (2003) 2008 May-Jun;48(3):341–53

MTM Components



J Am Pharm Assoc (2003) 2008 May-Jun;48(3):341–53

MTM Billing Codes

99605

- MTM provided by a pharmacist, individual, face-to-face with pt, initial 15 minutes, with assessment, & intervention if provided; initial 15 minutes, new patient

99606

- Initial 15 minutes, established patient

99607

- Each additional 15 minutes (List separately in addition to code for the primary service)

http://www.pstac.org/services/mtms-codes.html

Types of MTM Services

1. Targeted Interventions (15 min)

2. Comprehensive Medication (45 – 60 min)
   - Face-to-face

2. Targeted Medication Reviews (15 min)

http://www.mckesson.com/blog/leveraging-medication-therapy-management-for-independent-pharmacies/

Chronic Care Management

Patients with **multiple (2+) chronic conditions** expected to last at least 12 months or until the death, and that place the patient at **significant risk of death**, **acute exacerbation/decompensation**, or **functional decline**, are eligible for CCM services

https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/chroniccaremanagement.pdf

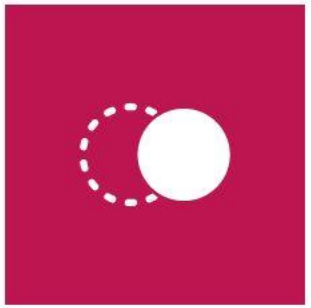
CHRONIC CARE MANAGEMENT 5 CORE ACTIVITIES

RECORDING PATIENT DATA IN EMR

MAINTAINING COMPREHENSIVE CARE PLAN

PROVIDING 24/7 ACCESS TO CARE

COMPREHENSIVE CARE MANAGEMENT



TRANSITIONAL CARE MANAGEMENT

HTTPS://WWW.PHARMACIST.COM/SITES/DEFAULT/FILES/CCM-AN-OVERVIEW-FOR-PHARMACISTS-FINAL.PDF

Services Provided by Various Care Team Members

	Qualified Healthcare Professional (Physician)	Clinical Staff (Pharmacist)	Non-clinical Staff (Pharmacy Staff, Office Manager)
Consent Patient	X		
Collect Structured Data	X	X	X
Develop Comprehensive Care Plan	X		
Maintain/Inform Updates for Care Plan	X	X	
Manage Care	X	X	
Provide 24/7 Access to Care	X	X	
Document CCM Services	X	X	
Bill for CCM Services	X		
Provide Support Services to Facilitate CCM		X	X

https://www.pharmacist.com/sites/default/files/CCM-An-Overview-for-Pharmacists-FINAL.pdf

CCM CPT/HCPCS Codes

CPT/HCPCS Code	Description	Estimated Reimbursement
99490	Chrnc care mgmt staff 1st 20	$59.76
99487	Cplx chrnc care 1st 60 min	$125.36
99489	Cplx chrnc care ea addl 30	$66.58
99491	Chrnc care mgmt phys 1st 30	$81.72
G0506	Comp asses care plan ccm svc	$58.53

https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/ambulatory-care/chronic-care-management-faq.ashx?la=en&hash=A24F2B9E9BBE4C31E0361111EFD8CA61ADCAC211

https://www.cms.gov/apps/physician-fee-schedule/search/search-results.aspx?Y=0&T=0&HT=1&CT=2&H1=99490&H2=99487&H3=99489&H4=G0506&H5=99491&C=73&M=5

Types of CCM – 20 Min Requirement

- Perform **medication reconciliation**, review medications, & help with **self-medication management**
- Create **structured clinical summary** including demographics, health & medical information using certified EHR
- Ensure receipt of all recommended **preventive care services**
- **Monitor patient's condition** & **share plan** as appropriate with other health-care professionals
- **Provide education** & **address opportunities** for patient/caregiver to **communicate** about patient's care
- **Follow-up** with patient after **ED visits**, **hospital discharges**, or **other health care facilities**
- **Coordinate transitions of care** or with home and community based clinical service providers
- Ensure that **complex CCM services** (CPT 99487 & 99489) require & **include medical decision making of moderate to high complexity** (by the CCM provider)
- Provide patient with **written/electronic copy of care plan** & **document** provided information in **EMR**
- **Document patient interactions**

https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/ambulatory-care/chronic-care-management-faq.ashx?la=en&hash=A24F2B9E9BBE4C31E0361111EFD8CA61ADCAC211

Atrium CCM Referral Process:

Provider

1. Identify your eligible patient

Medicare Complex Chronic (2+ chronic conditions)

Clinical Team

3. Send referral (on behalf of the provider)

via the message center in EMR Proxy box to Region Team

Patient scheduled with Pharmacist, prior to leaving clinic

Care Management Team

5. Pharmacist Initial Assessment

RN Care Manager Initial Assessment

(LCSW assess patient as needed)

BHI Integration

Provider

2. Explain Program

Give brochure to patient*

Discuss billing(see codes)*

Verbal consent

Document in EMR: "Patient has agreed to enroll in the CCM Billing Care Management Program"

Patient

4. Patient Agreement

meet the pharmacist

(1 face to face encounter)

Agrees to phone access

Can withdraw at any time

Ongoing Care

6. Goal: to achieve Self Management

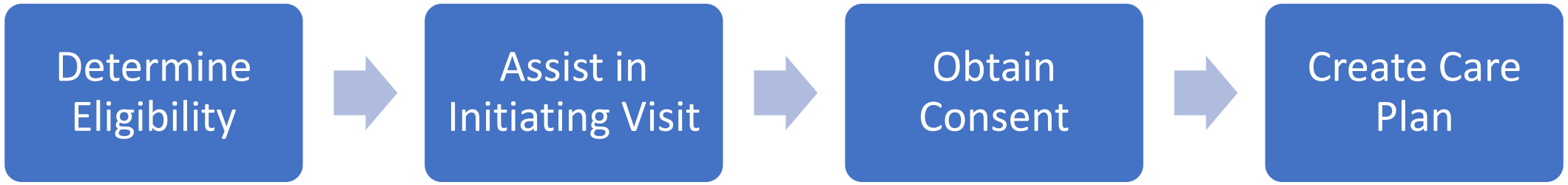
Patient will be called weekly 1st month, then every 2 weeks or as needed

Reassessed every 90-days

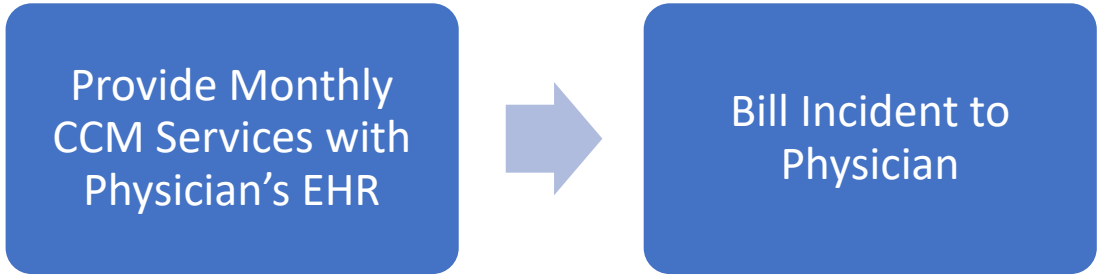
https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/ambulatory-care/chronic-care-management faq.ashx?la=en&hash=A24F2B9E9BBE4C31E0361111EFD8CA61ADCAC211

Physician's Office

Physician's Office



Community Pharmacy



EHR = Electronic Health Record

https://communitypharmacyfoundation.org/resources/grant_docs/CPFGrantDoc_11810.pdf

MTM/CCM Benefits

Provider

- Improve pt outcomes
- Decrease med errors
- Promote pt self-management
- Improve coordination & continuity of care
- Improve quality metrics

Patient

- Potential cost savings
- Review of med efficacy
- Pharmacist's expert opinion
- Med education

J Am Pharm Assoc (2003). 2015 Mar-Apr;55(2):178-81
http://www.pharmacist.com/members-only-file/MTMPrescriberToolkit-04-TalkingPoints.pdf

QUESTIONS?

Contact Information

- Marie Darr
  - Health Systems Consultant
  - Well-Ahead Louisiana
  - Marie.Darr@la.gov

Join the Provider Education Network!

- Well-Ahead Louisiana's Provider Education Network provides tools, training and technical assistance that can help you provide the best possible care to our communities
  - Biweekly Newsletters + Real-Time Email Alerts
  - Education and Training Opportunities
  - Community Linkage Coordination
  - Workforce Recruitment and Retention Support
- Learn More: www.wellaheadla.com/move-well-ahead/provider-education-network

Thank You for Joining Us!

References

- Centers for Disease Control and Prevention. National Diabetes Statistics Report website. https://www.cdc.gov/diabetes/data/statistics-report/index.html. Accessed March 15, 2023.
- Tenpas AS, Vascimini A, Westwood G, Morris E, Dietrich E, DeRemer C. Improvement in Clinical Outcomes and Access to Care With Pharmacist-Led Chronic Care Management Services at a Rural Family Medicine Clinic [published online ahead of print, 2022 Aug 7]. *J Pharm Pract*. 2022;8971900221118232. doi:10.1177/08971900221118232
- Rodis JL, Capesius TR, Rainey JT, Awad MH, Fox CH. Pharmacists in Federally Qualified Health Centers: Models of Care to Improve Chronic Disease. Prev Chronic Dis 2019;16:190163. DOI: https://doi.org/ 10.5888/pcd16.190163.
- Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). Infographics. https://www.cdc.gov/chronicdisease/tools/infographics.htm. Accessed March 15, 2023.
- American Pharmacists Association. Medication Management. https://pharmacist.com/Practice/Patient-Care-Services/Medication-Management. Accessed March 15, 2023.
- Bluml BM, Watson LL, Skelton JB, Manolakis PG, Brock KA. Improving outcomes for diverse populations disproportionately affected by diabetes: Final results of Project IMPACT: Diabetes. *Journal of the American Pharmacists Association*. 2014;(5):477-485. doi:10.1331/japha.2014.13240
- Tenpas AS, Vascimini A, Westwood G, Morris E, Dietrich E, DeRemer C. Improvement in Clinical Outcomes and Access to Care With Pharmacist-Led Chronic Care Management Services at a Rural Family Medicine Clinic. *Journal of Pharmacy Practice*. Published online August 7, 2022:089719002211182. doi:10.1177/08971900221118232

References

- American Pharmacists Association. TOOLKIT FOR MARKETING MEDICATION THERAPY MANAGEMENT (MTM) TO PRESCRIBERS. 2018. https://aphanet.pharmacist.com/members-only-file/MTMPrescriberToolkit-03%20EssentialTips.pdf. Accessed March 15, 2023.
- American Medical Association. Embedding Pharmacist Into the Practice. Collaborate with pharmacists to improve patient outcomes. https://edhub.ama-assn.org/steps-forward/module/2702554. Accessed March 15, 2023.
- American Medical Association. Embedding Pharmacist Into the Practice. Determine your pharmacy needs and identify the right type of support. bit.ly/3mQTr73. Accessed March 15, 2023.
- Centers for Disease Control and Prevention. National Diabetes Statistics Report. Estimates of Diabetes and Its Burden in the United States. https://www.cdc.gov/diabetes/dsmes-toolkit/background/background.html. Accessed March 15, 2023.
- https://www.cdc.gov/diabetes/data/statistics-report/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fdiabetes%2Fdata%2Fstatistics%2Fstatistics-report.html
- Centers for Disease Control and Prevention. Diabetes Self-Management Education and Support (DSMES) Toolkit. Background. https://www.cdc.gov/diabetes/dsmes-toolkit/background/background.html. Accessed March 15, 2023.
- Centers for Disease Control and Prevention. Diabetes Self-Management Education and Support (DSMES) Toolkit. Terminology. https://www.cdc.gov/diabetes/dsmes-toolkit/background/terminology.html. Accessed March 15, 2023.
- Centers for Disease Control and Prevention. Diabetes Self-Management Education and Support (DSMES) Toolkit. DSMES Settings. https://www.cdc.gov/diabetes/dsmes-toolkit/staffing-delivery/dsmes-settings.html. Accessed March 15, 2023.
- Centers for Disease Control and Prevention. Diabetes Self-Management Education and Support (DSMES) Toolkit. Overall Value of DSMES. https://www.cdc.gov/diabetes/dsmes-toolkit/business-case/value.html. Accessed March 15, 2023.

References

- Moose J, Branham A Pharmacists as influencers of patient adherence. Pharmacy Times website. www.pharmacytimes.com/publications/directions-in-pharmacy/2014/august2014/pharmacists-as-influencers-of-patient-adherence-. Published August 21, 2014. Accessed March 15, 2023.
- Osterberg L, Blaschke T. Adherence to medication. N Engl J Med. 2005;353:487-489.
- Slone Epidemiology Center at Boston University. Patterns of medication use in the United States, 2006. Available at https://www.bu.edu/slone/files/2012/11/SloneSurveyReport2006.pdf. Accessed March 15, 2023.
- loring Pharmacists Role in a Changing Healthcare Environment. Avalere Health, LLC. 2014. Available at http://avalere-health-production.s3.amazonaws.com/uploads/pdfs/1400680820_05212014-Exploring_Pharmacists_Role_in_a_Changing_Healthcare_Environment.pdf. Accessed March 15, 2023.
- Institute of Medicine Committee on Identifying and Preventing Medication Errors. Preventing Medication Errors: Quality Chasm Series. Washington, DC: The National Academies Press, 2006.
- American Pharmacists Association and the 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 May-Jun;48(3):341–53. Epub: 2008/07/04. Accessed March 15, 2023.
- Joint Commission of Pharmacy Practitioners. JCPP Patient Care Process Workgroup's Recommended Revisions to the Profession's Medication Therapy Management Definition. 2018. Accessed March 15, 2023. https://jcpp.net/wp-content/uploads/2017/12/Agenda-Item-3-A2-Pt-Care-Proc-Workgroup-Recom-Revisions-to-the-Professions-Medication-Therapy-Management-Definition.pdf.
- Pharmacist Services Technical Advisory Coalition. Medication Therapy Management Service Codes. Available at http://www.pstac.org/services/mtms-codes.html. Accessed March 23, 2023.

References

- Health Quality Innovators (HQI), the Medicare Quality Innovation Network Quality Improvement Organization for Maryland and Virginia, Atlantic Quality Innovation Network (AQIN), the Medicare Quality Innovation Network-Quality Improvement Organization for New York State, South Carolina, and the District of Columbia. Chronic Care Management (CCM): An overview for pharmacists. https://www.pharmacist.com/sites/default/files/CCM-An-Overview-for-Pharmacists-FINAL.pdf. Published March 2017. Accessed March 15, 2023.
- Center for Medicare and Medicaid Services. Physician fee schedule search. https://www.cms.gov/apps/physician-fee-schedule/search/search-results.aspx?Y=0&T=0&HT=1&CT=2&H1=99490&H2=99487&H3=99489&H4=G0506&H5=99491&C=73&M=5. October 30, 2020. Accessed March 15, 2023.
- American Society of Health-System Pharmacists. FAQ: Chronic care management. https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/ambulatory-care/chronic-care-management-faq.ashx?la=en&hash=A24F2B9E9BBE4C31E0361111EFD8CA61ADCAC211. Published July 2018. Accessed March 15, 2023.
- Community Pharmacy Foundation, Seamless Healthcare, Tennessee Pharmacist Association. Community pharmacist-provided chronic care management toolkit. https://communitypharmacyfoundation.org/resources/grant_docs/CPFGrantDoc_11810.pdf. Published November 2017. Accessed March 15, 2023.
- Huet AL, Frail CK, Lake LM, Snyder ME. Impact of passive and active promotional strategies on patient acceptance of medication therapy management services. J Am Pharm Assoc (2003). 2015;55(2):178-81
- Centers for Disease Control and Prevention. Diagnosed Diabetes - Total, Adults Aged 18+ Years, Age-Adjusted Percentage, National. https://gis.cdc.gov/grasp/diabetes/diabetesatlas-surveillance.html. Accessed March 15, 2023.

References

- Rodis JL, Capesius TR, Rainey JT, Awad MH, Fox CH. Pharmacists in Federally Qualified Health Centers: Models of Care to Improve Chronic Disease. *Preventing Chronic Disease*. Published online November 21, 2019. doi:10.5888/pcd16.190163
- Abou-Karam NM, Jump ME, Jiao J, Schmelz AN. Pharmacist-Physician Split-Shared Visits in a Federally Qualified Health Center: Lessons Learned from a Novel Reimbursement Model using Telehealth. *INNOVATIONS in pharmacy*. 2022;(1):12. doi:10.24926/iip.v13i1.4451
- Centers for Disease Control and Prevention. Advancing Team-Based Care Through Collaborative Practice Agreements: A Resource and Implementation Guide for Adding Pharmacists to the Care Team. https://www.cdc.gov/dhdsp/pubs/docs/cpa-team-based-care.pdf. Accessed March 15, 2023.
- Centers for Disease Control and Prevention. Diabetes Self-Management Education and Support (DSMES) Toolkit. Return on Investment. https://www.cdc.gov/diabetes/dsmes-toolkit/business-case/roi.html. Accessed March 15, 2023.
- Abubakar A, Bentley O. A roadmap to working with prescribers: Making theory Into practice. http://www.ncpa.co/ce/Roadmap-To-Working-With-Prescribers.pdf. Published 2017. Accessed March 15, 2023.
- McKesson. Leveraging Medication Therapy Management for Independent Pharmacies. Accessed March 15, 2023. http://www.mckesson.com/blog/leveraging-medication-therapy-management-for-independent-pharmacies/.
- Center for Medicare and Medicaid Services. Medicare Learning Network #909188, Chronic care management services. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdfhttps://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf opens a dialog window. Published July 2019. Accessed November 9, 2020.

References

- American Pharmacists Association. Toolkit for Marketing Medication Therapy Management (MTM) to Prescribers: Talking Points for Describing MTM and Its Benefits. Available at http://www.pharmacist.com/members-only-file/MTMPrescriberToolkit-04-TalkingPoints.pdf. Accessed April 15, 2018.
- American Society of Health-System Pharmacists. FAQ: Chronic Care Management. 2018. https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/ambulatory-care/chronic-care-management-faq.ashx?la=en&hash=A24F2B9E9BBE4C31E0361111EFD8CA61ADCAC211. Accessed March 15, 2023.