

February 6, 2017

Dear Pharmacist,

On behalf of the Arkansas Community Pharmacy Enhanced Services Network (AR CPESNSM) we would like to invite you to participate in a health care quality improvement initiative focused on the development and implementation of a high quality community pharmacy network that is integrating their enhanced patient care services with other providers, health systems, and accountable care organizations (ACOs) within our state. We are seeking pharmacies that have demonstrated interest in the delivery of high quality, patient-centered care that exceeds traditional dispensing services to voluntarily participate in this network.

The goal of this high performance community pharmacy network is to optimize patient health outcomes through appropriate medication management and utilization of health care resources. The network is focused on quality performance in all aspects of the practice including implementation of enhanced services, provision of high quality patient care, collaboration with other health care providers and key stakeholders, and working closely with payers to improve overall health care resources utilization and costs. This network is prepared to work closely with key stakeholders (i.e. payers, ACOs, health-systems, and other health care providers) to address rising health care costs and improve patient health outcomes through collaboration with other providers. **By being a participating pharmacy in this network, you will be putting your pharmacy in a position to be a referral destination for those key stakeholders seeking this value, in addition to potentially receiving payment for providing coordination of patient care services.**

This enclosed document - the **Arkansas Community Pharmacy Enhanced Services Network Participation Agreement** – contains an overview of roles and responsibilities and minimum participation requirements. Completion of this document is the first step toward developing the Arkansas Community Pharmacy Enhanced Services Network.

Upon receipt of your submitted agreement, the Arkansas Community Pharmacy Enhanced Services Network will conduct a quality assurance process to ensure your pharmacy is committed to providing high-quality services within the network.

If you have any questions about the Arkansas Community Pharmacy Enhanced Services Network, please contact one of the representatives listed below. Thank you for your interest.

Sincerely,

Max Caldwell
Lynn Crouse

Duane Jones
Anne Pace
Keith Larkin
Brandon Cooper

Bobby Glaze
Brenna Neumann

Caldwell Discount Drug, Wynne
Eudora Drug Store, Lake Village

Harps Food Stores, Springdale
Kavanaugh Drug, Little Rock
Medi-Sav Pharmacy, Fort Smith
Soo's Pharmacy, Jonesboro

Morrison Clinic Pharmacy, Camden
Collier Drug, Springdale

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Arkansas Community Pharmacy Enhanced Services Network

Participation Agreement *2017-2018*

***Note: Deadline for submission – Materials must be received by
no later than March 10, 2017***

Arkansas Community Pharmacy Enhanced Services Network

GENERAL INFORMATION

Overview of the Arkansas Community Pharmacy Enhanced Services Network

The Arkansas Community Pharmacy Enhanced Services Network is a high performance network that has adopted the tenets of value-based health care—increase the quality of patient care and reduce overall health care costs. AR CPESN is focused on improving the health of our patients by working collaboratively with other health care providers and ensuring that patients are achieving their therapeutic outcomes with safe and effective therapy.

Purpose

The purpose of the Arkansas Community Pharmacy Enhanced Services Network is to develop, implement, and maintain a network of community pharmacies that provide high quality enhanced services to patients to improve patient clinical outcomes and utilization of healthcare resources by working collaboratively with other healthcare providers, health systems, accountable care organizations, and other key stakeholders. The AR CPESN will work with payers to ensure that overall health care spend is optimized and reduced by appropriately managing patients' medication therapy. The network is focused on high quality performance in all aspects of the practice including implementation of enhanced services, provision of patient care services, collaboration with other health care providers and key stakeholders, and working closely with payers to improve overall health care resources utilization and overall health care spend. The participating AR CPESNSM pharmacies agree to be active participants in the network, collaborating and sharing ideas, and willing to share practice data as determined, requested, and needed by the network.

Goal

The goal of the AR CPESN is to improve quality of care and patient outcomes related to medication use, enhance patients' overall health trajectory and reduce total cost of care. Key to the AR CPESN approach is active integration of community pharmacist activity with the larger care team, including the primary care physicians, specialty providers such as behavioral health professionals, and the extended care team of the Patient Centered Medical Home. The AR CPESN will seek pharmacy participation with those that have demonstrated interest in delivering, high quality, patient-centered care that exceed traditional pharmacy dispensing services.

Characteristics of the Arkansas Community Pharmacy Enhanced Services Network

All participating pharmacies will agree to support medication optimization by offering enhanced pharmacy services, including medication therapy management (MTM) services that improve patient health outcomes. AR CPESN pharmacists work closely with patients, patient representatives, and other health care providers to collect pertinent patient clinical information, identify actual or potential drug therapy problems (DTPs), provide a patient care plan including clinical recommendations to resolve DTPs, and provide ongoing follow-up and monitoring services to ensure that patients are achieving their therapeutic outcomes with safe and effective drug therapy. AR CPESN pharmacists regularly document their patient care activities.

AR CPESN pharmacies will:

- Establish a therapeutic relationship with patients;
- Offer a private and confidential setting to talk with patients about their medications, and related health care issues or concerns;
- Counsel patients on the appropriate and safe use of their medications (prescription, OTC, supplements, herbals and home remedies) including benefits and potential side effects;
- Assist the patient with understanding the importance of all medications and taking them as prescribed or recommended;
- Provide regular ongoing reviews of patient medication regimens to identify opportunities to optimize therapy;
- Work collaboratively with health care professionals to resolve any concerns with the patient's medications;
- Reinforce patients' goals of therapy;
- Enhance care coordination and additional monitoring between provider office visits for patients, especially those who are non-adherent to medications and/or are medically complex;
- Provide communications with prescribers and other providers that offer clinical recommendations to resolve DTPs, achieve goals of therapy, and improve patient outcomes.

Participant's Roles and Responsibilities

- Provide medication management services that reach beyond traditional dispensing services currently understood to be the standard of practice for dispensing pharmacies and as outlined the “Community Pharmacy Enhanced Services Network “AR CPESN” Service Provision List” that is maintained by the Arkansas Community Pharmacy Enhanced Services Network and updated quarterly with the input of AR CPESN Participants
- Respect each patient's right to choose their own practitioners and pharmacies
- Maintain registration of the pharmacy and all involved pharmacists and technicians with the Arkansas Board of Pharmacy and, at all times, remain in good standing with the Arkansas Board of Pharmacy
- Be responsible for accessing, using and disclosing patient information on secure data platform(s) and application(s), when applicable, in accordance with the operational and technical specifications required by the Arkansas Community Pharmacy Enhanced Services Network
- Meet a set of minimum performance standards. These performance standards will be re-evaluated on an annual basis. Performance measurement requirements will be established after a measurement period following the launch of the network. When established, these performance measurement requirements will be updated in to reflect their impact on participation eligibility.
- Agree to share up to quarterly how the minimum required services are being met and implemented (e.g. a description of your services).
- Execute AR CPESN related and required documents as reasonably requested
- Report immediately to the Arkansas Community Pharmacy Enhanced Services Network should the pharmacy or any of the pharmacy participants be debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation by any Federal or State program, department or agency, including but not limited to Medicare and any State Medicaid agency
- Market the purpose and details of the AR CPESN to members of the medical neighborhood and other key audiences
- Membership Fee may be established in early 2018. Stores will be notified of membership fee in advance of its July 2, 2018 start date

Minimum Required AR CPESN Services

1. **Medication Synchronization with Personal Medication Record:** The proactive process of timing a patient's routine refills. Each patient in the program will receive a comprehensive medication assessment prior to syncing of medications. The purpose of medication synchronization is to ensure that patients are refilling and taking their medications as prescribed and to ensure that patients are achieving therapeutic goals with safe and effective medications. This process is not to be confused with automatic refills. This process includes:
 - a. Aligning chronic medication refills to be dispensed on the same day
 - b. Each fill, verify with patient any changes to medications and monitor progression toward desired therapeutic goals
 - c. Monitor and address medication adherence
 - d. Create and provide patient with a personal medication record (PMR). A PMR is a comprehensive record of a patient's active medications (active, chronic, PRN, OTC, and herbal).

2. **Adherence Packaging:** Assisting patients with a system to help organize medications, take them at the correct time of day, and improve patient compliance/adherence. This service may include the pharmacist working with the patient and/or caregiver to determine an appropriate adherence packaging system such as bubble packaging, medication strips, med planners, or automated medications planners. All planners will utilize appropriate labeling per the Board of Pharmacy.

3. **Comprehensive Medication Review with Follow-up:** A medication management service that is a focused, in-depth intervention that ensures each patient's medications (prescription and non-prescription) are individually assessed to determine appropriateness for the patient, effective for the medical condition, safe given patient comorbidities and concomitant medications, and able to be taken by the patient as intended for optimizing medication to achieve both the patient's physical and mental health goals. This service includes collection of vitals and other objective measures when appropriate (examples: blood pressure, blood glucose, weight), provision of patient's personal medication record, and patient-specific follow-up monitoring.

4. **Transition of Care:** Transition of care involves the coordination and continuity of health care as patients transfer between different settings. Medication reconciliation, medication therapy management, and patient education form the core pharmacist activities to improve the care provided during transitions. Service provided on referral or targeted toward patient populations at increased risk for readmission, such as patients with heart failure, chronic obstructive

pulmonary disease, asthma, advanced age, low health literacy, and frequent hospitalizations. Pharmacies shall also provide a non-dispensing 24-hour on call to assist in these transitions. Pharmacies may also provide home delivery as needed for patients.

5. **Immunizations:** Pharmacists should actively screen patients for ACIP recommended immunizations, educate patients about needed immunizations, and should provide at minimum the following immunizations: influenza, pneumococcal, and herpes zoster as appropriate per patient population. All immunizations must be recorded in the registry used by Arkansas Department of Health.

If a pharmacy is unable to provide immunizations at their site (LTC facility or clinic/hospital locations), they should actively screen patients for needed immunizations, educate patients/caregivers about immunizations needed and refer patients to another provider for these immunizations.

To be exempt: If a pharmacist is in a situation where there is a conflict of interest with a prescriber, an agreement in writing between the pharmacy and prescriber is to be kept on file in pharmacy and with the CPESN.

Optional AR CPESN Services

- **Compounding, Non-Sterile:** art and science of creating personalized, non-sterile medications.
- **Compounding, Sterile:** art and science of creating personalized, sterile medications
- **DME billing – Medicare and Medicaid:** ability to bill both Medicare and Medicaid for durable medical equipment
- **Home Delivery -Free:** pharmacy-provided delivery service at no charge
- **Home Delivery – Fee Applies:** pharmacy-provided delivery service, charges or restrictions apply; call pharmacy for details
- **Home Visits:** act of sending a pharmacist or other qualified pharmacy staff member into a patient's home to complete a medication reconciliation/review or other medication-related service
- **Nutritional Counseling:** delivery of education to help patients develop balanced diets that also may be tailored to individual chronic conditions
- **Presumptive Eligible (Medicaid) Medication Dispensing:** willingness to dispense medication based on "good faith" belief that the patient is eligible for Medicaid and is in the application process to be billed to Medicaid once actual eligibility obtained

- **Smoking Cessation Program:** educational program offered in your pharmacy designed to assist patients who desire to stop smoking
- **Specialty Pharmacy Dispensing:** ability to dispense medications deemed "specialty drugs" based on the fact that they require specialized care due to cost, treatment of a rare condition, requirement of special handling, use of a limited distribution network, or ongoing clinical assessment
- **Travel Health Consult & Vaccination:** The ability to provide applicable vaccinations for patients interested in international travel or refer to local travel health consultants. Please contact pharmacy for prices and vaccinations provided.
- **Clozapine Dispensing:** ability to dispense Clozapine through registration with the Clozapine Patient Registry database and on-going monitoring of labs for applicable patients
- **Therapeutic Substitution:** The ability to substitute a therapeutically equivalent drug that is a lower cost to the patient when given authorization in the prescription and after discussion with the patient.
 - a. The prescriber should indicate Therapeutic Substitution Allowed or May Therapeutically Substitute or abbreviating **"TSA" or "MTS"** as part of the prescription.
 - b. Before dispensing, the pharmacist will discuss verbally any suggested substitution with the patient that the patient has a right to refuse the substitution.
 - c. The Pharmacist will send notice of the substitution to the prescriber in writing by electronic communication within twenty-four (24) hours after the drug is dispensed to the patient.
 - d. Examples: Ace inhibitors, ARBs, statins, inhaled corticosteroids, proton pump inhibitors, albuterol, insulins.

Deadline Date

Arkansas Community Pharmacy Enhanced Services Network **must receive** a completed and signed Participation Agreement (one per pharmacy) **NO LATER THAN March 10, 2017**. By signing this Participation agreement, you are attesting that your business is performing all minimum required services. Enrollment will remain open after March 10th, however, processing of your enrollment may be delayed.

Please submit completed participant agreement (Page 10-13) via **email** at AR@CPESN.COM or **fax to the attention of Noel Dente at 919-745-2352**

**Arkansas Community Pharmacy Enhanced Services Network
Participation Agreement
2017**

Before submitting your agreement, carefully review and consider the pharmacy minimum standards and roles and responsibilities to participate in the Arkansas Community Pharmacy Enhanced Services Network. **Please complete one agreement per pharmacy.**

Participant Information

Please print or type **Mrs.** **Mr.** **Dr.**

Contact Name (*First, Middle Initial, Last*) **Credentials**

Company Name **Pharmacy NPI**

Preferred Mailing Address

Mailing Address (*Line Two*)

City **State** **Zip Code** **County**

Preferred Telephone (*area code/number*)

Preferred Fax Number **Preferred e-Mail Address**
(*area code/number*)

Buying Group **Dispensing System**

Please list the names of other pharmacists working in this pharmacy that wish to participate in the Arkansas Community Pharmacy Enhanced Services Network.

Please select the most appropriate option pertaining to pharmacy services offered in your pharmacy setting.

Enhanced Pharmacy Service	Currently Offer	Do Not Currently Offer, but Willing to Offer	Not Interested in Offering
Adherence Packaging			
Comprehensive Medication Review with Follow-up			
Clozapine Dispensing			
Compounding, Non-Sterile			
Compounding, Sterile			
DME billing – Medicare and Medicaid			
Immunizations			
Smoking Cessation Program			
Home Delivery - Free			
Home Delivery – Fee Applies			
Home Visits			
Medication Synchronization with Personal Medication Record			
Nutritional Counseling			
Presumptive Eligible (Medicaid) Medication Dispensing			
Specialty Pharmacy Dispensing			
Travel Health Consult & Vaccination			
Transition of Care			
Therapeutic Substitution			

My signature below indicates that I have read and agree to the minimum required AR CPESN services and roles and responsibilities of the Arkansas Community Pharmacy Enhanced Services Network. I commit to providing high quality, high integrity care. Failure to perform the minimum requirements with highest integrity may result in termination of the network. I also agree to:

- Support the Goals of the AR CPESN.
- Offer my expertise to help ensure the health and success of the initiative.
- Work with the rest of the AR CPESN participating pharmacies to communicate details of the network to our most important audiences.
- Complete all necessary training and education as required.
- Provide support for all data collection procedures including up to quarterly reporting on your progress.
- Actively participate in all requests for my assistance and response.

Pharmacy Owner/Supervisor

Signed _____ Date _____
Title _____