

Executive Notes



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Executive Director*

Reimbursement—Part 2

Last issue, we began our discussion on reimbursement and how pharmacists can get paid for their services, with an overview of Medicare and state-run programs. In this issue, we will focus on pharmacist reimbursement from private payers. The City of Asheville (whose program is better known as the Asheville Project), and Blue Ridge Paper Products (BRPP) are just two examples of employers who offer pharmacist-led disease management programs to their employees.

The Asheville Project uses financial incentives to link highly trained pharmacists to city workers who have diabetes, hypertension, asthma or high cholesterol—all expensive chronic illnesses. Pharmacists are paid to counsel patients, offering advice on diet, exercise, stress reduction and medications. With the monthly sessions, pharmacists help patients stay on track and act as a bridge to physicians.

What the city spent all together for prescriptions, pharmacist payments and even additional physician visits was more than made up for in reduced hospital visits, kidney dialysis and transplants. "I can afford a lot more medications and physician visits than I can trips to the emergency room," said John Miall, Director of Risk Management for the City of Asheville.

The Blue Ridge Paper Products company became interested in starting a wellness program involving pharmacists following information they had learned regarding the Asheville Project. The BRPP program involves employers and health care providers in an effort to train employees with diabetes to better manage their disease and utilize treatment regimens. Trained pharmacists provide diabetes and cardiovascular counseling and education and periodically review medications with employees in Georgia, Iowa, New Jersey, Ohio, Texas, and Virginia.

So how do the pharmacists get paid for their services? BRPP contracted with Outcomes Pharmaceutical Health Care (www.getoutcomes.com), who serves as the fiscal intermediary between the pharmacy and BRPP.

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Online Recertification Now Available

NISPC is pleased to introduce our user-friendly online recertification. We worked diligently to create this online recertification application in time for the 2003 renewal period. Visit our web site at www.nispcnet.org to access the online application or for additional information regarding recertification. Please email questions@nispcnet.org with any comments.

Continuing Education Reminder

For CDMs recertifying in 2003, you are responsible for documenting 30 hours of CE received between October 2000 thru October 2003. Ten of those hours must have been obtained between October 2002 and October 2003. [For links to online CE, visit www.nispcnet.org].

Renew by September 30, 2003 and you will be entered into a drawing to win the Lexi-Drugs Platinum database for your PDA (a \$75 value), with updates for one year. This online product is one of the most comprehensive databases available, allowing you to provide time-sensitive clinical information at the point-of-care. (To see a demo, visit www.lexi.com) Renewals must be postmarked by September 30, 2003 to be entered into the drawing.

Calendar of Events

September 1, 2003:
Recertification/Annual Fee Packets Mailed

September 30, 2003:
Early Recertification/Annual Fee Renewal

October 31, 2003:
Recertification/Annual Fee Deadline

Reimbursement—Part 2

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The Outcomes Case Management web-based system is a comprehensive patient care system designed to assist payers in implementing disease management programs while simultaneously offering pharmacists a method for providing and billing for services. This system is designed to capture service data for quality assurance monitoring and patient outcome data for evaluating the impact of pharmacist services. Pharmacist fees are calculated using a unit rate set by the payer for various services and clinical assessments.

For the pharmacist, the Outcomes Case Management System serves as a reminder and tracking system to identify patients who qualify for services and alert pharmacists as to what education and assessments need to be performed at each visit. A patient visit worksheet can be printed from the on-line system and placed in the patient's chart to ensure continuity of care. Case management forms that follow the on-line claim screens are available for use during the patient visit to document services and findings. Claims status information and a variety of reporting capabilities offer the pharmacist the ability to track clinical and service data for individual patients or groups.

As always, I encourage you to contact me at dsm@nispnet.org with your comments.

CDM Marketing Tip

Okay—You took your test, you passed with flying colors, you are a Certified Disease Manager. Now what? In each issue, this section will give you a few tips for making yourself, and your services, marketable. This month's focus—celebrating your CDM Certification.

There are many ways to celebrate the achievement of your CDM Certification. Try any, or all, of the following suggestions:

- ✓ Send a news release to local media.

- ✓ Conduct a news conference. Invite local reporters to meet with your key staff members. This provides an excellent opportunity to explain voluntary disease-specific care certifica-

tion and your ongoing commitment to safe, quality care.

- ✓ Include information on the benefits of disease-specific care certification in your organization's newsletters and in presentations to staff, board members and community groups.

- ✓ Notify insurance carriers and benefits coordinators whose clients use or might use your program's services.

- ✓ Include disease-specific care certification information in your patient literature and on your program's website.

- ✓ Display your CDM certificate in a prominent place in the pharmacy.

CDM Recognition

We are pleased to recognize the following pharmacists who achieved their CDM credential between February 2003 and May 2003.

Congratulations on your accomplishment!

ANTICOAGULATION

Brad Hein
Christopher L. May
Lisa M. Murphey
Randall P. Sharp
Timothy B. Smith

Jackson Bray
Sabine C. Chibueze
Judith Chioli
Sharon E. Cleveland
Mark Cooper
Wanda Crow
Marci Daugherty
Gregory Docter
Mary H. Falk
James Gagnon
Barbara B. Galloway
Karina Gorokhovskiy
Mary Kathleen Grams
Christine Groth
Donald Gudenas
Raja A. Hanania
Cammy S. Han-Young
Melissa Hoover
Lily N. Huynh

Negar Jahangir
Steve M. LaFond
Ruth C. Lerro
Tiffany S. Lichty
Amy M. Lugo
Christina R. Maffei
Lucy J. Majithia
Gina I. McDade
Brenda McIntyre
Yolanda G. Meza
Rudolf Mireles
Ann H. Nguyen
Bao Q. Nguyen
Andi Norton
Carol M. Overstreet
Michelle Pearson
Renee L. Pederson
Bessie B. Petkus
Dat T. Pham

Rebecca M. Reinhart
Lisa Ribble
Amy F. Ringer-Donovan
Debra T. Sham
Stephen Shea
Patricia Smith
Kerry A. Stiegler
Tahmina Sultan
Nancy L. Wells
Giovanna M. Witowski
Stephanie Yanni

ASTHMA

Debora Chan
James M. Gagnon Jr.
Madelyn B. Giroud
Margaret Pitcock

DIABETES

Olumaranti Akiyode
Courtney Ballard
Janet A. Barco
Jacqueline Barrant
George Bowersox

DYSLIPIDEMIA

Jack Bradberry
Jason Iltz
Ann Lee
Leigh A. Martin
Barbara McNeal
Vicki Williams

CDM Profile: Hy-Vee Supermarkets

Question: What makes a supermarket more “super” and less “market”? Answer: When the people who run it recognize the value of education to both employee pharmacists, and the patients they care for.

Hy-Vee Inc. operates 178 pharmacies (some in supermarkets, some stand-alone) throughout Iowa, Illinois, Missouri, Kansas, Nebraska, South Dakota and Minnesota. The company employs 661 full- and part-time pharmacists. But what makes Hy-Vee really stand out is their commitment to providing their pharmacists with training and education. “We are strong supporters of the NISPC credentialing program and have sent over 100 pharmacists through training and testing,” said Helen Eddy, Assistant Vice President, Pharmacy Education/Training for Hy-Vee.

Training for the Future

In the late 1990’s, Hy-Vee decided to make a commitment to training pharmacists in diabetes management. Drake University had developed a 3-month diabetes certificate program, and Hy-Vee guaranteed them 30-40 pharmacists. Simultaneously, NISPC was being created, and eventually the two pieces of the puzzle fell into place. “In our eyes, it made perfect sense for the certified pharmacists to take the NISPC exam as part of the process and become credentialed” said Eddy. In the spring of 1999, the first pharmacists went through the program, which incorporated all aspects of diabetes training, from counseling to testing. At the end of the program, pharmacists would first take the Drake final exam, consisting of written and lab demo work, and the next day would sit for the NISPC exam (proctored by the director of the Drake program).

Hy-Vee pays for the training, the exam, and for NISPC recertification. Originally, the certificate program required pharmacists to actually go to Drake University to take the course, but now it’s primarily web-based with a “live” final meeting. The program is now run twice a year and between 20 and 30 pharmacists take it each time.

Aside from diabetes, several of the Hy-Vee pharmacists have taken asthma and dyslipidemia NISPC exams on their own incentive.

According to Eddy, the pharmacists who have taken the certificate program, and achieved the NISPC credential, feel more confident because of the training and the knowledge that they can review a patient’s medications, or help patients choose the right blood glucose meter.

Pharmacists Contribute to Employee Health

Although Hy-Vee currently doesn’t run any specific disease management programs company-wide, some of the credentialed pharmacists have started programs on their own. The company’s policy has been to let pharmacists develop their own programs so that they can take



A Hy-Vee pharmacist counsels a patient on OTC medications.

pride of ownership, rather than the program having a corporate stamp. And take ownership they do. Eddy gave as examples a diabetes management/weight control program instituted by a NISPC pharmacist working together with a dietician, and a yearly event in Des Moines where pharmacists run educational sessions at a diabetes health fair. At that one event, said Eddy, anywhere from 200 to 400 diabetes patients receive education and counseling.

One of the most exciting things, though, is coming up in the near future. As a self insured employer watching health costs steadily rising, Hy-Vee decided to try something new. With a grant from Aventis, Hy-Vee will be setting up its own pharmacy based diabetes program, to provide education and medication review, and to monitor health outcomes in its own employees. The program will be run with the help of Patty Kumbera and her company, Outcomes Pharmaceutical Health Care. (For more information on Outcomes, see this month’s *Executive Notes*.) As the largest employer in Iowa, Hy-Vee hopes that implementing a successful disease management program within the company will be the first step to marketing it to other employers. The company is currently gathering data on employees with diabetes and mapping them to NISPC credentialed pharmacists. Pharmacists will be paid \$200 for each patient they manage (4 visits per year). In order to be paid, pharmacists must be NISPC credentialed.

The program will start with 100 patients, and their outcomes will be carefully monitored. If it is successful in lowering health care costs and improving the health of employee-patients, the company has hopes of expanding it in the future.

“I have a personal commitment as a pharmacist to prove that quality care can be done in a chain setting,” said Eddy. “Chains see the bulk of the patients, chains need to provide the bulk of the patient care.”

For more information on Hy-Vee, visit www.hyvee.com



Ideas Wanted

This newsletter was created for you—to keep you informed and to cover topics of interest to you as a CDM pharmacist. If there is a particular topic that would be helpful to you, or that you are interested in having us cover, please let us know.

We value your feedback. Let us know how we're doing. Take a moment to drop us an e-mail and let us know how we can make this newsletter as useful as possible to you.

Please e-mail your questions, comments, suggestions, ideas, personal stories, achievements, honors, etc... to questions@nispnet.org, or call us at 703-299-8970. We'd love to hear from you!

NISPC was formed in 1998 by the American Pharmacists Association (APhA), the National Association of Boards of Pharmacy (NABP), the National Association of Chain Drug Stores (NACDS), and the National Community Pharmacists Association (NCPA) to create a consolidated, nationally-recognized, disease state management credential for pharmacists.

Exam Info

Computerized: With over 700 testing sites nationwide, pharmacists can register to take the computerized version of any of the four DSM exams (anticoagulation, asthma, diabetes, dyslipidemia), virtually any time of the year at their convenience. Call the NISPC Testing Center at 847-698-2612, or e-mail dsm@nabp.net for more information.

Paper and Pencil: We are pleased to offer the DSM exams in paper and pencil format at the following meeting locations:

- July 18: Amerisource Bergen Healthcare Conference and Exposition, Las Vegas, NV
- September 20: Lifescan PPDC Diabetes Program, Milipitas, CA
- October 11: Lifescan PPDC Diabetes Program, Milipitas, CA

Fees: \$250 per exam

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