



ThoughtSpot

Operationalizing Clinical Service Expansion within the Community Pharmacy Setting

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Good Neighbor Pharmacy

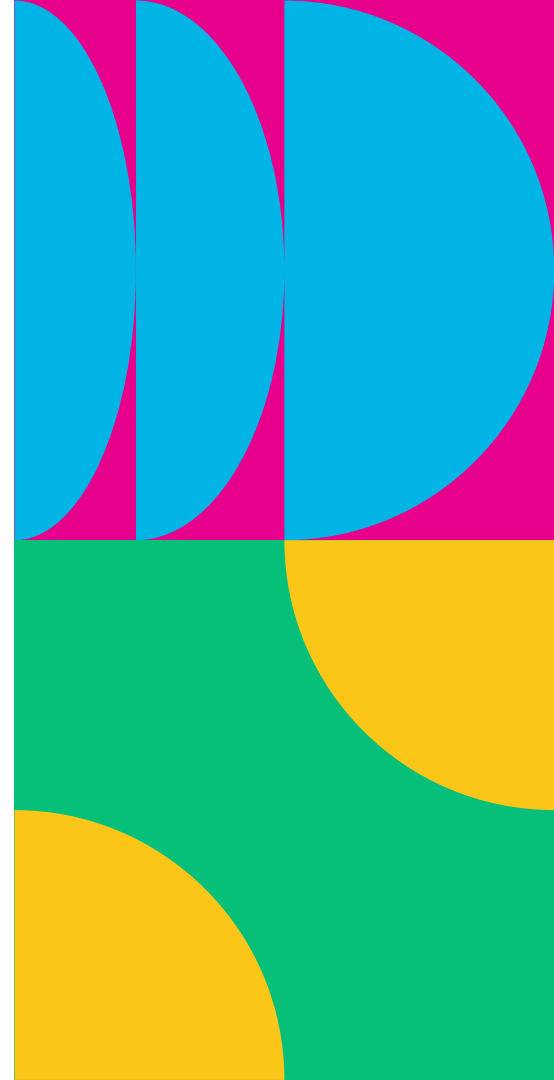
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Learning Objectives

1. Describe how the awareness of state scope of practice can facilitate clinical service expansion.
2. Outline steps to determine which clinical services to implement.
3. Identify methods to gain team buy-in, meet educational needs, and launch clinical programs.
4. Discuss different ways that technology can automate clinical workflows.



Speakers



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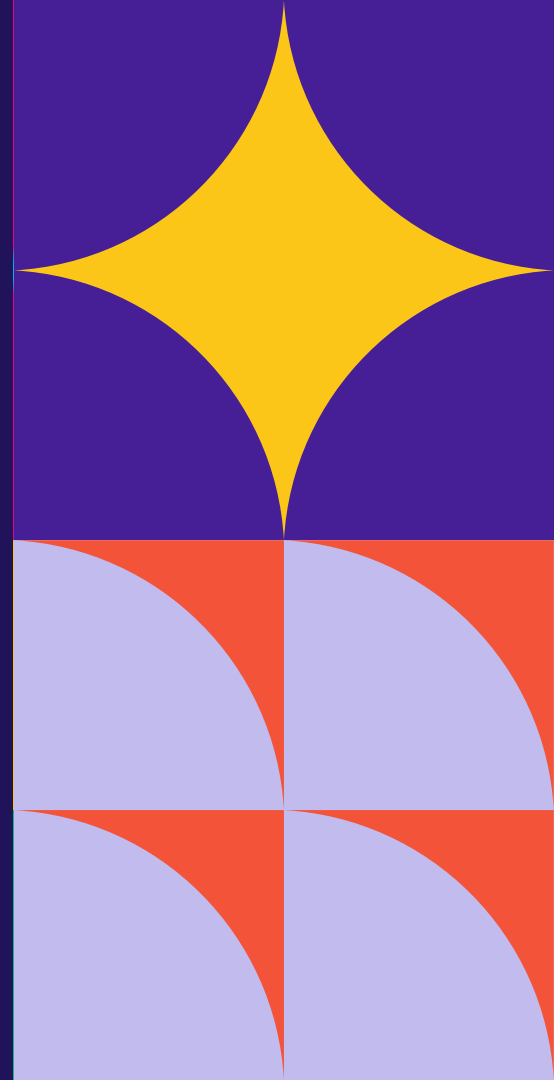


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Shifting the Healthcare Landscape

Policy Reform, Consumer Demand, and Public Opinion are Shifting the Healthcare Landscape



The Modern Pharmacy Crisis: A Perfect Storm

Community pharmacies remain essential healthcare touchpoints, but a perfect storm of financial pressures, labor shortages, and outdated technology is creating an unsustainable system that compromises clinical and financial outcomes.



Increasing Financial Pressures

- Sales increased in retail and mail +9.4% (2024)
- ~90% of all Rx's dispensed are generics = 11% of the revenue



Clinical Revenue Barriers

- "Pharmacist as Provider" disparity
- Inconsistent reimbursement opportunities



Patient Experiences Are Disconnected

- Non-interactive patient communication
- Lack of 360-degree view of patient



Growing Workforce & Operational Challenges

- Pharmacy closures while Rx volume increases (+6.0%)
- 5% growth in employment opportunities but 35% decline in pharmacy school applications (over last decade)

IQVIA Drug Store News, Pharmacy Industry Trends, Feb. 18, 2025

The Perfect Storm Carries Important Tailwinds

Pharmacy transformation
is influenced by:

- Policy reform
- Consumer demand
- Public perception

Progressive **state policy reform** is paving the way for scope of practice expansion, provider status, and payment parity.

Consumers demand more **primary care services** for treatment of minor ailments closer to home.

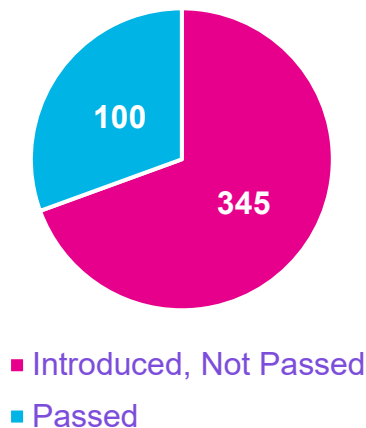
Public perception of pharmacy-based services goes beyond filling prescriptions and administering vaccinations.

Progressive State Policy Reform

In 2023, 180 bills were introduced in 43 states. Of those, **55 bills** passed in 32 states.

In 2024, 165 bills were introduced in 41 states and **45 bills** passed in 31 states.

2023-2024 Provider Status and Scope Bills



Highlights:

Vaccine Authority expanded:

CA, CT, DC, DE, GA, HI, IA, IL, KS, KY, MD, ME, MI, MN, MT, NH, NE, OH, OR, PA, SC, WV

Point-of-Care Testing & Treatment Authority expanded:

CA, CO, CT, DC, HI, IL, MI, MN, NC, NM, NY, OR, PA, SC, VA

HIV PrEP/PEP Authority expanded:

AR, CA, CT, DC, DE, FL, IL, LA, MD, RI

Contraceptive Prescribing Authority expanded:

CT, IN, ME, NY, RI, VT

Provider Designation & Payment for Services expanded:

CA, CO, DE, IL, IN, MA, MD, ND, NV, OR, VA

<https://naspa.us/blog/resource/2023-provider-status-end-of-year-legislative-update/#~:text=180%20bills%20pertaining%20to%20pharmacist,the%202023%20state%20legislative%20sessions.>

<https://naspa.us/blog/resource/2024-provider-status-end-of-year-legislative-update/>

Consumers Demand Convenient Care Closer to Home

Accessibility ↓	PCP Shortage ↓	High-Touch ↓	Total Cost ↓	Convenience ↓
Pharmacies are the most accessible healthcare destination as over 90% of the population lives within 5 miles of a pharmacy. ¹	A report by Association of American Medical Colleges predicts a shortage of 17,800 to 48,000 Primary Care physicians by 2034. ²	Research suggests that patients visit their pharmacy approximately two to nine times as frequently as their primary care physician. ^{3,4}	An average Urgent Care visit costs between \$100-\$200, while ER visits cost between \$1,200-\$1,300. ⁵	Test-and-Treat research has found that 38.7% of patients visit the pharmacy outside of normal office hours and 34.6% of patients had no primary care physician. ⁶

1. https://www.cdc.gov/pcd/issues/2020/20_0317.htm.

2. <https://www.aamc.org/news/press-releases/aamc-report-reinforces-mounting-physician-shortage>

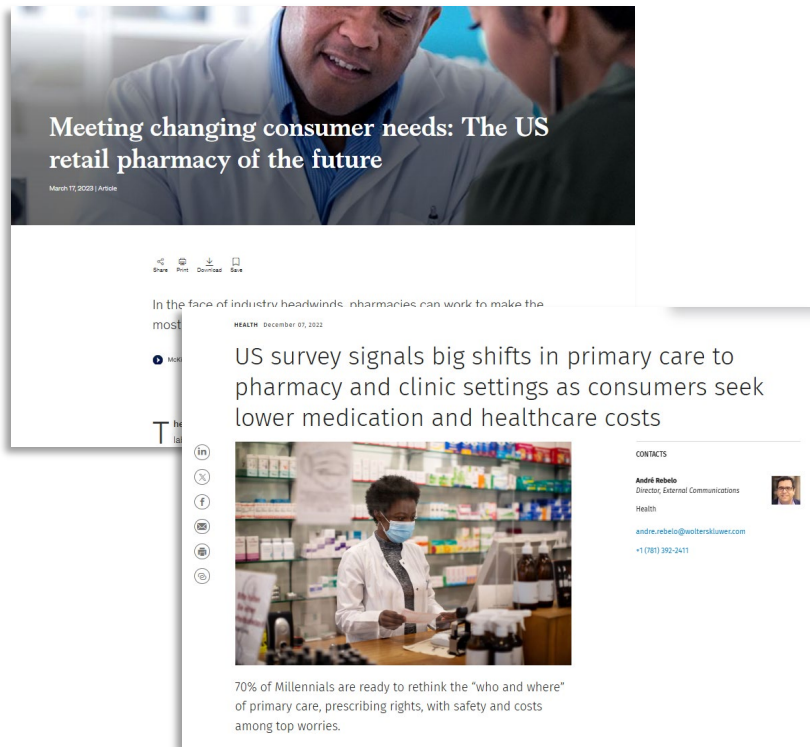
3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7364370/#zoi200382r8>

4. <https://www.drugtopics.com/view/pharmacists-want-more-time-patients>

5. <https://www.afcurgentcare.com/blog/cost-of-urgent-care-vs-cost-of-er-visit/>

6. <https://pubmed.ncbi.nlm.nih.gov/26802915/>

Public Perception of Services Beyond the Fill



“Consumers of all backgrounds appear to welcome all types of retail pharmacies taking on a **broader role that encompasses more than prescription dispensing**, a trend that is reflected in their spending patterns.”

“Looking ahead five years, **three out of five** American health consumers (61%) can envision **most primary care services being provided at pharmacies**, retail clinics and/or pharmacy clinics instead of going to a PCP.”

<https://www.mckinsey.com/industries/healthcare/our-insights/meeting-changing-consumer-needs-the-us-retail-pharmacy-of-the-future#/>

<https://www.wolterskluwer.com/en/news/us-survey-signals-big-shifts-in-primary-care-to-pharmacy-and-clinic-settings>

Future of Pharmacists as Healthcare Providers

While all pharmacists are healthcare providers, provider status and payment recognition is determined at the payer level.

Important Considerations

- Provider status is dependent upon payer recognition of pharmacists as enrolled healthcare providers in their network.
- Potential varies across channels (i.e., Medicare, Medicaid, Commercial, etc.) and by jurisdiction.
- Provider status does not overrule state Scope of Practice.
- Pharmacists can provide services within SOP without provider enrollment by offering cash-based services.



Payer Channels

Medicare

- No federal recognition
- Landmark bill (H.R.3164) introduced on 05/01

Medicaid

- Varies by state
- Progressive movement toward provider status under Medicaid

Commercial

- Varies by health plan at the contract level

Question #1

Which of the following best describes the tailwinds influencing pharmacy transformation?

- a) Prescription reimbursement, operating hours, and staffing
- b) Turf battles, collaborative practice, and telehealth
- c) State policy reform, consumer demand, and public opinion
- d) Aging population, Medicaid funding, and price transparency



Question #1

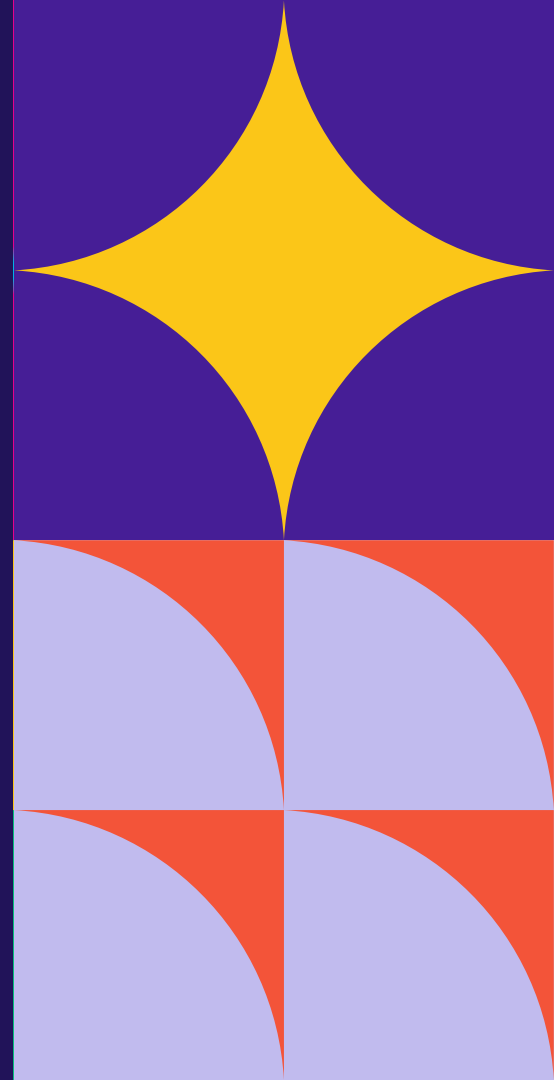
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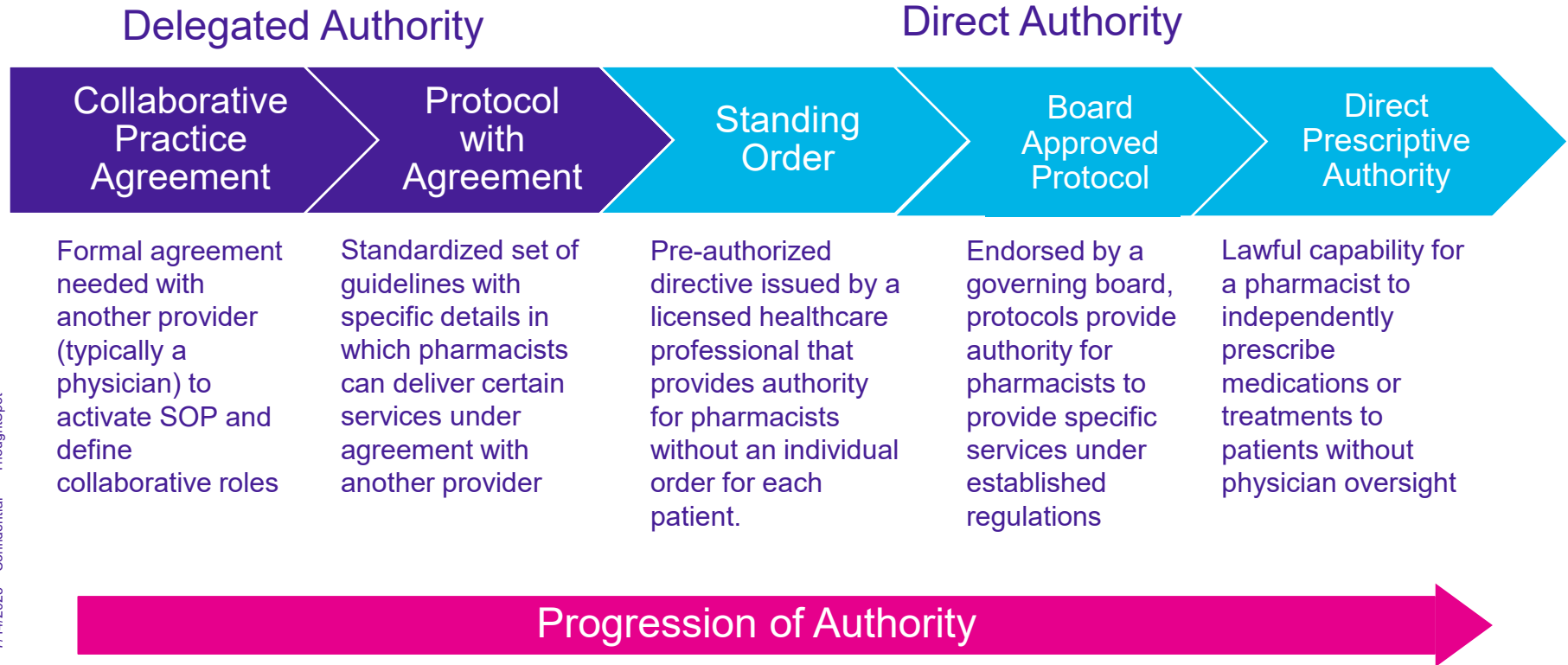


Empowering Pharmacists with Actionable Information

State Scope of Practice and
Reimbursement Opportunities



Understanding Pharmacist Scope of Practice (SOP)

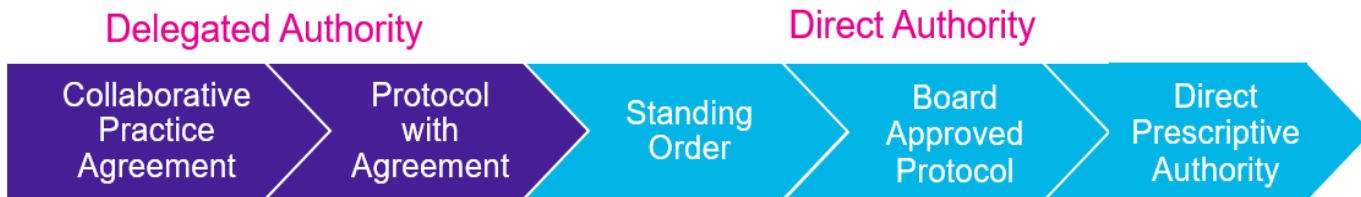


Applying Scope of Practice Across Service Categories

Service Category	Subcategory
Pharmacist Vaccination Services	<ul style="list-style-type: none"> Specific limitations by age and type of vaccine
Substance Use Disorder	<ul style="list-style-type: none"> Naloxone Tobacco Cessation
Hormonal Contraception	<ul style="list-style-type: none"> Emergency Contraception Self-Administered and Injectable
Infectious Disease Treatment	<ul style="list-style-type: none"> Test & Treat for Flu, Strep, COVID-19, HIV PEP, HIV PrEP
Health Screening	<ul style="list-style-type: none"> CLIA-Waived tests
Other Prescriptive Authority	<ul style="list-style-type: none"> Epinephrine Topical Fluoride

Beyond service specific categories, certain states have adopted broader authority through the pharmacy practice act or standards of care (i.e., AK, ID, IA, etc.).

<https://naspa.us/blog/resource/swp/#unique-identifier-category>
<https://ciceroinstitute.org/research/toward-pharmacist-full-practice-authority/>



Impact of Leveraging SOP for Clinical Service Expansion



Understanding what you can do in your state is the first step forward and motivates change:

- Considering what services your community needs.
- What services can you get paid for?
- Development of a business model that is focused on iterative growth.

Differentiating Payment Types

Cash Model (Offerings at Cash)



Patients pay cash for services without health plan involvement



Most flexible model based on convenience and enables operational growth



Affordability for some patients; lack of payer recognition

+++ → +
3Yr. 5Yr.

Fee-for-Service (Medical Billing)



Medical billing software is used (X12 837p format) to bill for clinical services



Same way other providers (MD, PA, NP) bill for CPT codes for office visits and cognitive time



Requires health plan enrollment, credentialing, and contracting

+++ → ++++
3Yr. 5Yr.

Value-Based Care (VBC Programs)



Value-based contracts share risk and reward for outcomes improvement



Flexible by program design and are focused on achieving goals



Requires geographic density and / or clinically integrated network

+++ → +++++
3Yr. 5Yr.

Considerations for Fee-For-Service Billing

Medicaid and MCOs

- Provider Status Recognition - Varies at the state-level
- Opportunity Outlook - Progressive state movement
- Legislative Support - Payment parity laws may apply
- Billing Pre-requisites - State/service dependent requirements are typically published

Considerations for Fee-For-Service Billing

Legislative Support

- Provider Status Recognition - Pharmacists are not providers
- Opportunity Outlook - Dependent on new legislation
- Legislative Support - None currently – ECAPS Act
- Billing Pre-requisites - Specific to specific programs (i.e., DPP, DSMT)

Considerations for Fee-For-Service Billing

Commercial Health Plans

- Provider Status Recognition - Payer dependent
- Opportunity Outlook - Unclear due to contractual nature
- Legislative Support - Payment parity laws may apply
- Billing Pre-requisites - Payer requirements are contract specific and typically not published

Recommendations for Staying Current with Policy Changes

State Pharmacy Associations

- Consider membership

Board of Pharmacy

- Regularly view website
- Attend meetings in-person

Pharmacy Networks

- Get involved with peers, memberships, & working groups



Advocacy: Activating Pharmacists and Technicians

Leverage national and state-based resources



Think nationally and act locally



FUTURE OF
PHARMACY CARE
COALITION



Leverage your voice as a constituent



Question #2

Which of the following is true regarding Fee-for-Service Medical Billing?

- a) Most flexible model, based on convenience.
- b) Contractual arrangements share risk and reward for outcomes improvement.
- c) Uses the standard D.0 prescription claim structure.
- d) Common way for other providers to bill for medical services (CPT codes).



Question #2

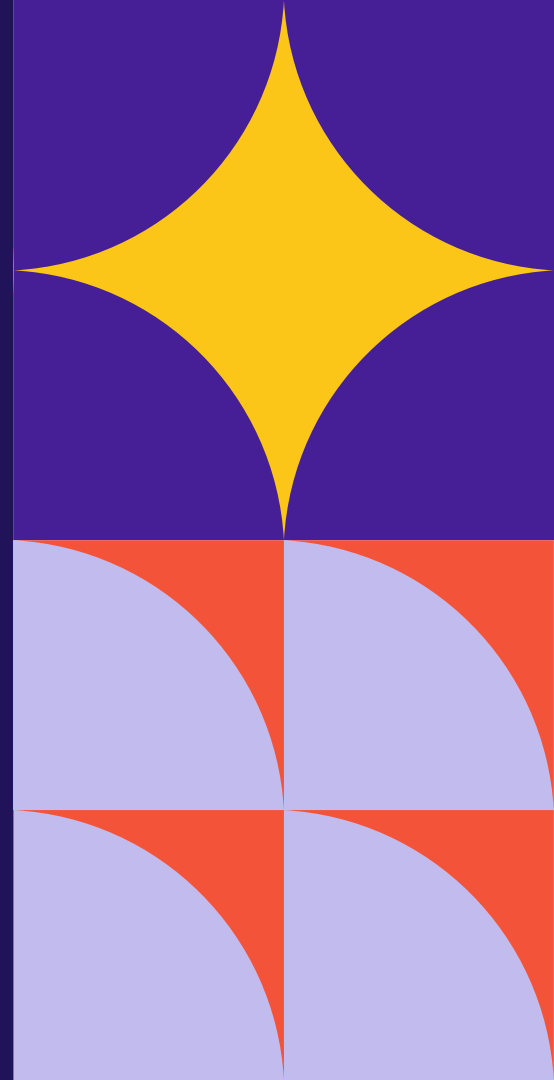
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Planning for Clinical Services Expansion

Equipping Independent pharmacies for
the future of healthcare



Why Expand Clinical Services

Meet evolving patient needs

Differentiate your pharmacy from competitors

Enhance financial sustainability

Improve patient outcomes in community

Strength relationships with payers and providers



Needs Assessment

Analyze

- Analyze patient population
 - Claims data/prescription dispensing trends
 - Provider prescribing in community

Review

- Gaps in Local Healthcare
 - CDC/State Department of health data
 - Chronic disease prevalence rates
 - Immunization rates
 - Hospital readmissions Rates

Consider

- Consider your pharmacy's strengths and interests
 - Mission and Vision
 - Staffing
 - Professional interests

Service Selection Consideration

Determine the Best Clinical Services for Your pharmacy



Regulatory Laws

Understand Scope of practice and requirements



Strategic Alignment

Fit into pharmacy's mission, vision and strengths



Feasibility

Staff, space, workflow, reimbursement or profitability



Clinical Impact

Improvement in patient outcomes, HEDIS gap closure, meets a real need

Educational Needs Assessment

Understand state regulations

Identify knowledge and skills gaps:

- Clinical protocols
- Documentation practices
- Billing practice

Set up training process:

- In-house
- Peer-peer
- CE models
- Organizations/schools
- Vendor supported
- Technology support

Compliance:

- Standard operating procedures
- Audits and feedback loop
- Competency assessment
- License (HIPAA/OSHA/State)

Strategies for Service Planning

Embrace Progress Over Perfection

- Avoid waiting for the ideal business plan; progress is achieved through trial and error.

Start with High-Demand Services

- Focus on services with strong local demand.
- Seasonal Vaccines: Prioritize flu and COVID-19 vaccinations in the fall.
- Point-of-Care Testing: Use local health data to guide testing services.

Strategies for Service Planning

Understand Your Community's Needs

- Assess the percentage of Medicare patients in your area.
- Age of patients
- Average income for the community

Focus and Expand Strategically

- Begin by focusing on 1-2 key complimentary

Question #3

Which factor do you think should be considered first when considering implementing clinical services?

- a) Clinical impact
- b) Feasibility
- c) Financial potential
- d) State regulations and laws
- e) Strategic alignment



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Which factor do you think should be considered first when considering implementing clinical services?

- a) Clinical impact
- b) Feasibility
- c) Financial potential
- d) State regulations and laws
- e) Strategic alignment



Pharmacy Implementation Case in Action

CareRx Pharmacy Overview

Location: Rural California, serving a population of 4,500.

Insurance Coverage:

- 65% Medicare
- 20% Medicaid
- 10% Commercial
- 5% Uninsured

Pharmacy Implementation Case in Action

CareRx Pharmacy Overview

Racial Composition: Latino, White, African American, Asian, Native American

Community Health Data:

- 45% have CVD
- 55% of the population has diabetes
- Immunization rate is 20%, below the national average of 35%

Pharmacy Implementation Case in Action

CareRx Pharmacy Overview

Current Pharmacy Services:

- Flu and COVID-19 immunizations
- Medication synchronization

Patient RS: A 66-year-old male with diabetes.

- RS visits the pharmacy for a prescription refill and seeks additional support for diabetes management and a healthier lifestyle.
- Current Medications: Insulin, Metformin, Celecoxib, Atenolol

Estimated Potential Revenue For Care Provided to RS

Service Type	Services Offered to RS	Estimated Revenue
Medication Adherence	Counseling the importance of taking prescriptions as directed	\$10
Blood Pressure Screening	Checking current BP with a cuff	\$30

50 patients with diabetes x 595= \$29,750/year

Estimated Potential Revenue For Care Provided to RS

Service Type	Services Offered to RS	Estimated Revenue
A1c screening	Performing POCT A1c tests in-house	\$45
Statin, ACE, or ARB recommendation	Coordinating with physician to begin standard of care medications	\$20

50 patients with diabetes x 595= \$29,750/year

Estimated Potential Revenue For Care Provided to RS

Service Type	Services Offered to RS	Estimated Revenue
Vaccines	Pneumonia, Hepatis B, Covid, and Flu	\$13/each
DSMES/T Counseling	Increasing physical activity, healthy eating habits, and glucose self-monitoring	\$112 for first hour \$30 for next 9 hours (max 10 hours per patient)

50 patients with diabetes x 595= \$29,750/year

Estimated Potential Revenue For Care Provided to RS

Service Type	Services Offered to RS	Estimated Revenue
Custom Fit Shoes with Insoles	Performing custom shoe-fitting and proper fitting insoles every year	\$169.14 for shoes \$68.98 for each insole (2 max/year)=\$108

50 patients with diabetes x 595= \$29,750/year

Question #4

Based on the demographics of CareRx Pharmacy and the needs of patient RS, which service should the pharmacy consider providing first to better serve this community?

- a) Expanded Diabetes Management Program
- b) Comprehensive Medication Adherence Counseling
- c) Chronic Disease Management Services
- d) Enhanced Immunization Programs
- e) All the above

Question #4

Based on the demographics of CareRx Pharmacy and the needs of patient RS, which service should the pharmacy consider providing first to better serve this community?

- a) Expanded Diabetes Management Program
- b) Comprehensive Medication Adherence Counseling
- c) Chronic Disease Management Services
- d) Enhanced Immunization Programs
- e) All the above

Planning Summary



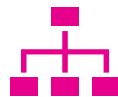
Start within your community

Understand local health needs and fill those gaps



Begin with attainable goals

Utilize simple and high-impact services to make a difference



Make it sustainable

Assign roles and create workflows to focus on quality over quantity.

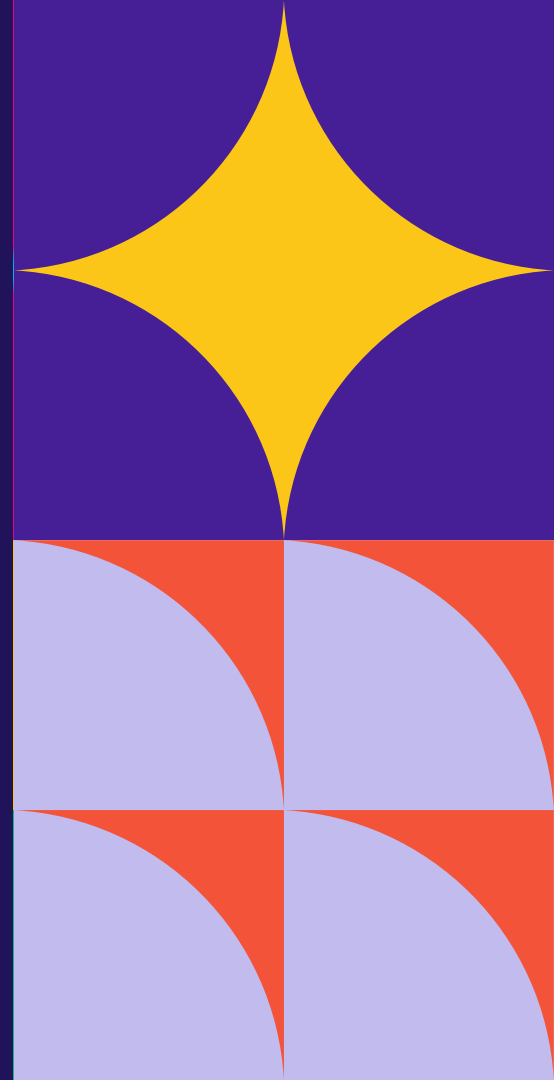


Stay flexible

Continue to assess what's working for you, what else can you add, pivoting

Operationalizing Clinical Programs

Transforming your pharmacy into a
healthcare destination



Implementation Overview

Conduct Needs Assessment and Services Identification

- Reimbursement models

Regulatory Compliance and License

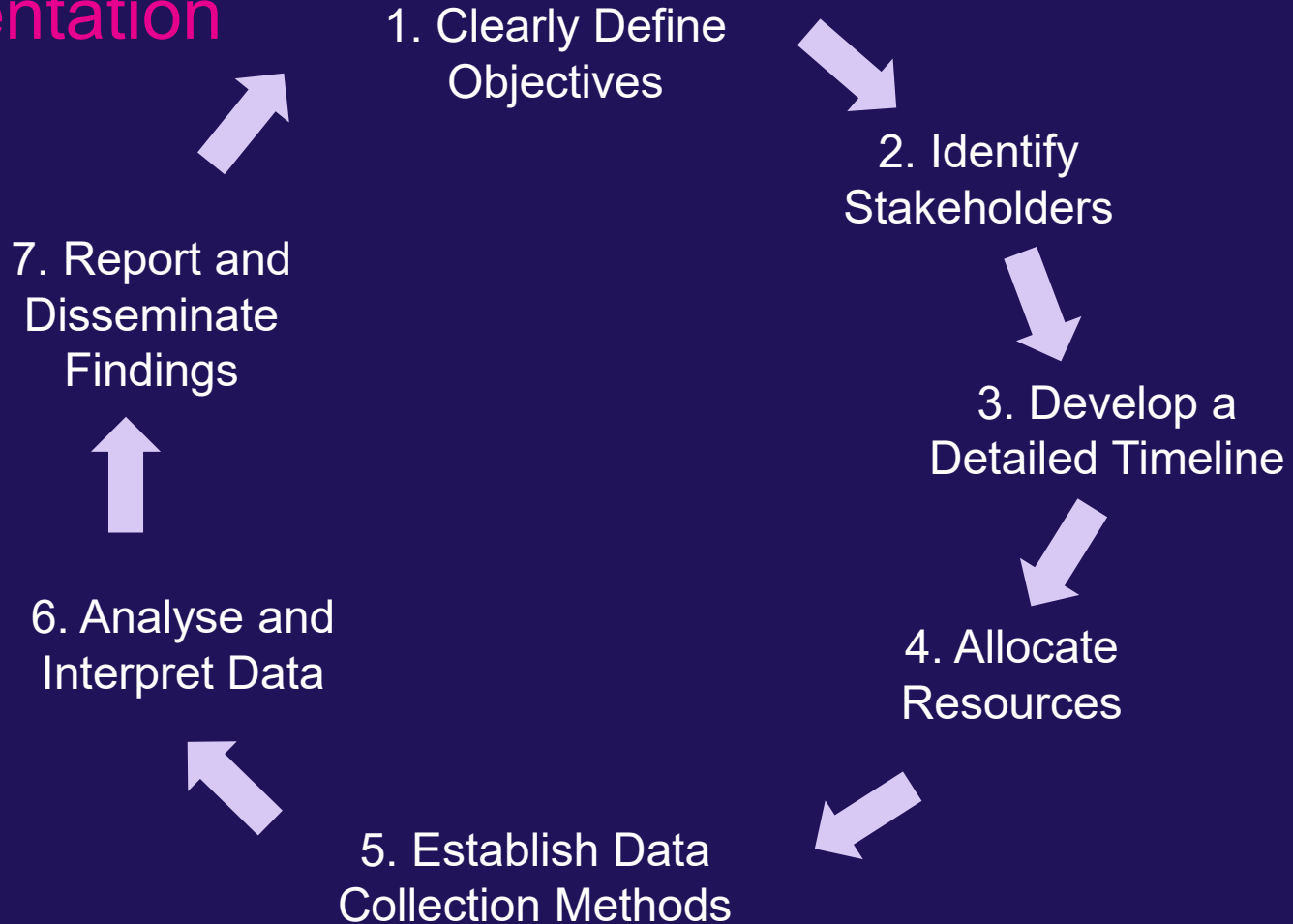
Consider Infrastructure & Resources Planning

- Physical space
- Staff training and development

Marketing

- Patient communication and engagement
- Community collaboration

Implementation Plan



Needs Assessment and Service Identification

Assess Community Health Needs

- Data driven decisions
- Identify key conditions
- Collaborate with local health providers

Select Services Based on Market Demands

- High impact services
- Reimbursement Models

Understanding Reimbursement Opportunities

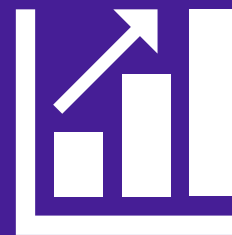
Expanding Clinical Services at Your Pharmacy



What can you
bill for in
your state?



What can
you bill for
federally?



Does a cash
model work
for you?

Infrastructure and Resources Planning

State Regulations

- Technician upskill
- Scope of practice
- Licenses and certifications

Physical Space & Equipment

- Consultation areas
- Required equipment

Staff Training and Development Certifications

- Onboarding & Continuing education
- Team roles and responsibilities
- Workflow optimization

Gaining Team Buy-in

Early Involvement

Communicate the “Why”

Recognize and Address Fears

Celebrate Quick Wins



Team Buy-in: Professional Development & Business Growth

Professional Development

- Skills and knowledge advancement
- Job satisfaction
- Skill diversification

Business Goal and Sustainability

- Shift to value-based care and preventative services
- Revenue generation
- Foot traffic growth
- Address patient needs
- Collaboration with plans and payers

Establishing an Effective Clinical Care Area in Pharmacies

Designated Clinical Space

- Separate from the main pharmacy to ease workflow and ensure patient confidentiality.
- Supports various functions: health screenings, vaccinations, counseling, and Point-of-Care Testing (POCT).

Professional Appearance

- Should resemble a healthcare clinic, not a storage room.
- A clean and organized environment enhances patient comfort and our credibility.

Establishing an Effective Clinical Care Area in Pharmacies

Essential Supplies

- Ensure all necessary equipment is available: needles, syringes, lancets, blood pressure cuffs, and more!

Marketing Strategies

Understand your Community

- Internet access?
- Age and demographics?
- Cultural and health needs?

In-Pharmacy Promotion

- Flyers
- Posters
- Etc.

Digital Marketing

- Social media
- Website with appointment options

Community Engagement

- Attend local health fairs, clinics, long-term cares, and adult day-cares
- Visit schools about vaccinations

Marketing Strategies-Providers/Community

Collaboration with Providers and Specialists

- Doctor detailing
- Referral networks
- Shared care models

Community Engagement & Outreach

- Get the message out there
- Education campaigns
- Local health departments
- Build Trust
- Create your reputation and brand

**Be Consistent!
Stay Engaged!**

Question #5

What is the most critical first step in implementing clinical services in a pharmacy?

- a) Identifying community needs
- b) Hiring additional staff
- c) Setting up a new physical infrastructure
- d) Developing marketing strategies



Question #5

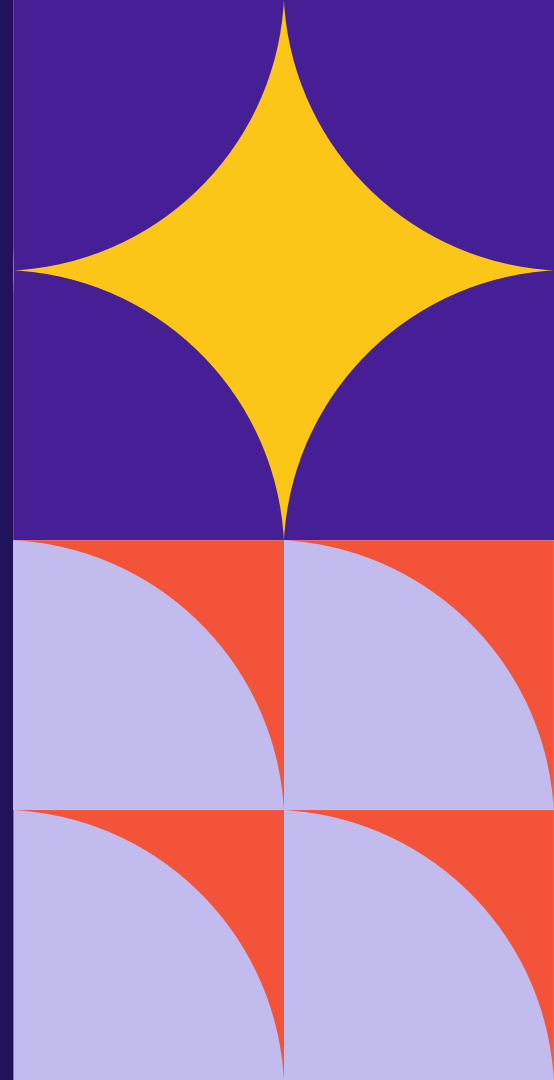
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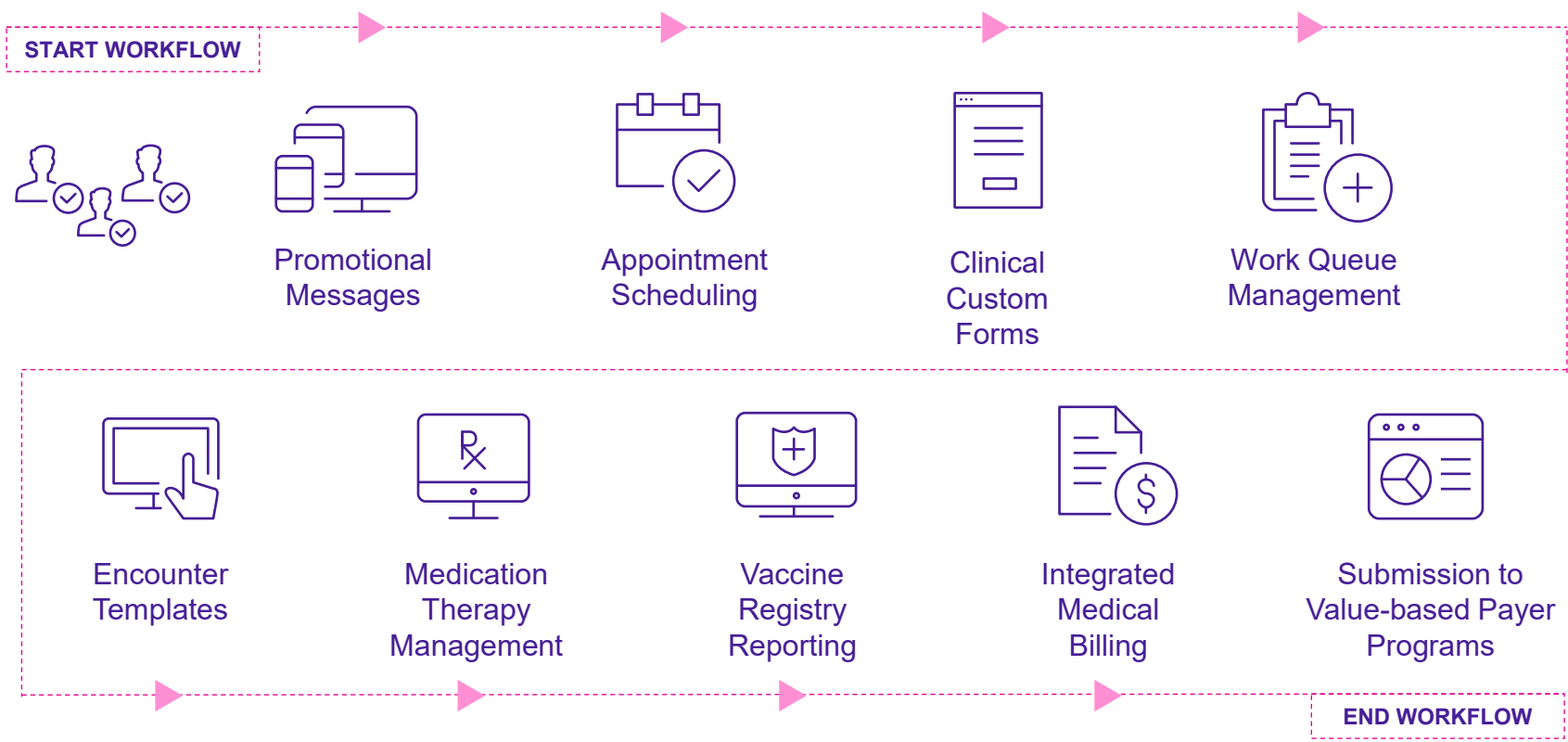


Leveraging Technology to Automate Workflows

Digital transformation and seamless
clinical workflow



Clinical Workflow Example



Automation Prior to the Patient Visit

Digital Transformation

Patient identification, Campaigns, Scheduling, and Custom Forms

Challenges

- Paperwork and manual processes create workflow inefficiencies
- Difficulty identifying patient candidates for relevant service offerings
- Outreach to engage patients on service opportunities can be labor intensive
- Walk in visits cause a strain on pharmacy workload
- Difficulty collecting patient information before their scheduled appointment

Automation Prior to the Patient Visit

Digital Transformation

Patient identification, Campaigns, Scheduling, and Custom Forms

Solutions

- Digitally transform the end-to-end clinical workflow through automation
- Proactively identify patient populations for eligible services
- Leverage automated messaging campaigns to engage patients
- Implement digital appointment scheduling for workload balancing
- Collect pertinent patient information through digital forms

Digitizing the Patient Visit Experience

Digital Transformation

Standardized documentation and Encounter Templates

Challenges

- Manual data collection during the patient visit takes too much time
- Tasks and clinical workload lacks prioritization and is unorganized
- Documenting patient care experience is manual & lacks standardization
- Difficulty in meeting the requirements of clinical protocols and payer programs
- Inability to customize clinical workflows to meet the needs of the business

Digitizing the Patient Visit Experience

Digital Transformation

Standardized documentation and Encounter Templates

Solutions

- Proactively collect pertinent information (i.e., insurance info) electronically
- Leverage work queues and task management to organize priorities
- Standardized documentation (i.e., PeCP) enables consistency and VBC
- Streamline requirements through service-based encounter templates
- Create customized workflows to meet the scalability needs of your business

Streamlining the Post-Visit Experience

Digital Transformation

Integrated Medical Billing, Registry Reporting, Interoperability, and Follow-up

Challenges

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Putting it all Together

Model State-Based Example for MTM Services in Pennsylvania

Provider Status Recognition


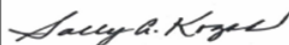
- Pharmacists as mid-level practitioner provider type (PT 10)

Medicaid MCO Enrollment

- Required

Billable codes include:

- 99605 (new patient; 15 min.)
- 99606 (established patient; 15 min.)
- 99607 (additional 15 min increments)

 pennsylvania DEPARTMENT OF HUMAN SERVICES		MEDICAL ASSISTANCE BULLETIN
ISSUE DATE February 13, 2024	EFFECTIVE DATE March 1, 2024	NUMBER 01-24-01, 08-24-02, 10-24-03, 24-24-01, 31-24-02
SUBJECT Pharmacist Billing		BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

The Department is adding the following procedure codes to the MA Program Fee Schedule for pharmacists to bill using PT 10/Spec 247:

Procedure Code	National Code Description	MA Fee
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	\$24.93
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	\$44.80
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	\$29.18
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)	\$27.96

Question #6

Which option best describes how technology can automate the pre-visit patient experience?

- a) Proactive patient identification and messaging campaigns for recruiting patients
- b) Standardized documentation and encounter templates
- c) Integrated medical billing with refined list of codes.
- d) Work queues and task management for improved prioritization



Question #6

Which option best describes how technology can automate the pre-visit patient experience?

- a) Proactive patient identification and messaging campaigns for recruiting patients
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- c) Integrated medical billing with refined list of codes.
- d) Work queues and task management for improved prioritization



Question and Answer

