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NCPA 2025 ANNUAL CONVENTION


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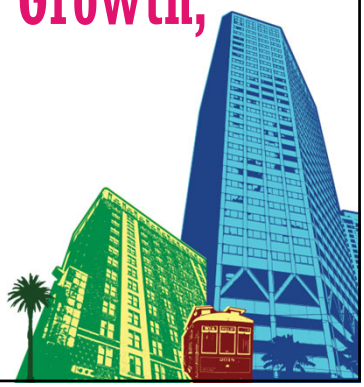
# Expanding Your Long-Term Care Pharmacy at Home Program: Strategies for Growth, Compliance, and Success

NCPA 2025 Annual Convention and Expo



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# Speakers

Steve Moore, PharmD
Co-Owner Condo Pharmacy

Leanne Haley-Brown BS Pharm, RPh
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# Disclosure Statement

There are no relevant financial relationships with ACPE defined commercial interests for anyone who was in control of the content of the activity.

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# Pharmacist and Technician Learning Objectives

1. Describe the growing demand for LTC at home and the evolving role of pharmacies to meet this need.
2. Interpret the current guidelines for LTC pharmacy at home.
3. Identify key components of a scalable LTC at home model, including staffing, technology, marketing, and clinical services.
4. Evaluate case studies to identify best practices and potential pitfalls.

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# POLL: Which best describes your current LTC at home offering?

a. We don't offer this yet but are exploring it.
b. We've piloted or served a small group of patients.
c. We have a fully active program but want to grow.
d. We're mature and looking to innovate beyond current services.

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# Understanding the Evolving Landscape of Long-Term Care Pharmacy at Home

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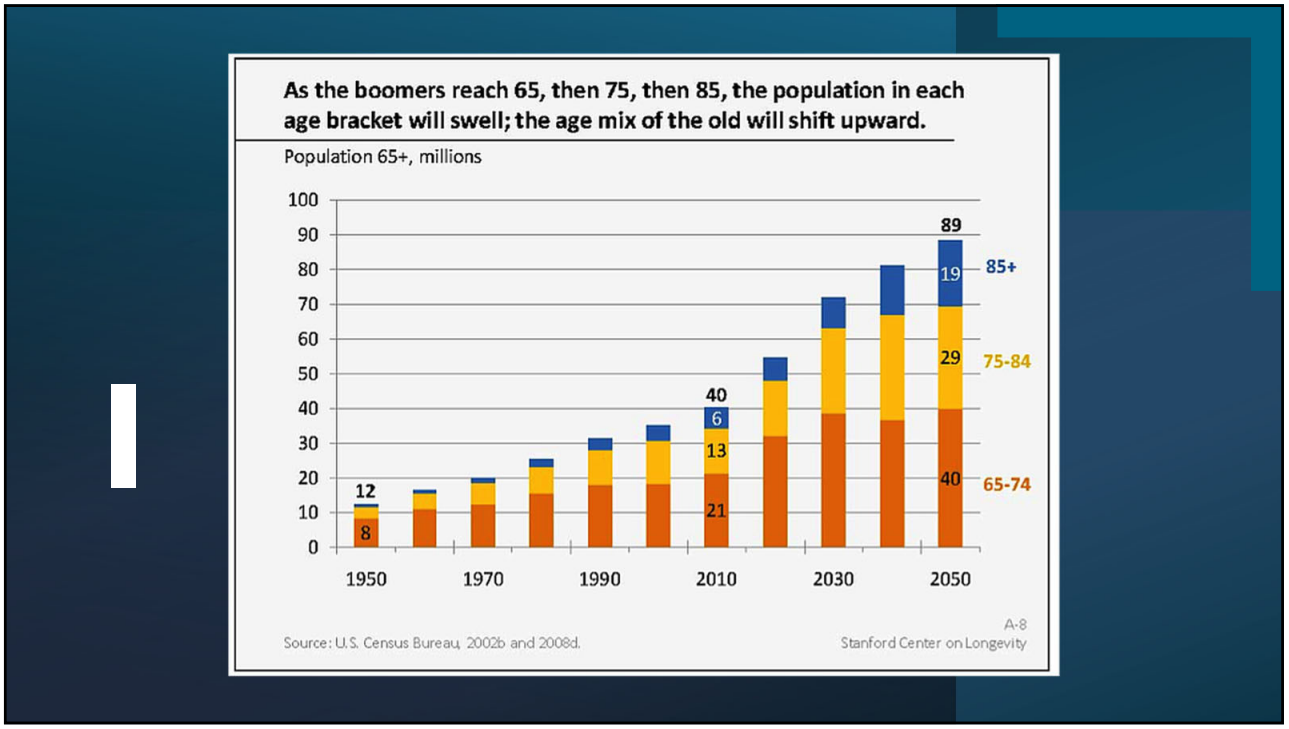


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The duration and level of long-term care will **vary from person to person** and often change over time. Here are some statistics (all are "on average") you should consider:

- Someone turning age 65 today has almost a 70% chance of needing some type of long-term care services and supports in their remaining years
- **Women need care longer** (3.7 years) than men (2.2 years)
- **One-third of today's 65 year-olds** may never need long-term care support, but 20 percent will need it for longer than 5 years

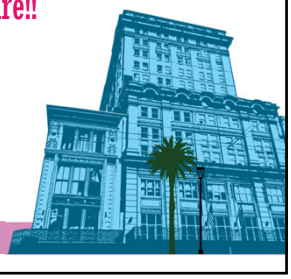
The table below shows that, overall, more people use long-term care services at home (and for longer) than in facilities.

**Distribution and duration of long-term care services**

| Type of care | Average number of years people use this type of care | Percent of people who use this type of care (%) |
|---|---|---|
| ***Any Services*** | 3 years | 69 |
| | **At Home** | |
| ***Unpaid care only*** | 1 year | 59 |
| ***Paid care*** | Less than 1 year | 42 |
| ***Any care at home*** | 2 years | 65 |
| | **In Facilities** | |
| ***Nursing facilities*** | 1 year | 35 |
| ***Assisted living*** | Less than 1 year | 13 |
| ***Any care in facilities*** | 1 year | 37 |


**Points to consider:**

1. 70% will need services
2. Look at the number served in their homes now
3. 20% will need more than 5 years of care!!



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https://acl.gov/ltc/basic-needs/how-much-care-will-you-need#:~:text=Here%20are%20some%20statistics%20(all,supports%20in%20their%20remaining%20years

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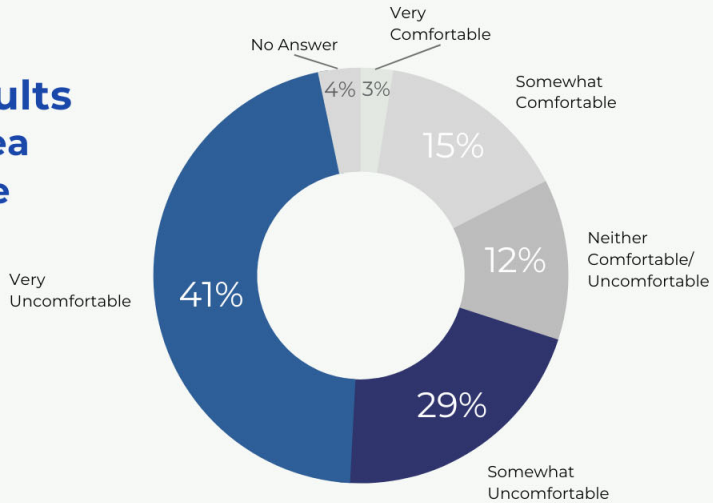
**70% of U.S. Adults Not Comfortable With Idea of Living in Nursing Home**

Thinking about yourself, if in the future you are no longer able to care for yourself, how comfortable would you be living in a nursing home?




westhealth GALLUP

West Health-Gallup Healthcare Study of U.S. (n=2,145), July 5-24, 2023

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# Caregivers

A caregiver can be your family member, partner, friend or neighbor who helps care for you while you live at home. About **80% of care at home is provided by unpaid caregivers** and may include an array of emotional, financial, nursing, social, homemaking, and other services. On average, caregivers spend **20 hours a week** giving care. More than half (58%) have intensive caregiving responsibilities that may include assisting with a personal care activity, such as bathing or feeding.

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# Caregivers

## Information on caregivers show that:

- According to a 2015 study by AARP and the National Alliance on Caregiving, about 43.5 million people in the US had been an unpaid caregiver in the last 12 months.
- About two-thirds are women.
- 14% who care for older adults are themselves age 65 or more.
- Most people can live at home for many years with help from unpaid family and friends, and from other paid community support.

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https://acl.gov/ltc/basic-needs/who-will-provide-your-care

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More people needing Skilled Nursing than we have Beds

Less complex Skilled Nursing patients will need to occupy Assisted Living Beds when able

More people needing Assisted Living than we have beds due to increase in number of elderly and use of available beds for moderately complex skilled patients

Low to Moderately Complex patients will by necessity NEED to remain in their homes as long as possible!

**Pharmacy Teams are the best healthcare providers to care for these patients who MUST age at home!!**

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# Navigating the Long-Term Care Pharmacy at Home Guidelines

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# LTC Pharmacy at Home Guidelines

Developed by the Alliance for LTC Pharmacy@Home.
The Alliance is dedicated to ensuring that patients who receive care at home have access to the same high-quality pharmacy services as those in institutional settings. To support this effort, an expert panel was convened to develop clear guidelines for pharmacies providing LTC pharmacy services in the home-based on CMS's existing standards for pharmacies serving long-term facilities.

THE ALLIANCE FOR LTC PHARMACY @ HOME

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https://www.pharmacyathome.org/resources.html

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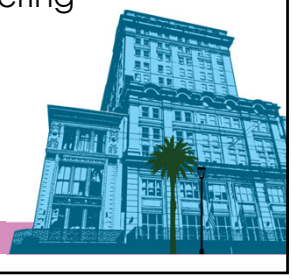
# CMS Pharmacy Requirements

**Per CMS standards, an LTC Pharmacy must be able to meet these 10 requirements:**

1. Comprehensive inventory & inventory capacity
2. Pharmacy operations & prescription orders
3. Special packaging
4. IV medications
5. Compounding / Alternative Forms of Drug Composition
6. Pharmacist on-call service
7. Delivery service
8. Emergency boxes
9. Emergency logbooks
10. Misc. reports, forms, and prescription ordering supplies



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https://www.pharmacyathome.org/uploads/8/4/2/1/8421729/ltc_standards_-_table_version.pdf

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# These may be outsourced!!!

- IV Medications
- Compounds & Alternate Forms of Medications
- Pharmacist On-Call Service
- Delivery Service

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# Proper Pharmacy Care at Home Billing

**These are recommendations only. Double-check with your PSAO to determine your contract billing obligations.**
**Place of service is always 1 (Pharmacy)**

| Patient Type | NPI | LTC Pharmacy Type | Service Type | Place of Residence Code |
|---|---|---|---|---|
| Payer Recognizes Pharmacy Care at Home as a long-term care pharmacy level of service** | LTC | Yes (05) | 07 | 01 |
| Payer has enhanced reimbursement but doesn't recognize Service type | LTC | Yes (05) | Do not use | 01 |
| Payer has no enhanced reimbursement but will accept PCaH coding | LTC | Yes (05) | Do not use | 01 |
| Patient is not a PCaH patient or is a PCaH patient with Humana^ or Caremark | Retail | No (01) | Do not use | 01 |

** currently MagellanRX, Navitus, MedOne, Welldyne/Netcard, PerformRX, ProCare RX Capital RX and Prescryptive Health
^ Humana may charge a 5.00 per claim administration fee if 05 is used on a claim

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## KNOWLEDGE CHECK:
## Your pharmacy currently offers compliance packaging and delivery, but no 24/7 pharmacist-on-call service. A patient care incident occurs after hours. Which is TRUE?

a. You're fully compliant because packaging and delivery meet patient needs.
b. You're not compliant with LTC-at-home standards and risk audit findings.
c. You can substitute an answering service and still meet the standard.
d. You can substitute an answering service and still meet the standard.

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# Identify key components of an LTC Pharmacy at Home Program

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# MedSync: The Need for the Appointment-Based Model

| Med Sync ✓✓✓ | Autofill ✗✗✗ |
|---|---|
| Simplifies & Organizes Patient Medication Management | Patients Can Struggle with Different/Multiple Refill Schedules |
| Routinely Monitors & Tracks Patients' Adherence | Does Not Routinely Address Any Adherence Issues |
| Ensures Patient is Taking Medications Correctly / as Prescribed | Drastically Decreases Effective Patient Communication & Care |

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# MedSync: The Need for the Appointment-Based Model

| Med Sync ✓✓✓ | Autofill XXX |
|---|---|
| **Easily Implement ABM and Profitable Patient-Care Services**<br>*Adherence Packaging, MTM Tips, CMR, Point-of-Care Testing, Immunizations, Ecare Plans | **Busy work and No Time for Additional (Profitable) Services** |
| **Optimize Sync for Efficient Home Delivery** | **Frequent Repeat Home Deliveries $$** |
| **Scheduled and Effective Pharmacist Consultations** | **Unexpected Consultations and Ineffective Time Management** |

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# Be Strategic, Target Impactful Patients

## Identify Most Impactful Patients

- Data-Driven Decision Making to Maximize Med Sync
- Mutually Beneficial Approach – Optimize Patient Care and Pharmacy Readiness
- Move them to your LTC NPI if appropriate for enhanced reimbursement
- Target #1: Patients with High-cost & Brand Name Items *(Immediate Impact)*
- Target #2: Non-adherent Patients Based on Priority Medication Therapy & Reimbursements benefiting from compliance packaging

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| Community Pharmacy | LTC Combo |
| --- | --- |
| Open to the general public | Operate out of current community pharmacy (open-door) |
| Participates in "Retail," Buying Group and PSAO | No physical separation |
| Convenience Items Available for Purchase | Shared Staffing between community and LTC |
| Payment is Accepted at Time of Dispensing | Separate wholesaler account number |
| | Actual or virtual segregation of inventory |
| | Participates in LTC GPO/PSAO (may be limited opportunities) |
| | Separate NCPDP/NPI |
| | Copay or Contracted Reimbursement Collected after Dispensing & Delivery |

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# Appropriate Patient Qualification is ESSENTIAL

- Patient information and who completes the form
- Documentation of qualification
- Pharmacists' attestation review/acceptance of the patient
- Requalify every 6 months

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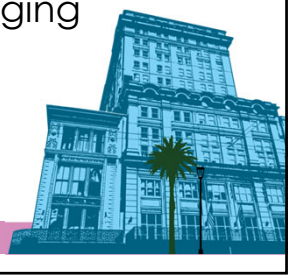
# Patients Who Qualify

- Patient has limited mobility that makes them unable to leave their home independently or makes them homebound
- Has at least 3 chronic conditions
- Takes multiple medications for the treatment of their chronic conditions, requiring compliance packaging and assistance with medication management
- Individual needs support for at least two (2) ADLs/IADLs*

https://www.ncbi.nlm.nih.gov/books/NBK470404/



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# Patients Who Qualify

**OR** Patient has been discharged from a Long-Term Care Facility, ER, or is receiving agency home health/support

**OR** Individual is receiving services through Home and Community Based Services (HCBS) waiver program or another qualified waiver program another qualified waiver program

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# ADLs

- Ambulating
- Feeding
- Dressing
- Personal hygiene
- Continence
- Toileting

# iADLs

- Transportation
- Shopping
- Managing finances
- Meal preparation
- House cleaning
- Home maintenance
- Managing communications with others (i.e. telephone and mail)
- Managing medications (obtaining and taking them as directed)

https://www.ncbi.nlm.nih.gov/books/NBK470404/

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# Examples of Pharmacist Roles

- Clinical review of the medication record
- Final review and qualification of the patient's eligibility for PCaH billing
- Training staff for Quality Assurance for the integrity of the program
- Audit and compliance review

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# Examples of Pharmacy Technician Roles

- Collect patient referrals, complete intake forms and check completeness and accuracy.
- Verify insurance coverage and medication benefits.
- Identify potential drug interactions or duplications for pharmacist review.
- Flag high-risk patients for clinical pharmacist intervention.
- Marketing and outreach

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# Technology Considerations

1. Does my PMS support Pharmacy Care at Home? – YES!!
2. What special packaging will I select – cost , patient preference
3. When is it time to invest in automation….
4. Can the technology I choose be scaled?

## Packaging Type Pros and Cons

**Cold-Seal**

- Simple process, less labor intensive
- Minimal equipment needed (less expensive sponge board and roller)
- Smaller case sizes for ordering
- Comes in 1-piece or 2-piece option (2-piece cards come with the blister packaged separately, and therefore reduces costs)
- Options for both single-doseor multi-dose

**Heat Seal**

- Options for both single-dose and multi-dose
- Can be automated in steps (manual, semi-automated, fully-automated)

**Strip Packaging**

- Flexibility in packaging style
- Flexibility of filling cycle
- Ease of storage
- Time savings during med pass
- Reduced waste (short-cycles)

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## How to GROW your LTC Pharmacy Care at Home Program

1. Start a patient/caregiver advisory council/board for your pharmacy
2. Talk to your customers/patients/caregivers and learn what they want, need, and how they view your pharmacy and organization
3. Learn their pain points not just from pharmacy but from the rest of their world (Transportation, food access, finances, etc)
4. Determine how you can impact their lives beyond the basics of filling their prescriptions or providing them basic care
5. Use this information to create new initiatives, engagement points and product solution lines within your pharmacy
6. Use the Patient qualification form as your roadmap to identify organizations providing assistance with ADLs and iADLs

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## WORD CLOUD:
## What's the #1 barrier standing in the way of establishing or scaling your LTC at home program?

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# Case Study and Best Practices in LTC Pharmacy at Home

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# Case Study: 64-year-old Male

- Identified by the Pharmacy Care at Home Pharmacy Technician during a routine medication synchronization call as being at increased risk for adverse health care outcomes due to lack of medication adherence, poorly controlled diabetes, hypercholesterolemia, and Hypertension.
- Patient lacked understanding of how to use monitoring equipment( Blood Glucose meter & Blood Pressure monitor) and had limited diabetes education, impacting his ability to improve his health.

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# Case Study: 64-year-old Male

**A pharmacist-led care team was formed, including:**

- Pharmacist
- Pharmacy Technician

The team developed a patient-centered care plan using the Age-Friendly model.

- Comprehensive medication reviews and direct patient education were implemented to engage the patient in managing his own health.

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# Case Study: 64-year-old Male

## Outcome?

- The patient's renewed interest in his health led to increased engagement.
- The Pharmacy technician addressed transportation issues for the patient, and he was able to attend necessary visits with providers, showing greater interest in meeting with a diabetes educator at the pharmacy.

## THE WIN!!

- Improved compliance
- Better access to providers
- Better community interactions
- Patient empowerment

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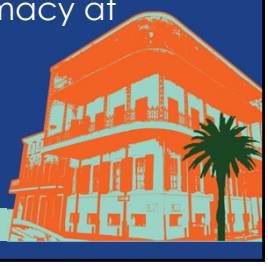
# LTC Pharmacy at Home – Future State

- Deliver medications to these patients in adherence packaging
- Perform medication reconciliation/DUR every 30 days
- Provide coordination of care and support transitions of care
- Re-qualify patients every 6 months

- The standard of care will closely mimic that received by a Skilled Nursing Facility patient
- Expansion of value-based care opportunities for LTC Pharmacy at Home pharmacies
- Expansion of home-based services
- RPM, RTM, home-based POCT, home-based vaccinations, etc.



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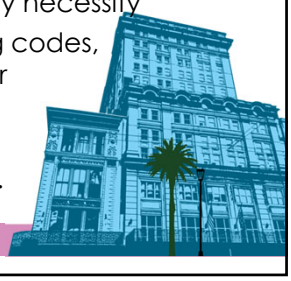
# Key Takeaways

- **Growing Demand**: Aging populations and limited facility capacity are accelerating the shift toward long-term care pharmacy at home.
- **Regulatory Frameworks**: New guidelines and alliances (e.g., Alliance for LTC Pharmacy at Home) are shaping standards for pharmacy services in home settings.
- **Pharmacy Readiness**: Pharmacies must meet LTC-specific requirements, including infrastructure for delivery, and program compliance.
- **Patient Eligibility**: Ideal candidate requirements include those with 3 chronic conditions with associated medications, mobility issues, and delivery by necessity
- **Billing & Revenue**: Accurate documentation, use of appropriate billing codes, and understanding and complying with payer policies are essential for sustainability.
- **Team-Based Care**: Pharmacists and technicians play vital roles in medication management, patient education, and care coordination.



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