# NoDak Pharmacy

Volume 27, No.4 August 2014

**Please Note Date Change**

Northland Association of Pharmacy Technicians

Annual Fall Convention

October 17 & 18, 2014

See Page 6 for Details

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# 2014 Calendar

**AUGUST**

| | |
|---|---|
| Aug 14-16 | NABP District V Annual Meeting, Deadwood Lodge Deadwood, SD |

**SEPTEMBER**

| | |
|---|---|
| Sept 1 | Labor Day |

**OCTOBER**

OCTOBER IS PHARMACIST MONTH

| | |
|---|---|
| Oct 1 | Board of Directors Meeting (tentative) |
| Oct 17 & 18 | NAPT Fall Conference Bismarck, ND |
| Oct 18-22 | NCPA 116th Annual Convention and Trade Exposition Austin Convention Center, Austin, TX |
| Oct 17-19 | National Alliance of State Pharmacy Associations in conjunction with NCPA's Annual Convention Austin, TX |

**NOVEMBER**

| | |
|---|---|
| Nov 4 | Election Day |
| Nov 11 | Veteran's Day |
| Nov 27 | Thanksgiving |

# Message from the NDPhA President

NDPhA
NORTH DAKOTA PHARMACISTS ASSOCIATION

I hope you are having a good summer and are enjoying the time outdoors when you get the chance. This appears to be another year of excitement and change for the practice of pharmacy. It seems as though each year brings another set of challenges and opportunities for the profession. This year is no different. I would just like to touch on a couple of things - Medication Therapy Management (MTM) attached to Star Ratings and provider status.

There appears to be a push at both state and national levels to finally recognize pharmacists as a health care provider and to obtain provider status. I think this is very positive and extremely important for the profession no matter where you practice. As all of us know, pharmacists are a very valuable part of the health care system and should be considered a provider in terms of billing and payment. This profession has always been one of giving away services and expertise and gaining provider status might finally help in getting reimbursed for services that are provided.

While treating the patient is the ultimate goal, there needs to be compensation for services for those treatments to continue. In today's world of attempting to reign in health care costs, reimbursing pharmacists for the role they play will actually save health care dollars. There are very few professions that have the ability to influence spending on health care as we do. The return on investment is huge for healthcare savings and is beginning to be recognized at both the state and federal levels. I believe this is very important for the profession as a whole.

This leads to the second topic – MTM services and Star Ratings. While in most cases the Star Ratings for Medicare Part D plans do not directly affect the pharmacy, it will impact the profession. The dollars that are out there for the Pharmacy Benefit Managers (PBM) that are affected by the star ratings are huge. By improving their star ratings they are looking in the range of $100,000,000.00 in incentive payments. That is a lot of 0's. This will be a huge issue for them and they will be looking to their network pharmacies to help them gain those ratings. This will be by looking at a number of different areas, but a main area will be adherence.

The hope is that the PBM's will utilize paying the pharmacy for face-to-face MTM services to improve their star ratings. This is starting to happen and hopefully will continue. The challenge again will be getting paid enough to provide these services. If the PBM is to gain hundreds of millions, then there should be a portion of that paid to the pharmacy for helping them achieve their targets. Again, the patient will benefit from better care, the health care system will benefit from dollars saved, and the pharmacist should be reimbursed for services provided. This is the model the About the Patient program has followed for ND PERS. This program is showing an excellent return on investment and is an example of how paying for MTM services helps save health care dollars.

The fight in this model will be getting paid a reasonable rate for services provided. How familiar does that sound? The other issue might be driving business to call centers or other pharmacies. If the MTM services do not get provided in a timely manner and the pharmacy is not helping the PBM gain the star rating in desires, will the PBM shift the MTM service to a call center that they run and try and drive the prescription to a different pharmacy (mail order)?

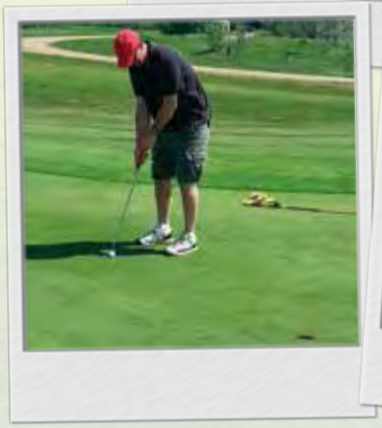
This will be another exciting and challenging year for the profession. You are needed to make the positive things happen, both for the patient and your profession. One way to make your voice heard is by being part of the North Dakota Pharmacists Association. This is a very active association and has helped lead the nation on many issues important to the profession. If you are currently a member, thank you for your involvement and support. If you are not a member, please consider joining and making your voice count.

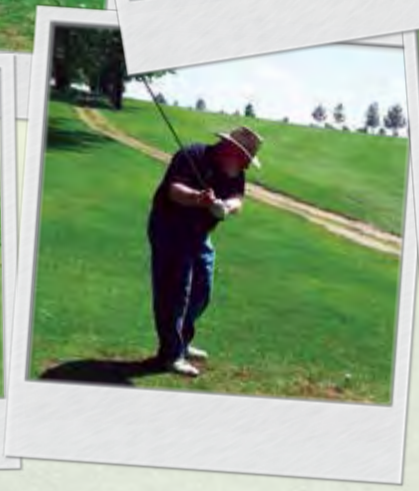
Sincerely,

Steve Boehning R.Ph

President NDPhA

Thanks to everyone who donated and participated in the Harvey Open! It was appreciated!





Please Note Date Change

# 2014
# NAPT Annual Fall Convention
# October 17 & 18, 2014
## Kelly Inn/Minerva's
## 1800 N 12th St
## Bismarck, ND

Registration form and detailed conference information will be provided in mid-August 2014

**Presentation Topic Highlights:**
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**Professional Diversion,**
**Medication Synch Program,**
**NDHIN,ND Law Updates,**
**Workforce Safety & Insurance**

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## President's Report:

Did you know…. Once you have completed the pharmacy technician program and register with the ND State Board of Pharmacy you also become a member of NAPT, Northland Association of Pharmacy Technicians? We encourage you to become involved in NAPT to find out how it may help in your career and also to give you an opportunity to see what you may offer NAPT.

Our mission is to provide leadership, continuing education and interaction among technicians and other health care providers in all aspects of the profession of Pharmacy.

Welcome to our newest NAPT board members; Kerri Ring, Danika Braaten, Autumn Guilbert and Amanda Olauson. We are excited to have them serve on the Northland Association of Pharmacy Technician board and look forward to working together to better our organization.

Congratulations to Barbara Lacher on her appointment to ASHP and ACPE as one of the new Commissioners for the Pharmacy Technician Accreditation Commission.

Congratulations to Diane Halverson for being elected to serve a second term as president on the State Board of Pharmacy.

The sky is the limit when thinking of possibilities for pharmacy technicians. Make sure to look for ways you might also serve in the field of pharmacy.

Let us know how you are making a difference.

I would like to invite all pharmacy technicians to the Fall Conference to be held in Bismarck on October 17-18 at the Kelly Inn/Minerva's. Watch for your registration form coming in the mail by mid-August. This is an excellent opportunity to receive continuing education and meet other pharmacy technicians.

Sharon Kupper

Sharon Kupper, NAPT President

## NAPT Board of Directors

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# Message from the NAPT President

Hi, I'm Sharon Kupper and live in Mandan. For the past three years I have worked at ND Workforce Safety & Insurance (aka: Worker's Comp), assisting pharmacies with prior authorization requests, answering pharmacy related questions and working on reports concerning different types of medications.

Years ago, a pharmacist friend offered me a job and suggested I go through the PATSIM program. I have always loved the field of medicine, but had never considered pursuing a career in pharmacy. That decision was one of the best choices I have ever made! Becoming a pharmacy technician has opened many doors with different opportunities within the pharmacy world.

Currently, I am the president of NAPT and encourage all pharmacy technicians to take part in "our" organization; Northland Association of Pharmacy Technicians.

NAPT is a great place to meet other pharmacy technicians, share ideas, ask questions and receive continuing education credits at the NAPT Fall Conference and the Pharmacy Convention held in the spring. Once you become a Registered Pharmacy Technician in ND, you are automatically a member of NAPT.

Contact any of the Executive Board members with questions or concerns.

I am married to Dave, have 3 great daughters, 3 just as great sons-in-law and 7 wonderful grandchildren. I enjoy quilting, riding bike, walking, traveling and making memories with our grandchildren.

While serving on the board I hope to bring a greater awareness on how NAPT can help pharmacy technicians with their career.

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My name is Brittany Butler and I live in Forman with my husband and two children.

I currently work at Tara's Thrifty White in Oakes. I have been a Pharmacy Technician for 7 years and chose this career after talking with my accounting advisor at MSCTC.

I really wanted to do something in the healthcare field, but didn't want to be a doctor or nurse.

My husband and I enjoy 4-wheeling and spending time with our children.

I am currently the Vice President of the NAPT Board and look forward to the next 3 years on the board. This has been a great learning experience so far and good networking opportunity.

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Tamara Link

Currently, I am serving as Secretary on the NAPT Board for the second year.

I have been employed with Gateway Pharmacy for almost 13 years, during which I have had the opportunity to grow with the ever-changing world of technology. Now we have E-scripts and robots dispensing and packing medications. Who would know how to type up an Rx label these days!

During the past four years I have been working on our Parata "Pacmed"/"Pass" machine. This machine packages medications for patients tailored to their individual needs. I work individually with the nurses, doctors, caseworkers and patients to set the packages up to best suit them.

The machine uses clear cellophane bags. You can customize the bags to print any information you like on them (patient name, drug name/strength, administration time, date, doctor name, lot, exp date, sig codes). It prints on one side and you can see your meds on the other.

The machine has the capability to package from one dose up to as many as you like. Usually, I run packs for facilities either weekly or monthly.

This packaging system also works well for individuals that need some medication management, but are either Assisted Care or living at home and are tired of sorting their pills. We find there is much more medication compliance.

I love what I do when at the end of the day you know you've made a patient's therapy more user friendly and cost effective for them, and they appreciate the work you have done for them.

---

My name is Amanda Olauson and I am a North Dakota Certified Pharmacy Technician.

I started the technician program in 2009 and worked full-time as a technician-in-training at Valley Drug in Valley City. I completed the program and passed the PTCB exam in 2011. I currently work at White Drug in Jamestown.

Recently I joined the NAPT board as a member-at-large. I joined because I love being a pharmacy technician and I want to help others and spread the word of NAPT.

My personal hobbies are biking/jogging with my dog, Sam; spending time at the family lake cabin; horse riding and hunting.

To get the word out more, I would like to suggest having a Facebook page/group. Not only could events be posted on Facebook but we could also communicate through it as well.

As for improvements for NAPT, I am still new to the board and have not become very familiar with it yet, so at this time I have none.

I am thrilled to be a part of the NAPT team.

Sincerely, Amanda Olauson, C.Ph.T

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Immediate Past President

Hi! My name is Donna Kisse, I am currently serving on the Northland Association of Pharmacy Technician's Board (NAPT) as Immediate Past President. I have served on the NAPT Board for the last 5 years and have enjoyed working with the technicians of North Dakota. It has been a wonderful experience meeting and networking with so many great people in the profession of pharmacy, across the nation. I am also a member of American Association of Pharmacy Technicians.

I work for Thrifty White Pharmacy based out of Fargo as a Pharmacy Conversion Manager. My responsibility is managing the Operations Timeline, and coordinating all activities related to the acquisition of new pharmacies, remodels, mergers, moves, closures, and new business development.

I have practiced as a registered pharmacy technician for the past 18 years. I enrolled in the PATSIM program through NDSCS in 1995 and I have been a PTCB Certified Pharmacy Technician since November 1998.

I am married to Gary and we live in Fargo. I have two children Christopher and Erica. Christopher and his wife, Cheray are both in the Air Force stationed at Hill ABF, Utah and have 3 children. Erica and her husband, Cory are both in the Air Force stationed at Colorado Springs AFB, Colorado.

In my spare time I enjoy reading, spending time with my grandchildren (not often enough they live too far away), and being outdoors enjoying the opportunities each season brings like fishing, gardening, riding bike, walking, skiing and snowmobiling. Fall is by far my favorite time of the year with all the fall foliage changing colors.

I look forward to serving on the NAPT Board of Directors as Immediate Past President and will dedicate my time to making our Association one that we are proud of. Please feel free to call me at 701-269-8747 or send an email to dkisse@thriftywhite.com if you have any questions, concerns or you are interested in becoming a board member.

---

My name is Autumn Guilbert, I'm a member-at-large on the NAPT Board.

I have been a Certified Pharmacy Technician since 2009.

I work at White Drug in Rugby, ND and have been there four years.

My goal from being on the NAPT Board is to learn more about it and get the knowledge to teach other techs more about it.

# Pharmacy Time Capsules 2014 (Third Quarter)

**1989**

The conservative Heritage Foundation published "Assuring Affordable Health Care for All Americans," which called for a mandate to purchase health insurance.

Losec (omeprazole) was first marketed in U.S. by Astra. In 1990, FDA required name change to Prilosec to avoid confusion with Lasix.

**1964**

Keflin (cephalothin sodium, Lilly) was the first cephalosporin to be marketed in the Unites States.

Average cost of prescription was $3.41

Luther L. Terry, M.D., Surgeon General of the U.S. Public Health Service, released the first report of the Surgeon General's Advisory Committee on Smoking and Health linking cigarette smoking to lung cancer and other lung problems.

**1939**

The first Blue Shield plan was begun as an insurance to cover physicians' fees.

**1914**

Cocaine, used in many patent medicines and tonics, was widely available in pharmacies and other retail establishments until banned in 1914.

By: Dennis B. Worthen, PhD, Cincinnati, OH

*One of a series contributed by the American Institute of the History of Pharmacy, a unique non-profit society dedicated to assuring that the contributions of your profession endure as a part of America's history. Membership offers the satisfaction of helping continue this work on behalf of pharmacy, and brings five or more historical publications to your door each year. To learn more, check out: www.aihp.org*

PHARMACY MARKETING GROUP, INC

# Rx AND THE LAW

By Don. R. McGuire Jr., R.Ph., J.D.

This series, **Pharmacy and the Law**, is presented by Pharmacists Mutual Insurance Company and your State Pharmacy Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.

## WHY IS THAT PHARMACIST ASKING SO MANY QUESTIONS?

One of the duties required of pharmacists under OBRA '90 is that a Drug Utilization Review (DUR) be performed. In the years since, the profession has developed specialized areas of DUR, such as medication reconciliation in the hospital setting. In the end, a healthcare professional should make sure that the patient is on the correct drugs for their condition(s), that they are taking them at the correct dosages, and that all the medications work together. The professional best suited to provide this service, whatever you call it, is a pharmacist.

What does the pharmacist need in order to provide this service effectively? Up to date patient information and an up to date medication list are key. Reasonable efforts to obtain this information should be made by the pharmacist or their staff. Patients are sometimes reluctant to provide this information. It may be a privacy concern, embarrassment, or it may be that they don't understand why it is needed by the pharmacist. Patient education may be helpful in the latter case. In the hospital setting, an accurate list upon admission may difficult to obtain initially, but with the help of the physician's office, and many times the patient's community pharmacist, the blanks can easily be completed. Medication reconciliation is also important at discharge. Discontinued or changed dosages are communicated to the patient. The patient should give this new information to their community pharmacist and pharmacists should be looking for it if they are aware of any hospital admissions or procedures. Continued focus on continuum of care will allow all pharmacists to better serve their patients through increased access to current information.

In the end, the pharmacist must proceed with the information at hand. The patient should understand that the quality of the DUR depends on the information that the pharmacist has to use. We cannot force patients to provide the necessary information. However, the pharmacist should document their attempt to gather it if they cannot obtain it.

Once the review is finished, the key to a successful DUR encounter is to take action with any findings that are out of the ordinary. This may mean having a discussion with the patient about their condition and/or their therapy. Many times these conversations can clear up any misinterpretations or other mistakes. A well-informed patient can be a good ally to make sure that their therapy is appropriate.

But at other times, a call to the prescriber about one or more drugs that are causing concern, or have the potential to cause a problem, is required. Again, documentation is key. Make good notes about the conversations or phone calls. Record the date, time, participants, and the content of the discussions. If changes to therapy need to be made, make sure that the changes are well-documented also. Don't assume that someone else has discussed your concerns with the patient or has interacted with the prescriber. Many times the pharmacist is the last line of protection for the patient. This doesn't excuse those professionals who have acted before you, but in most situations, there is no one to take action after you. There are also situations where prescribers will not change the ordered therapy. The pharmacist must then act to protect the patient within their professional boundaries. A previous article in this series discussed refusing to fill prescriptions.

The patients' health and well-being depend on all healthcare professionals doing their respective jobs to the best of their abilities. For pharmacists, one aspect of this means doing your best to gather patient information, performing a thorough DUR, and carrying through with any needed recommendations. Your patients may not realize that this is going on behind the scene, so educate them about what you are doing to protect them. They should value your service even more.

PQS
PHARMACY QUALITY SOLUTIONS

### Who We Are

Pharmacy Quality Solutions (PQS) was created in 2012 as a joint venture between The Pharmacy Quality Alliance (PQA) and CECity.com. PQS is led by a team of experienced pharmacists and quality improvement experts who were instrumental in the creation and testing of PQA measures that have been included in the Medicare Part D Star Ratings. They are supported by the technology team at CECity, the leading provider of continuous performance improvement platforms in healthcare.

### What We Do

*"To find the path to where you want to be, you first have to know where you are."*

At the heart of PQS services is EQuIPP – a web-based platform that delivers performance information to participating pharmacies to help them understand their current level of performance on key quality measures that are important to payers. For a single independent pharmacy the platform provides a view of your organization's performance data to support you leading your team to better quality. In addition, EQuIPP opens up a meaningful dialogue between your organization and payers to answer the question "How do WE improve?"

*Performance Data*

EQuIPP provides performance data and benchmarks on several quality measures that are used in the Medicare Star Ratings and other programs. The measures focus on medication adherence and safety. A pharmacy's performance score can be derived from data provided by our health plan partners and/or by the pharmacy /wholesaler network.

*Insights*

We go beyond simple dashboards by providing you with insights that help to distill the mass of performance data into key issues that represent opportunities for improvement. We also identify potential factors associated with suboptimal performance and help you understand your competitive position in the marketplace on the quality measures important to health plans.

*Guidance*

For organizations that seek to truly improve the quality of their services, we offer guidance on implementation of changes to organizational culture, operations or clinical services that will help you continually improve the quality of care for your patients. Insights and guidance are available as an addition to our basic service platform.

**For more information, please feel free to contact us at info@EQuIPP.org**

EQuIPP™ Electronic Quality Improvement Platform for Plans & Pharmacies

# Pharmacists as a Critical Member of the Integrated Care Team

*By Samuel Stolpe, PharmD, PQA Director, Quality Strategies; and Maria Scarlatos, PharmD, PQA Executive Fellow*

The future of quality patient care relies on learning from the success stories and best practices of today in order to shape the health care system of tomorrow. Six Medicare plans were recently acknowledged by the Pharmacy Quality Alliance (PQA) for excellence in medication safety, based on the Centers for Medicare & Medicaid Services' (CMS) Star Ratings. The Chinese Community Health Plan of California, Humana's Medicare plan in Illinois, and four Kaiser Permanente regions (California, Colorado, Hawaii and the Mid-Atlantic region) were recognized for their achievement of a 5-star rating on the PQA measures of medication safety and appropriate use that are included in the CMS Star Rating Program for Medicare plans, as well as achievement of at least a 4.5-star summary plan rating. The six awardees spoke to the best practices that contribute to their outstanding medication management, and ultimately ensure optimal medication outcomes.

With the advent of new quality incentive structures put in place through federal government programs, health plans and PBMs are becoming increasingly focused on medication use quality. Pharmacists can contribute meaningfully to the quality goals of these organizations as a member of a virtual integrated care team. Of the fifteen quality measures used by CMS to evaluate Medicare Part D plans in 2014, five relate to medication safety and adherence. These measures account for nearly 50% of a given Part D sponsor's star rating, and represent a potential impact area for pharmacist intervention. In fact, in a systematic review of interventions to improve adherence to medications for cardiovascular disease and diabetes, Cutrona et al. found that interventions in a pharmacy conducted by a pharmacist improved medication adherence more than any other professional in any other setting.

This represents a tremendous opportunity for pharmacies. But to take advantage of this opportunity, pharmacists must transition their approach from a mindset of quality measurement resistance, to quality measurement engagement. To facilitate this transition to becoming an engaged partner, many community pharmacies are using EQuIPP, the Electronic Quality Improvement Platform for Plans & Pharmacies. EQuIPP is a performance information management platform that provides unbiased, benchmarked data on the quality of medication use to both health plans and community pharmacies. It allows pharmacists at an individual store or corporate level, to see exactly how individual pharmacies are performing on the medication use quality measures that matter to payors.

The unique position of pharmacists in the community setting grants enhanced patient access and excellent opportunities for medication management. Pharmacists are increasingly viewed as a key collaborative partner. Managing the quality of medication use is now a recognized component of ensuring optimal care. Collaboration on shared quality targets and goals connects pharmacies to other partners along the care continuum.

Pharmacies are not exempt from quality measurement. Health plans and PBMs are already moving forward with incentive and penalty programs for pharmacies based on quality performance. Pharmacists are an integral part of the solutions to meet payors' quality needs. Being proactive in this new quality environment is a must. Moving forward, pharmacists should look to initiate dialogue, establish and nurture relationships, and seek opportunities to deliver point-of-care interventions that drive quality. Payors are not the only health care organizations with quality goals. Other health care organizations have performance measures that they are accountable for that can be directly influenced by pharmacists. In addition to making contributions to health plan quality goals, pharmacists can reach out to local Accountable Care Organizations (ACOs), and Patient Centered Medical Homes (PCMHs) to look for collaboration points. Examples of areas that pharmacists can impact include ACO measures of medication reconciliation and influenza immunization, or helping them reach quality measure goals related to cholesterol, A1Cs, and blood pressure through appropriate medication management. Of the 33 quality measures a federal Medicare Shared Savings Program ACO has to meet, at least 11 of them can be influenced by community pharmacists. Focus should be centralized on interventions that drive specific goals; communicating ways in which pharmacists influence the safe and effective use of medications and reach these goals will lay the foundation for the pharmacist's role in integrated care teams.

## References:


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3. *Center for Medicare and Medicaid Services. ACO Quality Measures. http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/ACO-Shared-Savings-Program-Quality-Measures.pdf. Accessed June 30, 2014.*

# Harvard Law School advocates for pharmacists on diabetes care teams

DIANA YAP

Harvard Law School recently released a report identifying policy changes to improve diabetes care in New Jersey that shows pharmacists on diabetes care teams benefit patients and that advocates for compensation for pharmacists.

Developed by the school's Center for Health Law & Policy Innovation and supported by the Bristol-Myers Squibb (BMS) Foundation, the Providing Access to Healthy Solutions (PATHS) report also includes a one-pager calling out the APhA Foundation's Patient Self-Management Program (PSMP)—the basis for the Asheville Project, Diabetes Ten City Challenge, and Project IMPACT: Diabetes.

"The APhA Foundation is pleased that Harvard Law School's PATHS report highlights the critical role pharmacists can play on diabetes care teams," said Benjamin M. Bluml, BSPharm, APhA Foundation Senior Vice President for Research and Innovation. "Through our work with the BMS Foundation, Project IMPACT: Diabetes communities have been able to provide Harvard representatives with an inside look into how care delivery improves, and better health outcomes are achieved, when patients receive pharmacists' patient care services."

The New Jersey PATHS report was publicly released on March 27 at the New Jersey Leadership Forum, where a Project IMPACT: Diabetes pharmacist and physician participated in a collaborative panel discussing ways to improve diabetes care in New Jersey.

## Project IMPACT: Diabetes

The report came about while the Foundation worked with the BMS Foundation on Project IMPACT: Diabetes. The BMS Foundation involved Harvard Law School, which picked New Jersey as one of the states to focus on.

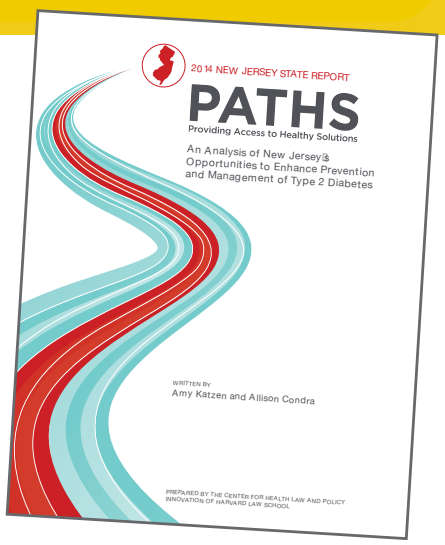
Featured as a case study in the New Jersey report, Zufall Health Center in Dover, NJ, is one of 25 sites across the nation in the Foundation's Project IMPACT: Diabetes initiative. Zufall launched Project IMPACT in June 2011 to add a diabetes curriculum to its existing clinical pharmacy services program, according to the report.

From 2011 to 2012, 84 patients enrolled in the program. During the year, mean glycosylated hemoglobin levels decreased by 0.9%, blood pressure and LDL measures also improved, and diabetes management improved as adverse events decreased by 25% and potential adverse events decreased by 30%. "Zufall has demonstrated the capacity to implement an excellent variation on the PSMP," Harvard Law School wrote. "The Zufall Health Center has a model that other New Jersey community health centers can employ. This is more likely to occur with more stable funding."

Zufall's Teresita Lawson, BSPharm, CDE, and Chief Medical Officer Rina Ramirez, MD, FACP, spoke with ***Pharmacy Today***. The report was intended "to look at innovative ways to integrate the work of many health care professionals, so that together, they can help achieve significant population health improvements," Ramirez said. "Our focus was to showcase an innovative program that could be piloted statewide."

The report is positive for pharmacy because it advocates for "pharmacist provider status and reimbursement for medication therapy management in addition to diabetes self-management training for the patient in multiple health care settings," Lawson said. "Increased access to clinical pharmacy services increases access to health care for the patient in addition to improving patient outcomes and reducing costs associated with the consequences of diabetes."

Lawson encourages pharmacists to network with individuals and groups dedicated to improving the system for better patient access to pharmacists—to get involved and not to limit having an active voice to their own environment.




## Medicaid pilot based on APhA Foundation model

The report recommends that New Jersey develop a PSMP pilot in Medicaid.

Specifically, the first recommendation is that New Jersey Medicaid and Medicaid managed care organizations (MCOs) should conduct stakeholder discussions with representatives from the physician, advanced practice nurse, pharmacist, and federally qualified health center (FQHC) communities. The second recommendation is that FQHCs may be a good place to launch a PSMP pilot because many New Jersey FQHCs are developing patient-centered medical home models, while Medicaid and the MCOs will need to agree on both payment methodology and payment levels.

PSMPs are further detailed on pages 119 to 123 of the full New Jersey PATHS report (www.chlpi.org/paths-releases-report-and-fact-sheets/). This section discusses pharmacists' role in the diabetes care team through alternative payment methodology, medication adherence, medication therapy management, PSMP, and the case study of Zufall as part of Project IMPACT: Diabetes.

"The New Jersey PATHS report is a monumental achievement for the pharmacy profession as we work to gain federal recognition as health care providers," Bluml said. "While this information applies directly within the state of New Jersey, the learnings detailed within the report can be broadly applied across the United States."

**Diana Yap,** Senior Assistant Editor

# Pharmacy champions in Congress: Rep. Brett Guthrie (R-KY)

*This profile of Rep. Brett Guthrie (R-KY) is part of an occasional series in* **Pharmacy Today** *on Members of Congress who are champions of pharmacy. Guthrie, along with Reps. G.K. Butterfield (D-NC) and Todd Young (R-IN), on March 11, 2014, introduced legislation to amend Title XVIII of the Social Security Act to enable patient access to, and coverage for, Medicare Part B services by state-licensed pharmacists in medically underserved communities (H.R. 4190).*

*Guthrie serves on the House Energy & Commerce Committee, which has jurisdiction over health care policy, and on the House Committee for Education and the Workforce. Following are* **Today***'s questions and his responses from a recent e-mail interview:*

**What do you find most compelling about H.R. 4190?**

We currently see a shortage of health care professionals across the country and across the spectrum of care. It is important that all practitioners are able to work to their potential and that patients have access to necessary providers. By giving patients greater access to some of these preventive services, it could save the system significant dollars in the future.

**Why did you introduce H.R. 4190?**

I thought it was important to provide Medicare reimbursement for these allowable services. By reimbursing pharmacists for these services, it will offer patients in underserved areas a greater access to care.

**Why do you think "many patients view pharmacists as a critical member of their health care team"?**

Pharmacists do far more than dispense drugs. They are the frontline provider for many patients and the first person [patients] ask when they face minor health maladies.

**Where does your appreciation for pharmacists and pharmacy come from?**

I see in my own community how important pharmacists are for the patients they serve. My family relies on our pharmacist for advice, answers, and care when we need it most, and I know millions of Americans also have that same relationship with their pharmacist.

**What can our readers do to assist you in passing this legislation?**

Call their Congressman and urge their office to support the bill. Hearing directly from constituents on legislation is the best way to get a Member of Congress's attention, and garnering widespread support for the bill will help move it forward.

# Measure for measure: CMS finalizes 2015 call letter for MA, Part D plans

**DIANA YAP**

Pharmacists can play an important role in improving quality measures that affect a plan's CMS star rating. This gives pharmacists leverage when they negotiate contracts with plans.

On April 7, CMS released the Final 2015 Advance Notice and Call Letter on changes to Medicare Advantage (MA) and Medicare Part D for 2015. Of importance to pharmacists, the final call letter maintained the weighting of the three Part D medication adherence measures at 3x—as opposed to the decrease to 1.5x as proposed in the draft call letter—for the 2015 star ratings.

This year's call letter contains information on the MA and Part D programs that plans need to take into consideration when preparing their 2015 bids. The call letter will be read in tandem with the Part D final rule, which has not yet been published.

Display measures are measures that CMS looks at and collects data on but that do not yet affect star ratings. In the final call letter, CMS deferred until the 2016 star ratings the display measure for the medication therapy management (MTM) program completion rate for comprehensive medication reviews (CMR). This is because the Part D proposed rule contained so many changes to MTM that CMS wanted the dust to settle for a year before those changes start affecting star ratings, according to APhA Associate Director of Health Policy Michael H Ghobrial, PharmD, JD.

CMS also took some steps on preferred networks. The agency has awarded a contract to study beneficiary access to preferred cost sharing, and the agency will take action against plans whose network of pharmacies offering preferred cost sharing appears to provide too little in the way of beneficiary access.

In March 7 comments on the draft call letter, APhA offered feedback to CMS on changes for measures for 2015, changes to measures, access to preferred cost sharing, and MTM. APhA thanked CMS for recognizing the value of pharmacists' patient care services and pharmacist involvement in affecting many star ratings that advance plans' quality.

Regarding the agency's deferral of the CMR completion rate measure, the Association voiced strong support for the proposed expansion of MTM eligibility in the Part D proposed rule, and agreed with APhA member experts in pharmacy quality in supporting the delay until the final rule is in effect.

**Diana Yap,** Senior Assistant Editor

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