

Shifting Health Care Landscape Demands Strong Ties to Pharmacy Partner

IN A WORLD FULL OF DIFFERING OPINIONS, there is one issue every stakeholder in the health care space seems to agree on, which is that change in the broadest sense and for each segment of the industry is happening at an accelerated pace and requires expert analysis and understanding in a manner more thorough than ever before.

If an organization is to stay on top of its game, like for those caring for seniors in skilled nursing and assisted living communities, then it must partner with professionals who can decipher clinical and process-oriented changes that come from new regulations and legislation, as well as offer fresh takes on improving practical care matters.

It is here where PharMerica and its expertise have made a mark.

As health care for seniors gets more complicated, and federal and state regulators regularly revamp and revise the very basics of how quality is assessed, how prescription drugs are administered, and how Medicare and Medicaid programs reimburse, there is a glaring need for a provider to have a pharmacy partner who can master change and communicate these new priorities to clients.

For Teri Tift, executive director of quality and compliance for Eskaton, a senior service provider in northern California, the value of PharMerica's clinical and regulatory expertise is invaluable as she and her team are responsible for quality assurance and performance improvement across the not-for-profit organization.

Included among the tools she and other providers cite as must-haves for their daily work are the PharMerica ViewMasterRx customer web portal, DischargeRx discharge planning, SureScripts electronic prescribing, On-Site IV Services, and RxNow for emergency and first dose programs.

But it is not just the products and services that make the relationship with PharMerica unique, Tift says.

Instead, she cites the fact that while her pharmacy partner is a national company, it is also one that "lives" in the same communities as its skilled nursing center clients, employing more than 200 local pharmacy consultants, 70 local nurse consultants, and 129-plus local pharmacies throughout the country. That Little League coach or Sunday school teacher can also be your full-time pharmacy consultant as well.

Providers, Tift says, are best served by this mixture PharMerica possesses with a strong local presence and a broad-based expertise for translating policy changes.

"If your partner is so small that they do not get the picture, that is no help. When CMS [The Centers for Medicare & Medicaid Services] comes out with the Mega Rule (RoP) or PDPM, those are huge changes, and your day-to-day operations have to adapt," she says.

In the end, it is the positive results that matter, she says, and with PharMerica the data the pharmacy vendor provides to Eskaton consistently bolsters care management strategies.

The relationship also assists Eskaton staff in being more efficient by aiding clinicians in prescribing regimens, in giving the company positive outcomes to show referring hospitals, and in communicating to residents and families about medications, adherence issues, and possible drug interactions.

"You really as a provider have to be ready for change and have to look at each policy and how it is designed and then match what these new regulations mean," Tift says.

Specifically, her group is focused on how Phase 3 of the Requirements of Participation (RoP) for the Medicare program will affect operations. CMS has a late

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November deadline for implementing these new rules. And, in a double-whammy of sorts, CMS also recently implemented a sweeping new reimbursement program for Medicare under its Patient-Driven Payment Model (PDPM).

“PharMerica really keeps us up to speed on all of these changes in the pharmacy area,” Tift says. “We completely count on them to be up to date with regulatory changes and have to have that confidence with them as our vendor. They send us the new manual and make sure we understand and help us answer questions.”

Some of the new rules for Eskaton and other providers to understand in Phase 3 concern behavioral and mental health and ensuring proper use of psychotherapeutic medications.

“If we did not have PharMerica as our pharmacy consultant, we might miss something,” Tift says. “They help us catch potential issues such as identifying the appropriate use of psychotherapeutic drugs or ensuring nonpharmacologic interventions are in place.”

PharMerica and Eskaton staff meet quarterly to discuss new changes, while PharMerica staff are available any time for consultations when questions arise. Eskaton sees the relationship as a collaboration.

“We think of them as more than a partner. They understand this is all about improving the quality of care for patients and residents,” Tift says.

And, this strong interaction helps with staff morale, since they know they are backed up in the pharmacy area and are more content at work, which translates to even better care for residents.

“We look at customer service satisfaction surveys and the questions on there about medications, even after discharge. These are all part of an overall ex-

perience that we want to be beneficial for residents, families, and staff,” Tift says.

For Karen Miller, vice president of clinical services, DayBreak Venture in Waco, Texas, the relationship with PharMerica is about the positive results the partnership yields from survey inspections and quality ratings, which come from one-on-one feedback and open lines of communication.

“We do very well on our quality measures and the Five-Star ratings, and we try to partner with good people to help us in these areas,” Miller says.

There are also benefits from PharMerica’s work on costs, which Miller points to as a plus, like when the pharmacy consultant informs one of DayBreak’s physicians that a generic medication can be just as effective as a brand-name drug. “There is a lot of day-to-day interaction on things like generics and avoiding duplicate medications,” she says.

PharMerica also conducts mock surveys in the facilities prior to actual inspections, which helps nurses prepare ahead of time.

“This is all about open communication, and it is really great, from them to our leadership, to the staff, and to our physicians,” Miller says.

The foundation of these provider relationships, says T.J. Griffin, PharMerica’s chief pharmacy officer, is to adhere to the three pillars of the pharmacy consultant’s products and services:

- Always have medications available;
- Be vigilant in cost-containment efforts; and
- Be the leader in clinical and regulatory expertise.

“This really guides us and can be seen in what we do for our clients. It can be seen in how we consult on the MegaRule, like for example, through our Antibiotic Stewardship Program that we started three years ago,” he says.

“The goal is to have no tags for our partners when it comes to meeting these new regulations.”

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