Secret Decoder Ring: Interpreting What Nursing Home Providers Really Want

To ask your questions, Find the Session at ascp.com/qa

Steve Hord, RPh
VP of Pharmacy
Consulate Healthcare

Greg Milanich, RPh
AVP of Pharmacy Services
ProMedica – HCR ManorCare

Disclosure

Steve Hord and Greg Milanich have no conflicts of interest to disclose related to this presentation.
Steve Hord

- Long Term Care Pharmacy Operations for 12 years
- LTC Consultant Pharmacist and Manager for 10 years
- LTC Operations managing vendor pharmacies 13 years.

Greg Milanich

- Oversees Consultant Pharmacist Team for LTC and ALF
- Participates in Development of Clinical Programs
- Involved in LTC for Over 25 years
- Serves on ASCP Board of Directors
Pharmacist Learning Objectives:

• Examine how Skilled Nursing Facility (SNF) provider measures medication cost.
• Recognize the importance of SNF provider compliance with CMS requirements.
• Define the common expectations of the SNF provider by the pharmacist.
• Describe the common expectations related to medication procurement.
• Define the expected role of being an excellent, compliant consultant pharmacist.

Pharmacy Technician Learning Objectives

• Explain how Skilled Nursing Facilities (SNF) measure medication cost.
• Describe the importance of SNF compliance with CMS requirements.
• Describe common expectations related to medication procurement in a SNF.
• Discuss the role of the consultant pharmacist in a SNF
Medication Cost

• Cost is an Important Consideration But Positive Clinical Outcomes is Imperative
  • ‘Take Care of the Patient and the Dollars Will Come’
  • Penny Wise, Dollar Foolish
    • CMS Sanctions
    • Nursing Efficiency
    • Customer / Patient Satisfaction
    • Length of Stay
• Specialty Medications Use Expected to Increase

Patient Driven Payment Model (PDPM)

• New Case-Mix Model started October 1, 2019
  • Changes Provider Reimbursement
  • Focus on Clinically Relevant Factors to Determine Reimbursement
• Expected to Change Provider’s Perspective with High Cost Medications
  • Treating Patients with High Cost Medications May Lead to Higher Reimbursement
  • Importance of Capturing Active Clinically Significant Diagnoses in MDS
  • Medications Included in Non-Therapy Ancillary (NTA) Services
• Changing Medications After Initial Dispensing May Have Negative Affect
Price Per Day (PPD)

- Providers Usually Measures All Costs in Terms of Price Per Day
- PPD Metrics Aid in Monitoring by Normalizing Costs Based on Census
  - Absolute Costs May Be Misleading
- PPD is Usually Measured Separately When the Provider is Being Reimbursed a Per Diem
  - Based on Medicare Part A and Managed Care Patient Days
- Non-Covered Charges Can Be Measured Based on Medicaid Patient Days

Non-Covered Medication Costs

- Nursing Facilities are Responsible for All Therapeutically Necessary Interventions Including Medications for Medicaid Patients
- Medication Payers Have Various Mechanisms to Control Costs and Ensure Appropriate Medications are Utilized:
  - Medication Formularies / Preferred Medications
  - Step Therapy
  - Prior Authorizations
- Medication Payers Include Prescription Drug Plans and Medicaid
  - Pressures to Control Costs Have an Increased Negative Effect on Providers
Scenario

Pharmacist Meets with Provider to Discuss Last Month’s Bill
• Pharmacist Happily Shares Medication Charges Have Decreased by 10% Compared to Previous Month
• Provider is Disappointed
• Why?
• What Other Metric Should Be Discussed?

Self-Assessment Question

From a provider perspective, which of the following is true?

A. Providers only monitoring monthly pharmacy bills have the most benefit
B. Under PDPM, high cost medications may aid provider reimbursement depending on documented diagnosis
C. Controlling medication costs without other considerations is effective
D. Non-Covered medications costs have been decreasing as PDPs have evolved
Self-Assessment Question

From a provider perspective, which of the following is true?

A. Providers only monitoring monthly pharmacy bills have the most benefit
B. Under PDPM, high cost medications may aid provider reimbursement depending on documented diagnosis
C. Controlling medication costs without other considerations is effective
D. Non-Covered medications costs have been decreasing as PDPs have evolved

Consultant Pharmacists & Pharmacies’ Role

• Develop and Support Facility Formularies Where Permissible
  • Therapeutic Interchange at the Point of Service
  • Ownership Should Be with Facility, not Pharmacy
  • Developed Based on Facility Factors
  • Multidirectional Based on Medication Payer
• Processes to Aid with Non-Covered Medications
  • Timely Communication to Provider
  • Intervene with Payer When Possible
  • Provide Provider with Detailed Action Steps
Changes in LTC and Consultant Pharmacists

- Patient Types and Complexity
- Requirements for Documentation by Care Staff
- Time and Activity Requirements for Consultant Pharmacists
- Changes in Regulations
  - IMPACT Act
  - Patient Driven Payment Model
  - Focus On Psychotropic Medications
    - State Operations Manual
    - Slow Adopters Focus

Drug (Medication) Regimen Review - F756

- A Thorough Evaluation of Medication Regimen
- Includes a Review of the Medical Record to Prevent, Identify, Report andResolve Medication Related Problems and Medication Errors
- Every “Apparent Irregularity” is Important
- Seemly Simple Concerns May Lead to Further Surveyor Investigation
- ‘Cross Over’ Deficiencies May Increase the Number of Deficiencies and their Scope and Severity
Unnecessary Drugs - F757

A Drug Used
• Excessive Dose;
• Duplicate therapy;
• For Excessive Duration of Time;
• Without Adequate Monitoring;
• Without Adequate Indication for Use; and / or
• In the Presence of Adverse Consequences Which Indicate it Should Have Been Reduced or Discontinued

Self-Assessment Question

According to the State Operations Manual an apparent irregularity would be medication that __________?

A. Impedes achieving the intended outcome
B. Is an unnecessary medication
C. More than 9 medications
D. A and B
Self-Assessment Question

According to the State Operations Manual an apparent irregularity would be medication that __________?

A. Impedes achieving the intended outcome  
B. Is an unnecessary medication  
C. More than 9 medications  
D. A and B

Psychotropic Drugs - F758

• Use Only When Necessary  
• Limit Initial Therapy to When Only Warranted  
• PRN Use  
• Gradual Dose Reductions  
• Potential for Other Cross Over Deficiencies  
• Assure GDR Documentation is Completed  
• Significant Focus By CMS and Industry Stakeholders
Medication and Significant Medication Errors - F759 and F760

- Consultant Pharmacists Do Not Necessarily Need to Complete Observed Medication Passes (OMP)
- Consultant Pharmacists Should Ensure OMPs are Completed Regularly
- Observe Medication Pass Timing
- The Consultant Pharmacist Should Review for “Observational” Deficiencies
- During DRR Focus on Orders That May Increase Medication Error Opportunities

Labeling and Storage - F 761

- Most Commonly Cited Deficiency
- Controlled Substance Security - Separate and Double Locked
- Dating of Multidose Items with Beyond Use Dating When First Used
- Storage Temperatures
- Assure Labeling is Adequate (pens, vials, tubes, inhalers, etc.)
SNF Non-Compliance with CMS Requirements

• Non-compliance Can Have Severe Consequences
  • Denial of Payment New Admissions (DPNA)
  • Civil Monetary Payment (CMP)
  • Reduction in Star Ratings
  • Special Focus Facility (SFF)
• Resolving Deficiencies May Cost Providers Thousands or Millions of Dollars for Needed Resources and / or Staff Overtime
• Chain Providers May Need to Use Their Regional and Corporate Resources

Self-Assessment Question

What is the most commonly cited medication related deficiency?

A. F 755 (Service Consultations)
B. F756 (Drug Regimen Review)
C. F 757 (Unnecessary Drugs)
D. F 761 (Labeling and Storage)
Self-Assessment Question

What is the most commonly cited medication related deficiency?

A. F 755 (Service Consultations)
B. F756 (Drug Regimen Review)
C. F 757 (Unnecessary Drugs)
D. F 761 (Labeling and Storage)

NF Expectations for Consultant Pharmacist

• Appendix PP
• Service Consultation - F755
  • Provides Consultation on All Aspects of Pharmacy Services in the Facility
    • MRR, Admission MRR, and Interim MRR
    • Ordering
    • Receiving
    • Labeling
    • Storage
    • Prevention of Medication Errors
    • Multiple Pharmacy Providers
    • Drug Information
NF Expectations for Consultant Pharmacists

• Know and Support NF with the State Operations Manual
• Clinical Comments May Be Important, But....
  • Basic Prevention of Survey Deficiencies is Imperative
• No Consultant Pharmacist Has Ever:
  • Received a Deficiency
  • Paid a Civil Monetary Penalty
  • Received a Denial of Payment for New Admissions

SNF Expectations for the Pharmacist

• Aid in Establishing a System of Records of Receipt and Disposition of All Controlled Drugs in Sufficient Detail to Enable Accurate Reconciliation
• Determines That the Drug Records are in Order and That an Account of All Controlled Drugs is Maintained and Periodically Reconciled
• The Consultant Pharmacist Collaborates With the Facility to Develop Pharmacy Services Procedures and Helps the Facility Identify, Evaluate and Resolve Facility Concerns
• Active Participant in QAPI
  • Ideally in Person
  • Vital with Ensuring Quality Patient Care and Medication Management Systems
Medication Procurement

• Patient Expectations are Higher Than Ever
• Emergency Drug Kits and Timely STAT Services are Essential
• Missed Doses Due to Delays in Medication Ordering and Delivery
  • Transparent with Electronic Health Records
• Concurrent Review by Dispensing Pharmacy for Drug-Drug Interactions and Appropriateness of Therapy
• Delivery – Contract Services Now the Standard
• Communicate Orders to Pharmacy (Fax or Electronically) and Forget
• Assist with Specialty Medications

Excellent and Compliant Consultant Pharmacist

• Consultant Pharmacists Have Concentrated on Providing Person Centered Interventions Mostly via Medication Regimen Reviews (MRRs)
  • However, Providers Need This to Continue Additionally Need Consultant Pharmacists to Assist with Improving Processes and Demonstrating Value
Excellent and Compliant Consultant Pharmacist

- Aid in Reducing Rehospitalization
  - Medication Management Opportunities
    - Appropriate EDK contents
    - Obtaining Controlled Substance Prescriptions
    - Specialty Drugs
    - Appropriate order cut off times
    - Antibiotic Stewardship
    - Facility Formulary
    - Continuum of Care
    - Medication Reconciliation

Be Engaged with the NF!
- Don’t ‘Hide and Sign’
- One Size Doesn’t Fit All
  - Each NF Has Unique Processes
  - Support Provider Chain Processes
- Be a Consultant
  - Provide Guidance Using Professional Judgement and Expertise
  - Provide Pro’s and Con’s
- QAPI, QAPI, and More QAPI
- Be a Valuable Resource
- Reviews QMs / QIs for Medication Related Metrics
Excellent and Compliant Consultant Pharmacist

- Facility Specific Plan of Care / Action
- Identifies Apparent Irregularities
- Assists the Facility in Identifying Root Cause of Relevant Issues
- Willing to Follow a Concern to Determine the Root Cause
- Identifies Concerns But Also Assists in Developing a Plan of Correction (POC) or Performance Improvement Plan (PIP)
- Escalates Concerns to Corporate Management as Needed
- Take Ownership and Be Involved in the Plan of Correction as needed

Survey Interventions – Talking with Surveyors

- Be Professional
- Only Answer the Questions Asked
  - “Do You Know What Time It Is?”
  - Avoid Background Information
- Obtain Purpose of Discussion From Facility In Advance
- Attempt to Have Facility Management Involved Discussion
- Provide a Discussion Written Summary to Facility Management
Secret Decoder Ring: Interpreting What Nursing Home Providers Really Want

To ask your questions, Find the Session at ascp.com/qa

Steve Hord, RPh
VP of Pharmacy
Consulate Healthcare

Greg Milanich, RPh
AVP of Pharmacy Services
ProMedica – HCR ManorCare

2019 ASCP Annual Meeting & Exhibition
Aged to Perfection
November 7-10, 2019 | Grapevine, Texas
#ASCP50

Live Content Slide
When playing as a slideshow, this slide will display live content

Social Q&A
Secret Decoder Ring: Interpreting What Nursing Home Providers Really Want

Steve Hord, RPh
VP of Pharmacy
Consulate Healthcare

Greg Milanich, RPh
AVP of Pharmacy Services
ProMedica – HCR ManorCare