NATIONAL ASSOCIATION OF Community Health Centers®

Million Hearts® LEARNING LAB

Leveraging Pharmacists to Get to Better Blood Pressure Control

May 17, 2023

THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.

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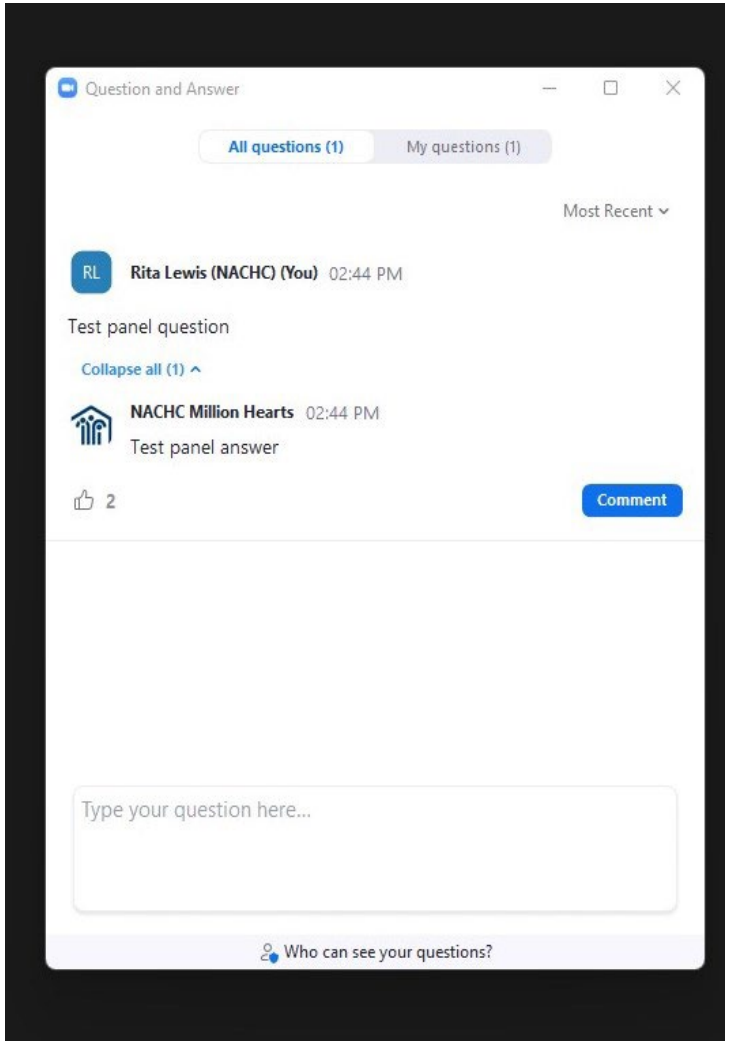
Friendly Reminders

- Today's event is being recorded
- All attendee lines have been muted

Asking Questions

- Chat has been disabled
- Please use the Q&A feature to submit questions for our panelists.
- You can also upvote or comment on questions submitted by other attendees.



Million Hearts® Welcome

Judy Hannan RN MPH
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Million Hearts® 2027 Priorities

Building Healthy Communities

- Decrease Tobacco Use
- Decrease Physical Inactivity
- Decrease Particle Pollution Exposure

Optimizing Care

- Improve Appropriate Aspirin or Anticoagulant Use
- Improve Blood Pressure Control
- Improve Cholesterol Management
- Improve Smoking Cessation
- Increase Use of Cardiac Rehabilitation

Focusing On Health Equity

- Pregnant and Postpartum Women with Hypertension
- People from Racial/Ethnic Minority Groups
- People with Behavioral Health Issues Who Use Tobacco
- People with Lower Incomes
- People Who Live in Rural Areas or Other 'Access Deserts'

Million Hearts® LEARNING LAB

Pre-Work:

Recording (13 mins)
Survey (2 mins)

Live Event:

Q&A (45 mins)

Total Time: 60 minutes = 1.0 CME

Learning Objectives

1

Specify examples of how pharmacists add value to hypertension treatment

2

Share resources for pharmacists, expanded care team members, and public health professionals about engaging pharmacists in hypertension treatment management

3

Increase understanding of the range of options to leverage pharmacist expertise

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The findings and conclusions in this presentation are those of the presenters and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

This presentation is not intended to promote any particular legislative, regulatory, or other action.

Collaborative Drug Therapy Management

is the partnership between qualified pharmacists and prescribing clinicians to manage a patient's drug therapy, as defined within the context of a **collaborative practice agreement**

Collaborative practice agreements create a formal practice relationship between a pharmacist and a prescribing clinician

A CPA can have many components

1. Scope of the agreement
2. Legal components
3. Administrative components

State laws and regulations vary widely

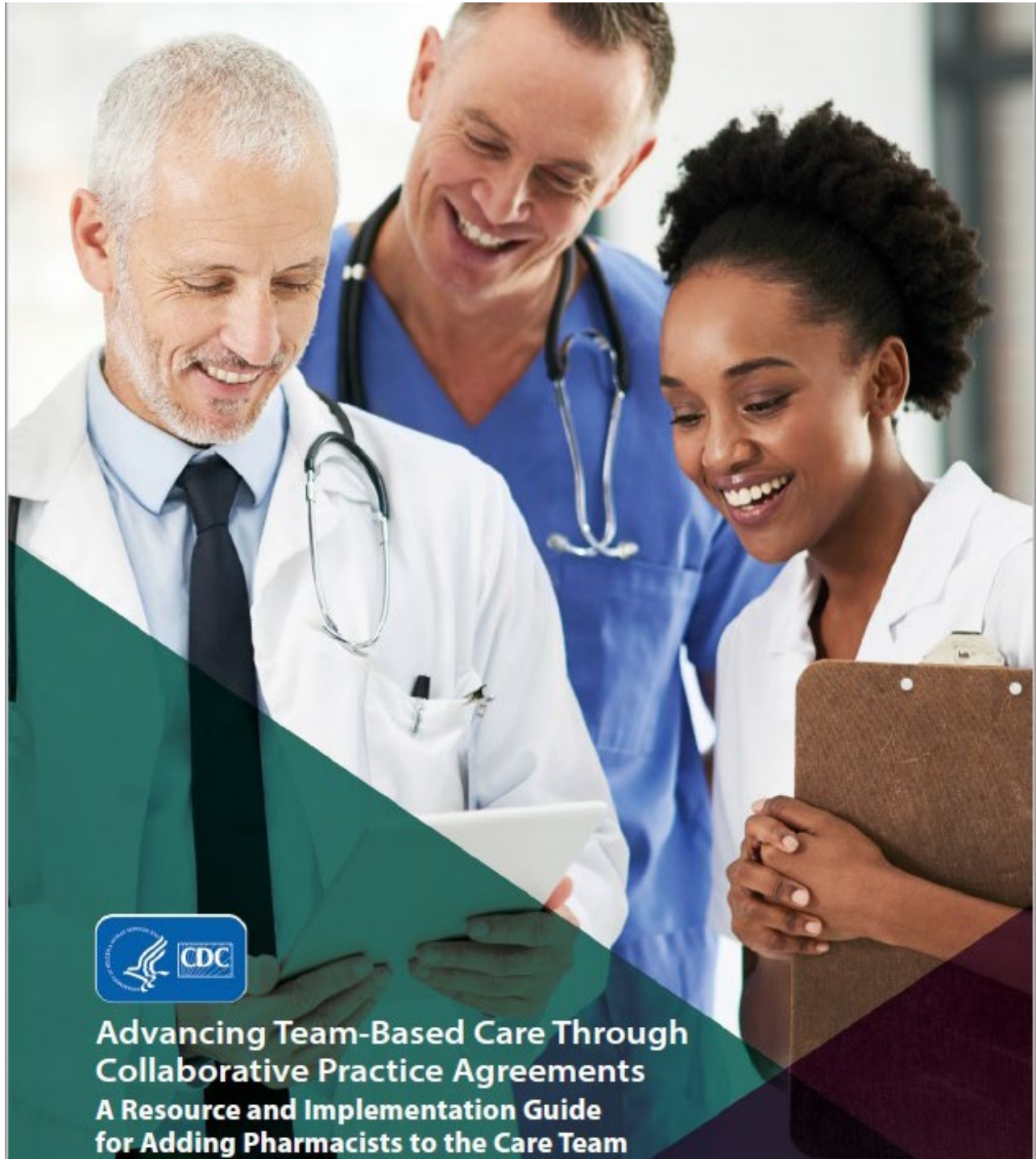
Variables include

1. Authorized Functions
2. Participants
3. Requirements and Restrictions

Advancing Team-Based Care Through Collaborative Practice Agreements

In this resource, you will find information about:

- How to use CPAs to facilitate team-based care
- Developing collaborative relationships
- Adapting a template CPA for heart disease
- Considerations for facilitating the use of CPAs
- Legal authorities



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https://www.cdc.gov/dhdsp/pubs/docs/CPA-Team-Based-Care.pdf

Engaging Pharmacists

Do centers have on site pharmacist?

What are some ideas for recruiting pharmacists to support blood pressure control activities even when a reimbursement structure isn't in place?

Did you use Pharmacists outside your organization or did you have a partnership with a pharmacy to be a part of the care team?

How do you incorporate clinical pharmacists into the typical workflow at an FQHC? How do you justify pharmacists doing this kind of work to senior leadership, especially when there may be other resources that may be less expensive and may be reimbursable by some plans?

How can we get Pharmacists to become partners when they are privately owned and not connected to a primary care clinic.

Engaging Clinicians & Getting ‘Buy-In’

How to get MD/Providers to agree with/"trust" pharmacists and the treatment algorithms.

How were physicians encouraged to support involving pharmacist in the plan of care including medication management.? When medication was changed, how was the primary care physician involved?

Titration algorithms and how to get provider buy in

What is the best way to incorporate a provider referral to a pharmacist?

Billing for Pharmacist Services

How is a pharmacist visit reimbursed?

Our primary issue with expanding these services is reimbursement. How can we ensure that the service is sustainable? What recommendations do you have for assisting patients without insurance?

payment from providers

covering the cost of the pharmacists in MTM

Are there any reimbursement or policy considerations that impact the ability of pharmacists to provide comprehensive blood pressure management services?

Billing and coding for pharmacists medication and chronic disease management

How to justify pharmacists resources when the pharmacist can not bill or have very low reimbursement for their services?

Self Measured Blood Pressure (SMBP) Billing Codes

Clinical services

CPT® Code	Code Description
99473	SMBP using a **device validated for clinical accuracy;** patient education/training and device calibration
99474	SMBP using a **device validated for clinical accuracy;** separate self measurements, collection of daily reports by the patient or caregiver to the healthcare provider, communication of BP reading

Devices

HCPCS Code	Code Description
A4670	Automatic blood pressure device
A4663	Blood pressure cuff only
A4660	Mercury sphygmomanometer with a cuff and stethoscope

Do you recommend a specific monitor manufacturer or model?

Visit

ValidateBP.org

for a list of BP devices validated for clinical accuracy

TARGET:BP | American Heart Association. | AMA

Remote Physiologic Monitoring (RPM) Billing Codes

	CPT® Code	Code Description
Set up and Devices	**99453**	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment.
	99454	Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.
Treatment Management Services (TMS)	**99457**	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month.
	99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; additional 20 minutes
	99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified healthcare professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days.

Parameters for Reimbursement

SMBP

- Readings and communication can be non-digital
- Minimum number of readings required (12, averaged)
- Device obtained by patient
- No time requirements by providers

initial

99473
$11.77

ongoing

99474
$15.23

separate equipment codes

A4670

A4663

99474 cannot be used in the same calendar month as codes for ambulatory blood pressure monitoring (93784, 93786, 93788, 93790), remote physiologic monitoring (99453-8, 99091) or chronic care management 99487, 99489-91).

RPM

- Requires a connected device with automatic digital transmission
- Minimum number of days required for readings (16)
- Device provided to the patient
- Minimum time for interactive patient communication

initial

99453
$19.03

ongoing

99454
$55.72

99457
$50.18

99458
$40.84

99457 may not be billed together with 99091 for same billing period and beneficiary.

OR

99091
$56.41

If an E/M service occurs on the same day, 99091 should not be reported separately.
99091 cannot be reported if it occurs within 30 days of codes 99339, 99340, 99374-9 or 99457.

TARGET:BP | American Heart Association. | AMA

2022 Medicare National Payment Rate

“Incident-to” Billing for Pharmacist Services

1. The patient must first be seen by the physician for an evaluation, or a Medicare covered service.
2. The physician must have provided authorization for the service in the medical record (i.e., referral)
3. The physician must continue to see the patient at a frequency that reflects his/her active participation in the management of the course of treatment (i.e., “one of three rule”)
4. The service provided by you, the pharmacist, is commonly furnished in a physician or Medicare Part B provider’s office or clinic.
5. The service must be medically appropriate to be given in the provider’s office or clinic.
6. Services provided by a pharmacist “incident to” the physician must be within the pharmacist’s scope of practice as dictated by the state’s Pharmacy Practice Act.
7. Services and supplies must be furnished in accordance with applicable State law. Any other state laws besides the Pharmacy Practice Act that affect your service must be adhered to.
8. A physician or Medicare Part B-approved practitioner must be on the premises, but not necessarily in the room when incident-to services are performed.
9. The pharmacist providing the incident-to service must be an employee, leased or contracted to the physician or Medicare Part B-approved provider. The practice must have some legal control over the person and his or her services, and the person must represent an expense to the practice.

“Incident-to” Billing for Pharmacist Services

Simplified General Description[1]	New Patient[2]		Return Patient[2]	
	Code	Reimbursement Amount	Code	Reimbursement Amount
Lowest level complexity visit and on average ~5 minutes spent with patient.	99201	$46.56* $27.07**	99211	$23.46* $9.38**
Higher level complexity visit than 99201 or 99211 and on average ~10 minutes spent with patient.	99202	$77.23* $51.61**	99212	$49.19* $26.35**
Higher level complexity visit than 99202 or 99212 and on average ~15 minutes spent with patient.	99203	$109.35* $77.23**	99213	$76.15* $52.33**
Higher level complexity visit than 99203 or 99213 and on average ~25 minutes spent with patient.	99204	$167.09* $132.09**	99214	$110.43* $80.48**
Highest level complexity visit and on average ~40 minutes spent with patient.	99205	$211.12* $172.51**	99215	$148.33* $113.68**

*Non-Facility Price

**Facility Price

Source: 1. American Pharmacists Association. Billing Primer: A Pharmacist’s Guide to Outpatient Fee-for-Service Billing. Washington, DC: American Pharmacists Association; August 2019. 2. Physician Fee Schedule Search. Centers for Medicare & Medicaid Services. 2020. Available at https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx.

California Right Meds Collaborative (CRMC)

- Pharmacist-led initiative founded by Dr. Steven Chen at USC SOP with aim of improving health outcomes in local communities, decreasing health care costs, and reducing unnecessary hospitalizations
- Consortium of community pharmacies, health plans academic and professional organizations

- Pharmacists provide comprehensive medication management (CMM) services to health plan members → funded by value-based payment models
- Enables pharmacies to serve as access points for health and social services

California Right Meds Collaborative. Our aims - updated. CalRightMeds. https:// calrightmeds.org/our-aims-updated/. Accessed April 10, 2023.

Resources

Best Practices For Heart Disease and Stroke Prevention

- Best Practices for Heart Disease and Stroke: A Guide to Effective Approaches and Strategies
- Pharmacists' Patient Care Process Approach Guide
- Team-Based Care to Improve Blood Pressure Control
- Collaborative Drug Therapy Management
- Community Pharmacists and Medication Therapy Management
- Tailored Pharmacy-Based Interventions to Improve Medication Adherence

Pharmacist-Prescribing Clinician Collaborative Practice Agreements

- Advancing Team-Based Care Through Collaborative Practice Agreements
- Collaborative Practice Agreements and Pharmacists' Patient Care Services

Resources

Using the Pharmacists' Patient Care Process to Manage High Blood Pressure

- Using the Pharmacists' Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists

Billing for Pharmacist Services

- Pharmacist Billing/Coding Quick Reference Sheet
- Pharmacist Billing using "Incident-To" Rules Non-Facility (Physician-Based) Ambulatory Clinic
- Billing for MTM Services

Example Pharmacist-led Hypertension Management Programs

Brigham Protocol-based Hypertension Optimization Program (BP-HOP)

- Development of an entirely remote, non-physician led hypertension management program
- A remote hypertension management program clinical algorithm
- Brigham Protocol-Based Hypertension Optimization Program (BP-HOP)

Resources

Los Angeles Barbershop Blood Pressure Study (LABBPS)

- A Cluster-Randomized Trial of Blood-Pressure Reduction in Black Barbershops
- Sustainability of Blood Pressure Reduction in Black Barbershops

Michigan Medicine and Meijer Pharmacy Hypertension Program

- Pharmacists' Patient Care Process Approach Guide
- Michigan Medicine and Meijer Pharmacy Program

- HEAR HER Campaign – CDC Campaign focused on preventing pregnancy-related deaths by sharing messages about urgent warning signs

How to claim CME Credit

1. Visit the activity page at https://edhub.ama-assn.org/ama-cvd-prevention-education/module/2805288
2. 2. **Sign in to the AMA Ed Hub** at the upper right-hand corner by using your AMA login. If you do not already have an AMA account, you can create one for free by clicking on “Sign-in” then selecting “Create an Account”.
3. **From the activity page click the “Start” button** located at the center of the main image.
4. **Click “Take Quiz”** and answer the activity evaluation questions.
5. **Select the appropriate amount of CME to claim.**

IMPORTANT: The deadline for claiming credit for this activity is: June 28, 2023

After this date the quiz will close and you will be unable to claim your credit.

How to access/download your certificate of participation

1. **Once you have logged in and successfully completed the evaluation quiz, click on your name** located at the top right-hand side of the page **and select "Transcript".**

2. **Find your completed activity and select "Certificate" to download.**

On-Demand Learning Labs Available for CME

- Treating Patients with Hypertension: What's the Rx
- Managing Cholesterol Using Technology
- Motivational Interviewing for Medication Adherence
- Using Bi-Directional Text Messaging to Engage Patients in Chronic Disease Management (Coming Soon)

Upcoming Million Hearts Learning Labs

Upcoming Learning Lab

Improving Blood Pressure in African Americans: Common Strategies to Achieve Equity

July 19, 2023, from 3:00 to 3:45pm ET

THANK YOU!

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PLEASE VISIT US ONLINE nachc.org