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USC School of Pharmacy
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An initiative of

USC School of Pharmacy

Psychiatric Pharmacy Essentials for Primary Care and Community Pharmacists

California Right Meds
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Learning Objectives

Identify	Identify opportunities to intervene on psychiatric medication therapy in community or primary care pharmacy settings
Conduct	Conduct an evaluation of patients treated for depression and/or anxiety to determine whether a medication therapy intervention is necessary
Identify	Identify patients with severe mental illness who need referral to a mental health specialist

Normal Is Just A Setting on the Dryer

Mental Health/Illness Spectrum

Healthy → Coping → Struggling → Unwell

Any Mental Illness

Past Year Prevalence of Any Mental Illness Among U.S. Adults (2019)

Data Courtesy of SAMHSA

	Percent
Overall	20.6
Sex: Female	24.5
Sex: Male	16.3
Age: 18-25	29.4
Age: 26-49	25.0
Age: 50+	14.0
Race/Ethnicity: Hispani…	18.0
Race/Ethnicity: White	22.2
Race/Ethnicity: Black o…	17.3
Race/Ethnicity: Asian	14.4
Race/Ethnicity: NH/OPI	16.6
Race/Ethnicity: AI/AN	18.7
Race/Ethnicity: 2 or More	31.7

Less than half (44.8%) received treatment in the past year

Mental Illness. https://www.nimh.nih.gov/health/statistics/mental-illness. Accessed on 6/9/21

Serious Mental Illness

Past Year Prevalence of Serious Mental Illness Among U.S. Adults (2019)
Data Courtesy of SAMHSA

Group	Category	Percent
	Overall	5.2
Sex	Female	6.5
Sex	Male	3.9
Age	18-25	8.6
Age	26-49	6.8
Age	50+	2.9
Race/Ethnicity	Hispani…	4.9
Race/Ethnicity	White	5.7
Race/Ethnicity	Black o…	4.0
Race/Ethnicity	Asian	3.1
Race/Ethnicity	NH/OPI	2.6
Race/Ethnicity	AI/AN	6.7
Race/Ethnicity	2 or More	9.3

65.5% received treatment in the past year

Mental Illness. https://www.nimh.nih.gov/health/statistics/mental-illness. Accessed on 6/9/21

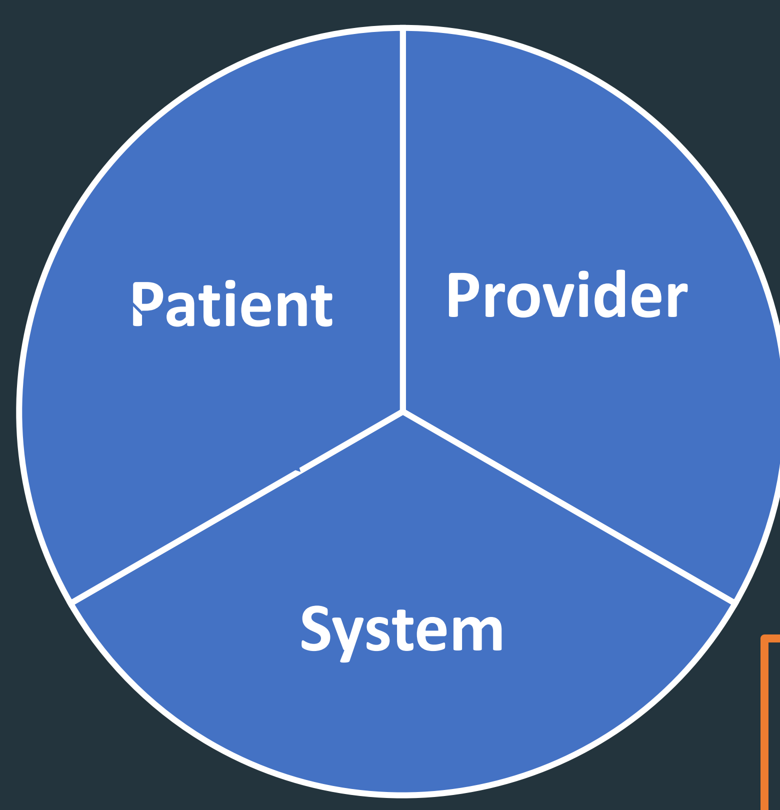
Emergency Department Visits

- Cross sectional analysis of National Hospital Ambulatory Medical Care Survey data (2007-2016)
- Proportion of ED visits for mental health diagnoses increased from 6.6% to 10.9% ($p<0.001$)
- Visits in which Medicaid was the primary source of insurance nearly doubled (27.2% to 42.8%, OR=1.71, 95% CI 1.36-2.15)
- Trend of increased visits for substance-related, mood disorders, and anxiety disorders

Theriault KM et al. J Clin Psychiatry. 2020;81(5):20m13241.

Need for Medication-Related Interventions in Psychiatry

- Adherence
- Responsibility to care providers
- Symptoms of illness



- Prescribing
- Transcription
- Dispensing
- Administration
- Monitoring

- Failure of continuity of care
- Medication discrepancies at transition points
- Insufficient clinical pharmacy services
- Medication error reporting system

Procyhyn RM et al. CNS Drugs. 2010;24(7):595-609.

What Needs Do You Think Primary Care and Community Pharmacists Could Fill?

Using the Chat function, type in how you think primary care and community pharmacists could be part of the solution to some of the issues discussed so far.

How Do You Currently Identify Patients with Mental Health Needs?

A. We have never discussed this at my healthcare setting
B. We do not identify patients with mental health needs although I think we should be doing this
C. Identification is a bit random and depends upon the pharmacist and other factors
D. We have a consistent systematic process for identifying patients

Using Rating Scales to Screen and Identify Patients

Pharmacist use

- Screening
- Monitor response to pharmacotherapy after a formal diagnosis has been made

Challenges/limitations

- Rating scale score does **NOT** equal a diagnosis
- Sensitivity/specificity
- Rating scales may only be validated for a particular diagnosis
- Screening is not recommended for all psychiatric disorders

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COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen with Triage Points for ***Primary Care***

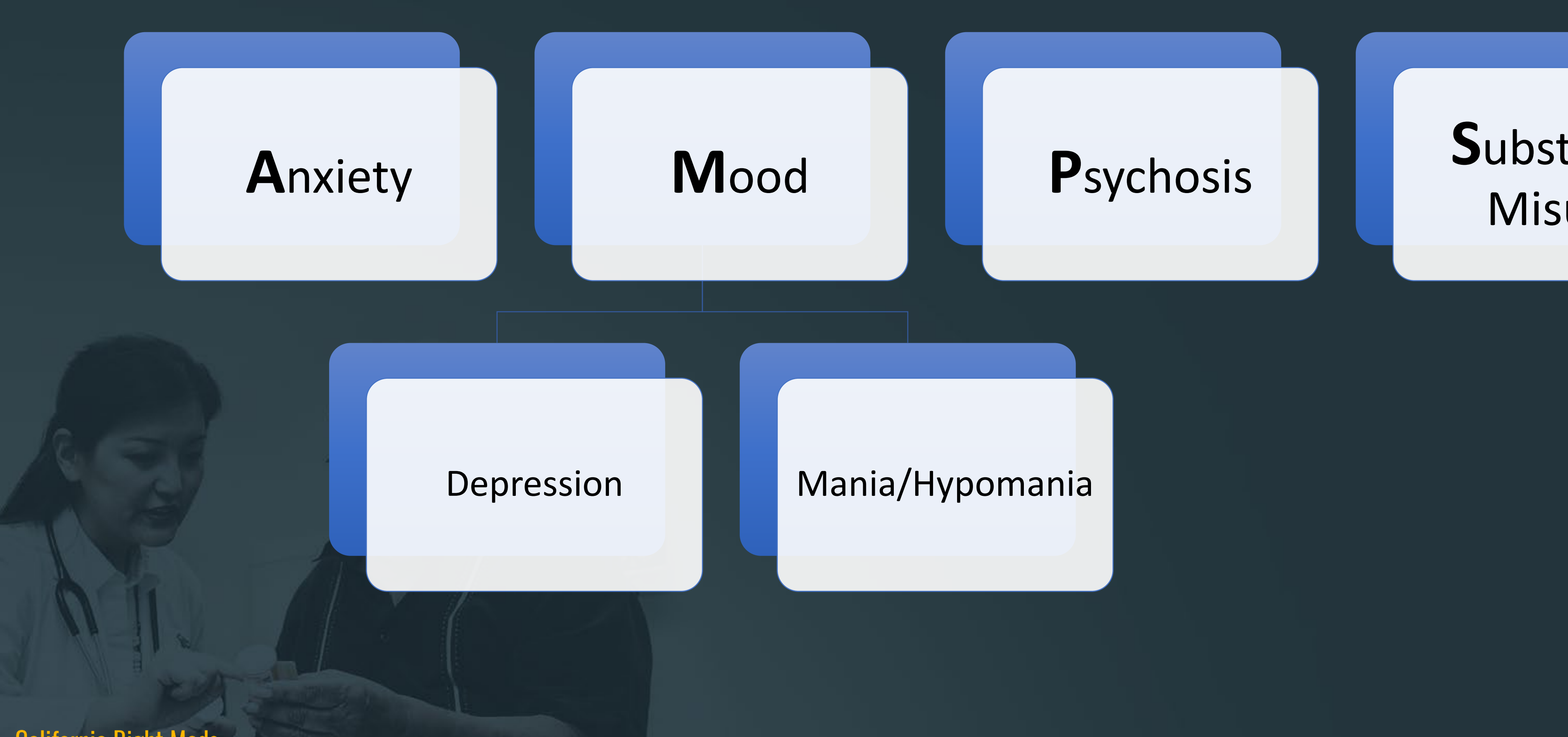
Ask questions that are in bold and underlined.	Past month	
Ask Questions 1 and 2	**YES**	**NO**
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***Have you had any actual thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might do this?*** e.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*"		
4) ***Have you had these thoughts and had some intention of acting on them?*** as opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?***	**Lifetime**	
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
	Past 3 Months	
If YES, ask: ***Was this within the past 3 months?***		

Response Protocol to C-SSRS Screening

Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 4 Behavioral Health Consultation and Patient Safety Precautions
Item 5 Behavioral Health Consultation and Patient Safety Precautions
Item 6 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions

http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.general-use.english

AMPS – Primary Care Psychiatric Review of Symptoms



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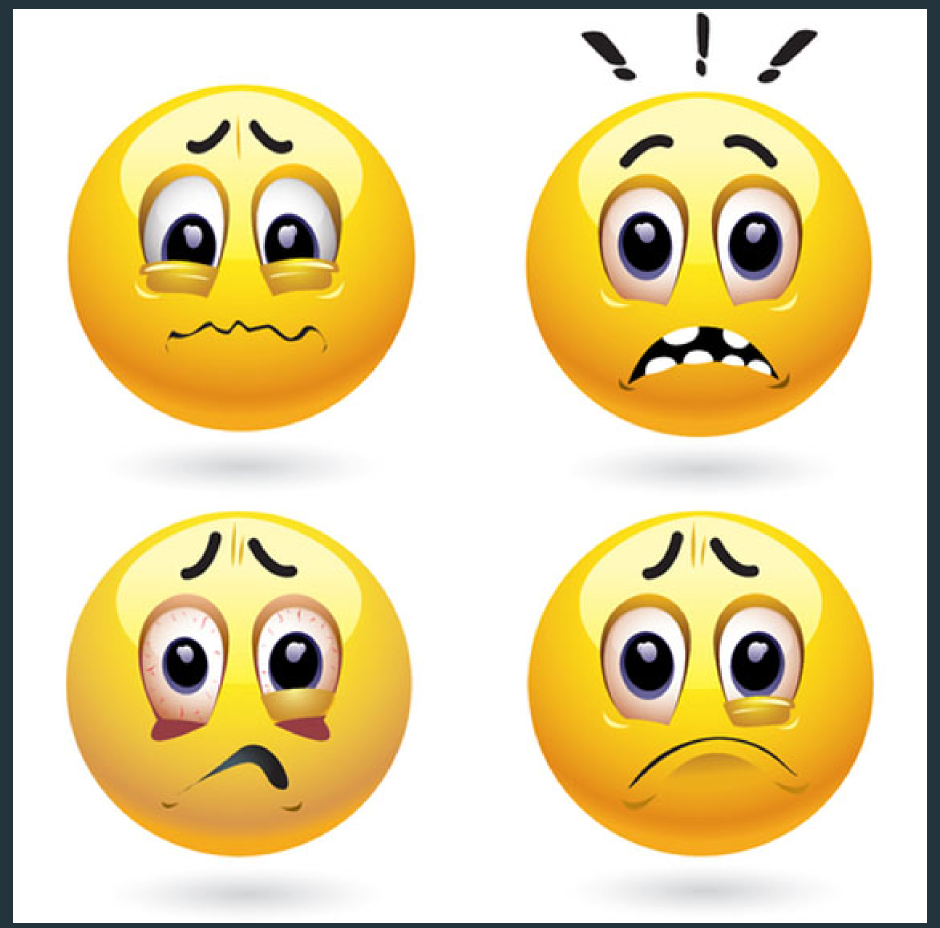
Adapted from McCarran et al. Lippincott's Primary Care Psychiatry.

Anxiety

"Is anxiety or nervousness a problem for you?"



Mood

Depression

- "Have you been feeling depressed, sad, or hopeless over the past two weeks?"
- "Have you been engaged in pleasurable activities over the past two weeks?"

Mania or Hypomania

- "Have you ever felt the opposite of depressed, where friends and family were worried about you because you were too happy?"
- "Have you ever had excessive amounts of energy running through your body to the point where you did not need to sleep?"

Psychosis

"Do you hear or see things that other people do not hear or see?"

"Do you have thoughts that people are trying to follow, hurt or spy on you?"

Substance Misuse

01

"How much alcohol do you drink per day?"

02

"How often do you use cocaine, methamphetamine, heroin, marijuana, PCP, LSD, ecstasy other drugs?"

03

"How often do you overuse prescription medications or take medications that are not prescribed to you?"

What About My Patients Who Already Have a Diagnosis and Are Taking Medication?

Universal Treatment Goals

- ↓ symptoms
- ↓ adverse effects
- ↑ adherence
- ↑ **quality of life**
- ↑ **functioning**

- **Treat to remission and prevent relapse or reoccurrence**

Appropriateness | Effectiveness
Safety | Adherence

Factors to Consider If There are Medication-Related Problems

- Wrong diagnosis
- Unaddressed comorbidities including substance use disorders
- Dose too low or not dosed frequently enough
- Pharmacokinetic and pharmacodynamic factors
- Inadequate duration of treatment
- Reasons for nonadherence
- Side effects that are concerning/bothersome
- Complicating psychosocial and psychological factors
- Treatment resistant disease

APA Practice Guidelines. 2010.

Closing the Loop

How Do You Currently Close The Loop?

A. We are not even on the roller coaster yet
B. We lose about half of our passengers along the way
C. Our cars are full at the beginning and empty at the end
D. All of our passengers make it safely off the ride

Which Disease States Can Be Managed in a Non-Psychiatric Setting?

- Low-complexity (non-treatment resistant or refractory)
  - Anxiety disorders
  - Depressive disorders
  - Insomnia
  - Specific substance use disorders (alcohol use disorder, opioid use disorder, tobacco/nicotine use disorder)
- High-complexity psychiatric disorders that are stable and do not require ongoing psychiatric care
- Be aware that the acuity of any these disorders can change and may warrant a transfer of care to a psychiatric specialist

Flannery H et al. JAACP. 2000;3(2):455-64.

Which Disease States Should Be Referred to a Psychiatric Specialist?

- Acute situations (e.g. suicidal ideation with intent/means/plan, homicidal ideation)
- Treatment resistant/refractory disease or severe symptoms
- High-complexity psychiatric disorders
  - Attention-deficit/hyperactivity disorder
  - Bipolar disorders
  - Movement disorders
  - Obsessive-compulsive disorder
  - Schizophrenia spectrum and other psychotic disorders
  - Substance use disorders (other than AUD, OUD, tobacco/nicotine)
  - Trauma- and stressor-related disorders

Flannery H et al. JAACP. 2000;3(2):455-64.

How Would You Refer a Patient to a Psychiatrist?

A. I do not know where to start
B. I would google to find a provider in the area
C. I have an already developed network of providers I know
D. We have a process for referral within our healthcare system

How Would You Refer a Patient to a Psychologist or Psychotherapist?

A. I do not know where to start
B. I would google to find a provider in the area
C. I have an already developed network of providers I know
D. We have a process for referral within our healthcare system

What Is Your Commitment to Better Serving Persons with Mental Health and Substance Use Disorders?

What can you do in the next 24 hours? The next week? The next month?

What do you need in order to better serve this patient population?

How can we partner to make this happen?

Lisa Goldstone
lwgoldst@usc.edu

Psychiatry for Population Health Pharmacists Collaborative

California Right Meds COLLABORATIVE

Natalie Valadez, PharmD & Ramesh Upadhyayula, APh
06/27/2021

An initiative of

USC School of Pharmacy

Launching CMM

01 Workflow Adaptations

Workflow changes, Clinical Pharmacy Technicians, and more!

02 Support Services

CRMC website resources, Clinical Pharmacy Technician training course, EMR software, and more!.

03 Patient Enrollment Strategies

Secure patient list transfer, patient letters, provider letters, and more!

04 CPA Strategies

Step by step process, outreach strategies, and more!.

Learning Objectives

- ✓ Describe key workflow adaptations to implement or advance CMM in a community pharmacy.
- ✓ Summarize the types of support an enrolled community pharmacy can expect from a CRMC health plan.
- ✓ Demonstrate the dynamics that optimizes the relationship and shared goals of the CRMC community pharmacy and health plan.

Workflow Adaptations

Natalie Valadez, PharmD

CMM Workflow

01 PATIENT RECRUITMENT

The process of recruiting patients for your CMM services via outreach calls or assistance from physician's office.

02 PATIENT REGISTRATION

The process of registering patients for your CMM services including gathering their baseline information and availability.

03 INITIAL APPOINTMENT

The initial appointment may take about 60 minutes to perform an in-depth evaluation and initial medication reconciliation.

04 FOLLOW-UP APPOINTMENT

This may be a more targeted appointment to address only active health concerns and ongoing disease-state management needs.

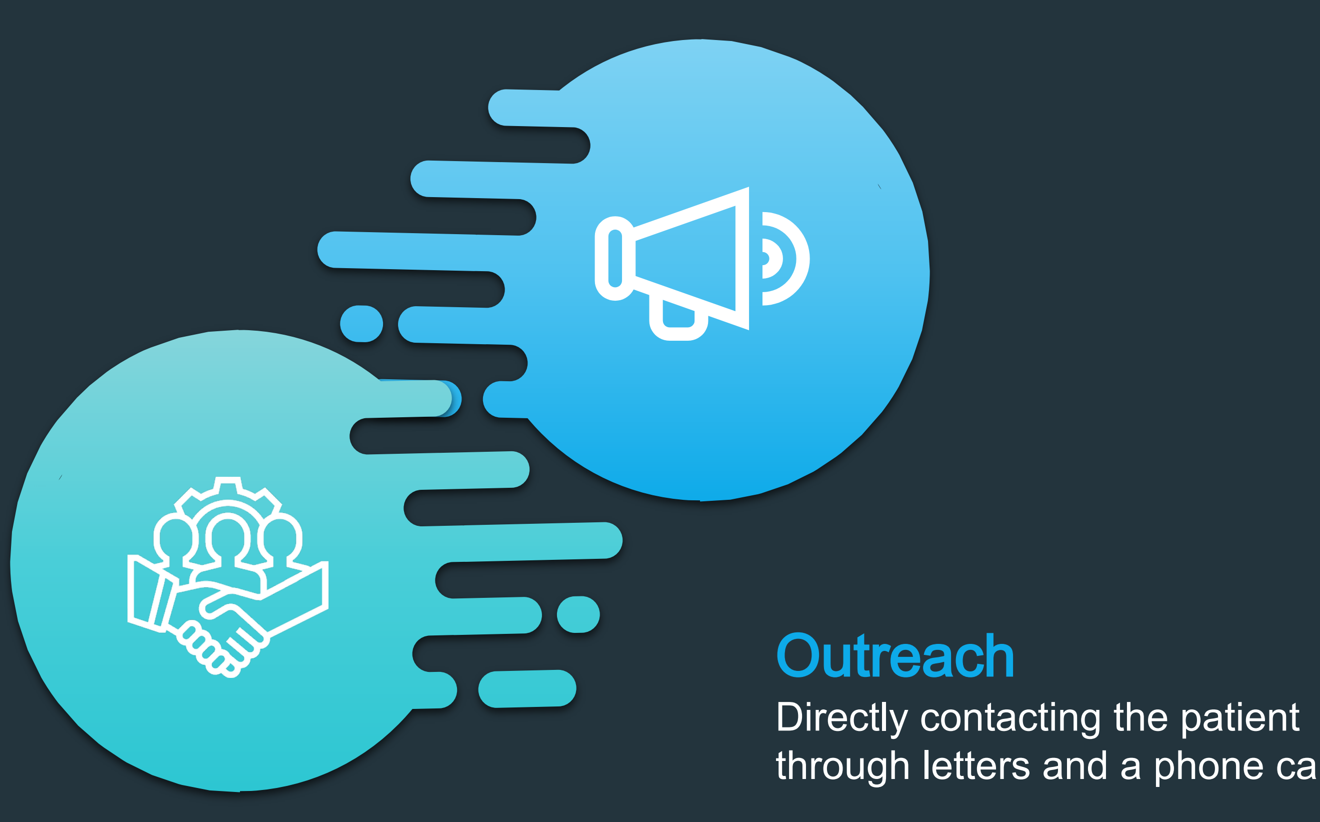
05 DOCUMENTATION

Documentation is vital to the ongoing communication with the physician's office..

06 BILLING

The process of billing the health plan for CMM services rendered to patients.

Patient Recruitment



Referrals

Approach physicians for CMM referrals from your assigned patient list (provided by the health plan).

Outreach

Directly contacting the patient through letters and a phone call.

PATIENT RECRUITMENT

DIRECT PHYSICIAN REFERRAL

Approaching Physicians For Direct Patient Referrals

Provide physicians with a list of mutual patients for whom the health plan has identified as qualifying for CMM services under CRMC.

Pros

Easier recruitment, saves pharmacy time

Cons

Extra work for physician's office, staff training required

Overall

Easier for the pharmacy but may reserve this option for patients who are difficult to enroll

PATIENT RECRUITMENT

DIRECT PATIENT OUTREACH

Directly Calling Patients For CRMC CMM Enrollment

Based on patient list provided by the health plan, call patients one by one for CMM enrollment.

Pros

Can get started quicker, independent of physician's office

Cons

Harder patient enrollment, "cold-calls"

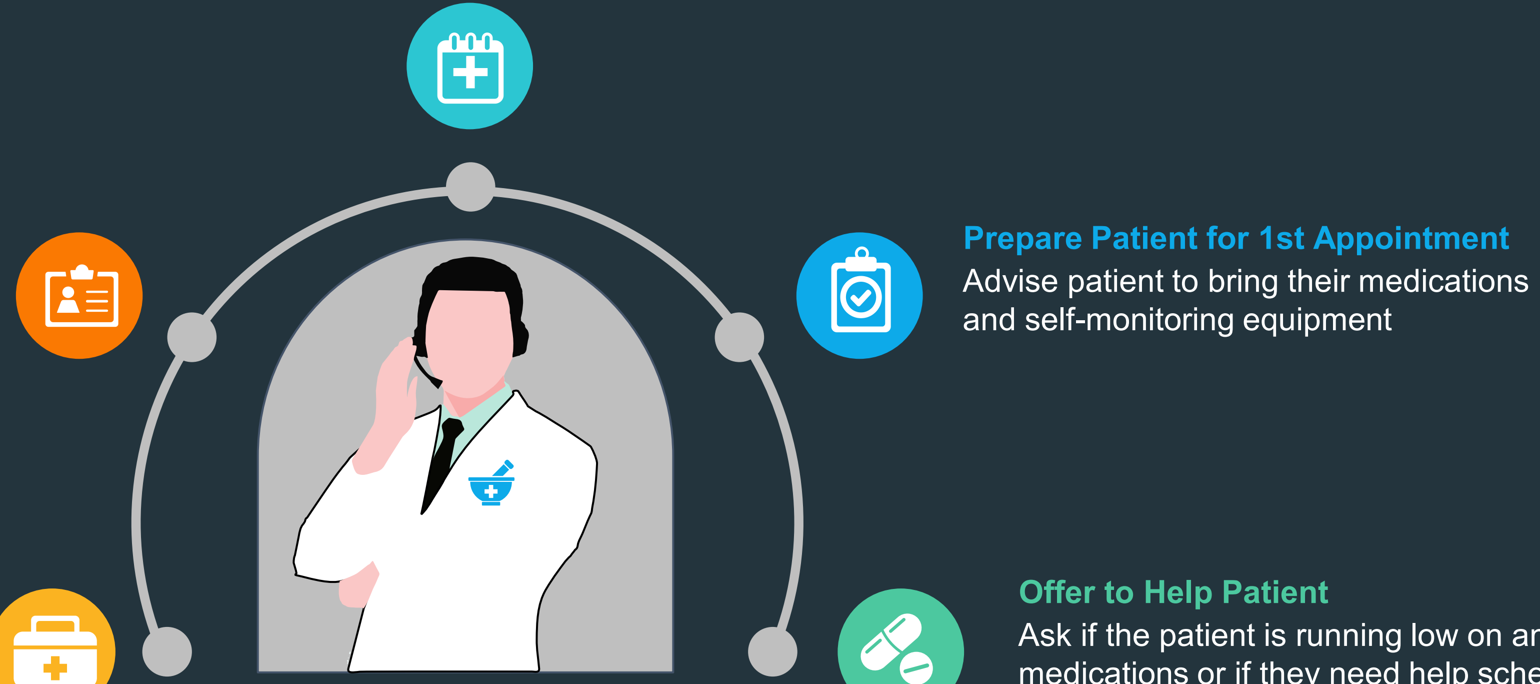
Overall

May be the initial strategy for enrolling patients with the option of physician referrals as a back-up plan

Patient Registration

Schedule Initial Appointment

Check which date/time of the week would work best for a CMM appointment



Create EMR Patient Profile

Create a patient profile in your EMR with baseline information and the appt time

Prepare Patient for 1st Appointment

Advise patient to bring their medications and self-monitoring equipment

Provide Any Updates from Physician

Update the patient regarding their next appointment or labs with their physician

Offer to Help Patient

Ask if the patient is running low on any medications or if they need help scheduling an appointment with a physician

Initial Appointment

- Use USC Platform
- Create Active Med List
- Provide Health Education
- Collect Medical History
- Re-Verify Contact Info
- Evaluate for MRP's
- Assess For Acute Concerns
- Assess Disease State Control
- Address SDH
- Assign Self-Monitoring
- Formulate Plan
- Schedule Follow-Up Appt

Follow-Up Appointments

UPDATE ANY CHANGES

Use the USC Platform to update any changes to medications, allergies, contact info, etc..

RECAP IMPORTANT TOPICS

Re-emphasize important educational points, as needed, even if they were previously discussed.

SCREEN FOR MRP's

Screen for medication-related problems including medication compliance or ADR's.

RE-ASSESS ACUTE/CHRONIC CONDITIONS

Screen for new acute health concerns and re-assess any active health concerns.

CHECK SELF-MONITORING DATA

Formulate plan (such as an Asthma Action Plan) based on self-monitoring results. Schedule additional follow-up as needed.

RE-CHECK AND ADDRESS SDH

Follow-up on social determinants of health (SDH) and address any ongoing concerns.

Documentation

Baseline Information

Baseline information such as name, DOB, MRN, Race, Ethnicity, Sex, Clinic Status, Contact Info, PCP, etc.

Clinical Evaluation & Subjective Questions

Clinical information such as BMI, PHQ-2 (or PHQ-9) score, BP, ASCVD risk score, ACT Assessment, Peak Flow, etc.

Medications & Medication Related Problems

Detailed medication information such as dosage, instructions, indication, and prescriber. Detailed MRP's.

Asthma Action Plan (If Applicable)

Based on peak flow, create a personalized plan for asthma management including peak flow ranges and instructions.

Assessment & Plan

Thoroughly assess all health concerns. Based on assessment and shared decision making, create a plan.

Question

1. Direct physician referrals:
    a. Provide easier recruitment for the pharmacy
    b. May involve an extra step for the physician's office
    c. May be reserved for patients who are difficult to enroll
    d. Will require staff training
    e. Choices A&B only
    f. All of the above

Support Services

Ramesh Upadhyayula, APh

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USC Clinical Pharmacy Technician Training

DISEASE STATE RELATED CARE

Training in HTN, DM, Asthma, and COPD related care.

CHECKING VITAL SIGNS

BP, HR, RR, BG, etc.

MOTIVATIONAL INTERVIEWING

Training for effective communication with patients.

INSULIN PREP & ADMIN

Proper insulin preparation and administration technique

CMM PATIENT CHECK-IN

Training to gather the necessary info before CMM services.

GLUCOMETER USE

Proper glucometer technique

MEDICATION HISTORY

Training to take a medication history and assist with medication reconciliation.

WORKFLOW & QUALITY IMPROVEMENT

Training involving creating a workflow and continuous quality improvement.

Pharmacist Training Sessions

FOUNDATIONS OF CMM

A comprehensive look at CMM including disease state refreshers and documentation.

SOCIAL DETERMINANTS OF HEALTH

The importance of social determinants of health on outcomes and useful resources.

CULTURAL COMPETENCY

Going beyond cultural sensitivity and awareness to optimize patient care.

MOTIVATIONAL INTERVIEWING

Finding the most effective methods to engage and communicate with patients.

SHARED DECISION MAKING

Using shared decision making techniquest to guide patients in selecting therapy options.

LEADERSHIP

Effective leadership involves self-accountability.

CARING FOR HOMELESS PATIENTS

Improving health equity to meet the needs of homeless patients.

HOW TO DETERMINE MRP’s

Optimal ways to determine medication related problems for optimizing CMM.

California Right Meds
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CRMC Monthly Forum & Weekly Pilot Meetings

CASE DISCUSSIONS

HIPAA compliant discussion of live patient cases at various CRMC pharmacy practice sites.

TOPIC DISCUSSIONS

Relevant topic discussions to aid in learning and skill development for CMM.

JOURNAL CLUBS

Relevant journal articles discussing updates or new information relating to treatment options.

GUEST SPEAKERS

Wide variety of guest speakers from the local, state, or federal level sharing various topics.

OPEN FORUM

An open space to discuss any questions or concerns and to receive feedback from other CRMC sites.

CRMC Website Tools

USER MANUALS
For the USC Platform, you can find the user manual here along with many other resources

POCKET GUIDES
Pocket guides may also be found which help summarize important disease state topics

ARTICLES & MORE
Clinical articles and those that show pharmacist driven care outcomes can also be found on the CRMC website

PAST TRAININGS
A one-stop place to find all the past CRMC trainings including slides and/or videos of trainings

REFERENCE GUIDES
Guidelines and summaries can be found on the CRMC website under resources

EXAMPLE CPA's
An example CPA agreement can also be found on the CRMC website

USC Platform

EHR

The USC Platform can serve as an EHR for CRMC CMM visits, with the ability to generate a physician letter.

DASHBOARD

On the homepage of the USC Platform is the dashboard which provides access to BP, A1C, COPD, and asthma metrics.

APPT SCHEDULE

The USC Platform also allows you to schedule patient appointments, all in one place!

LABS

Labs can be manually entered into the USC Platform.

MRP's

Under each visit, you are able to capture medication related problems (MRP's) with ease!

Health Plan Toolkit & Resources

HEALTH PLAN CONTACTS

CRMC contacts at the health plan.

USC CONTACTS

Contacts at USC School of Pharmacy who are involved in CRMC.

HEALTH PLAN SERVICES

A full listing of services offered by the health plan for their members.

COMMUNITY RESOURCES

Listing of community services at the state and county level..

WEEKLY/BI-WEEKLY MEETINGS

Weekly or bi-weekly meetings between the health plan and individual pilot sites to review report card and or discuss any questions.

Secure File Transfer Portal (SFTP)

DATA TRANSFER

The SFTP Portal serves as a secure place for data transfer between health plan and pharmacy.

MEMBER LIST

Member lists, who are eligible to participate in CRMC for CMM services, will be provided here.

WEEKLY CMM REPORTS

In addition, weekly CMM reports from the pharmacy can be submitted to the health plan here.

Office Ally

Fast & Easy Billing Software

Simple to use billing software with tutorials and 1-on-1 training.

Submit Secure Claims to Health Plan

Through Office Ally, secure claims can be submitted to the health plan.

Pre-Populate Fields with Stored Info

For efficiency, Office Ally allows you to save patient, provider, location, and other information for future claim submission.

Track Claims and Reimbursement

Past claims can be tracked using Office Ally, including reimbursement information.

Question

2. The USC Clinical Pharmacy Technician Training Program includes which of the following clinical skills training?
   a. Checking vital signs
   b. Motivational Interviewing
   c. Disease related care
   d. Insulin prep and administration
   e. Choices A&C only
   f. All of the above

Patient Enrollment Strategies

Natalie Valadez, PharmD

Strategies to Increase Enrollment

REFERRALS

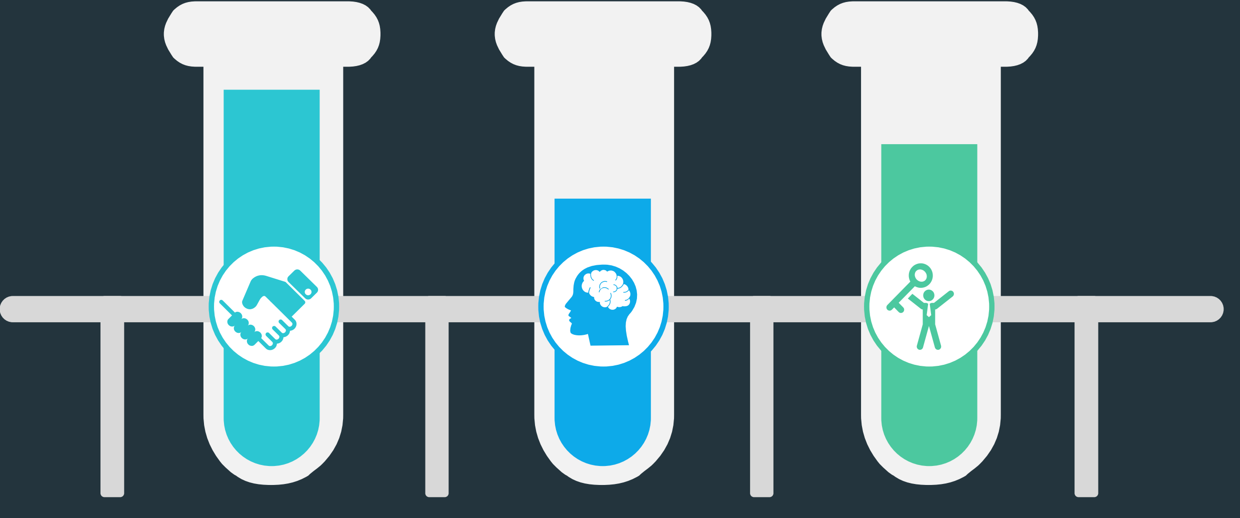
Enlisting the help of the primary care provider for patient enrollment.

INITIAL WORK-UP BEFORE CALLS

Reviewing patient's profile and calling the physician's office for more info.

OFFERING TO ASSIST PATIENT

To help in enrollment, offer to assist patient immediately (refills, appts, etc).



TRUST
Trust is a key and critical component to successful enrollment

UNDERSTANDING
Patient understanding of what you are asking them is essential

ACCEPTANCE
To get acceptance, you must first ensure trust and understanding

Referrals

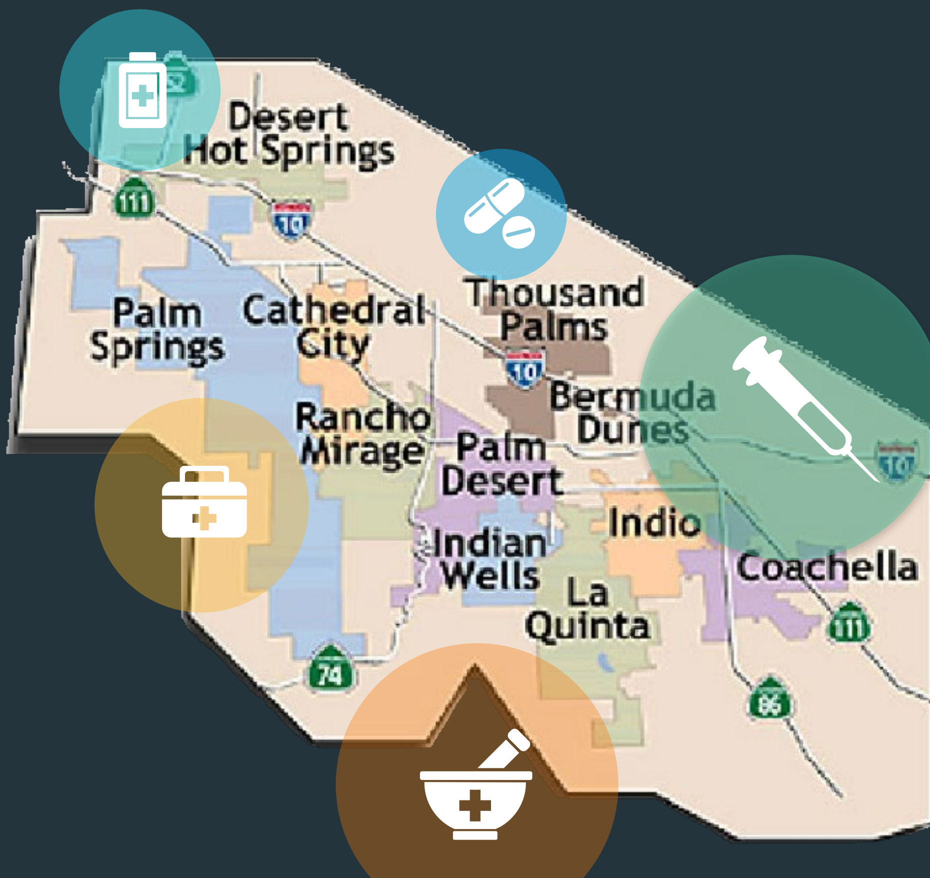
Medical Records
If EMR access is not possible, referrals may involve sharing of MRs.

Patient Acceptance
You may get a higher amount of patient acceptance through referrals.

Established Workflow
A referral process may allow for an established workflow between clinics.

Saves Pharmacy Time
Referrals save the pharmacy time and can increase enrollment success.

Establishes Connections
Referrals also help establish working relationship with physicians & staff.



Initial Work-Up

1

Previous Visit Note

While reading the previous visit note is not required, it may be helpful so you can become acquainted with active medical needs prior to calling.

HISTORY

2

Recent Fill History

Having recent fill history can help identify overdue meds, recent prescribers, and help in the medication reconciliation process.

HISTORY

3

Recent Labs/Diagnostics

Having recent lab results can help guide medication therapy selection, assessment of chronic conditions, amd provide relevant talking points.

UPDATES

4

Next Primary Care Visit

Knowing when the patient is scheduled to see their primary care provider can help establish trust with the patient and serve as a reminder for the appt.

UPDATES

Offering Assistance

HELP PATIENTS FIRST
Giving Before Getting

Many times, patients need help with something. Whether it's navigating healthcare, identifying medication related problems, or accessing care, pharmacists can help!

Disease State Management

Help patients get what they need to manage their conditions.

Access to Care

Help patients get access to their providers thru health advocacy.

Pharmacy Services

Discuss any MRP's identified in the patient's fill history.

Question

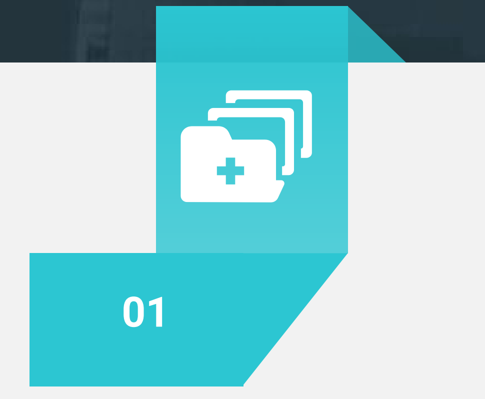
3. Offering to assist patients with access to care or refills can be a way to establish a relationship with the patient and earn their trust.
   a. True
   b. False

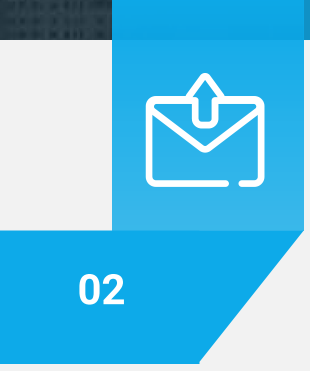
CPA Strategies

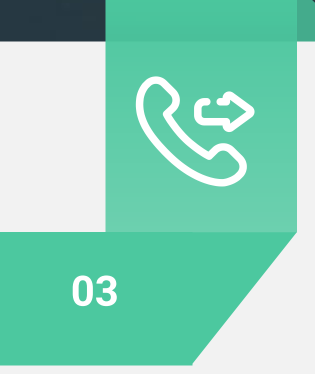
Ramesh Upadhyayula, APh

Steps in Establishing a CPA

Teaming Up For Improved Patient Care







CREATE PROTOCOLS

Disease State Protocols should be evidence-based and detail workflow specifics. May borrow existing protocols.

INTRODUCTION LETTER

The first point of contact may be a letter, email, and fax highlighting clinical services and requesting a meeting.

ESTABLISH CONTACT

A telephonic outreach to the provider or the office manager to discuss clinical services and set-up a meeting time.

PRESENT SERVICES

An introduction to the team, presentation of clinical services, and highlighting the benefits of collaboration.

REQUEST SIGNATURES

A follow-up email with documents that would need to be signed such as Protocols and the CPA.

Example Protocol

Desert Hospital Outpatient Pharmacy
Asthma Management Protocol

Supported with Courtesy
By:

Updated October 2020

I. Goals and Objectives

The goal of the pharmacist-managed Asthma Management Program (AMP) is to partner with primary care physicians in helping patients achieve optimal control of their asthma. The objectives of the AMP are as follows:

A. Following educational sessions with pharmacists, patients will be able to:
1. Explain, in lay terms, the pathophysiology of asthma and symptoms of worsening of asthma control
2. Identify and manage patient-specific triggers of asthma exacerbations
3. Identify each asthma medication as a "preventer" or "rescuer"
4. Demonstrate proper use of drug delivery devices including metered-dose inhalers, spacer devices, and home nebulizer education.
5. Demonstrate proper use of peak flow meters to establish personal best peak flow rates and daily variability
6. Incorporate peak flow testing into a personalized Asthma Action Plan that includes guidelines for the use of bronchodilators and "burst" oral corticosteroid therapy

B. Ensure that asthma patients are receiving the appropriate long-term control medications, if

FOR PATIENTS:

Take the Asthma Control Test™ (ACT) for people 12 yrs and older.

Know your score. Share your results with your doctor.

FIGURE 4–6. CLASSIFYING ASTHMA SEVERITY AND INITIATING TREATMENT IN YOUTHS ≥12 YEARS OF AGE AND ADULTS

Appendix C: Plan for Controlling Asthma Triggers	
Asthma Trigger	**Methods Available to Control Trigger**
INDOORS	

House Dust Mites & Vacuuming	• Encase mattress, pillow, and comforter in special dust-proof covers
	• Wash sheets, blankets, and pillows each week in hot water (> 130° F)
	• Reduce indoor humidity to < 50% using a dehumidifier or air conditioner
	• Avoid sleeping or lying on cloth-covered cushions or furniture
	• Keep stuffed toys away from bedding or wash toys weekly in hot water
	• Vacuuming:
	  • Vacuum frequently (twice a week), try to have someone else vacuum to avoid exposure to dust
	  • Keep out of rooms during vacuuming, remain away for a short while afterwards
	  • Use dust mask, double-layered or microfilter vacuum bag, or HEPA filter on vacuum cleaner

Animal Dander	• Keep furred or feathered pets out of the home OR keep pet out of bedroom & keep bedroom door closed • Cover air vents in bedroom with heavy material to filter air • Remove carpets and furniture covered with cloth
Cockroaches	• Keep all food out of bedroom • Keep food and garbage in closed containers • Use poison, baits, powders, traps, etc. (If spray is used, keep out of room until odor disappears)
Indoor Mold	• Fix leaky faucets, pipes, or other water sources • Clean moldy surfaces with a bleach-containing cleaner • Avoid using humidifiers
OUTDOORS	
Colds & Infections	• Avoid people with colds or the flu • Get rest, eat a balanced diet, and exercise regularly • Get a flu shot every year unless you have a clear reason for not receiving it (for example, being allergic to the vaccine) • Remember that coughing can be a sign of uncontrolled asthma, so if you're not sure if your cough is due to a cold or to asthma, be sure to speak with your doctor.
Pollen & Outdoor Mold	• Keep windows closed • Stay indoors with windows closed during midday and afternoon

Example Introduction Letter

Desert Hospital Outpatient Pharmacy Ambulatory Health
1180 N. Indian Canyon Drive, Suite E140, Palm Springs, CA 92262
Phone: (760) 323-1001 | Fax: (760) 323-1144

Dr. Edward Jenner, MD, FRS, FRCPE
Desert Medical Practice Associates
1180 N Indian Canyon Drive
Palm Springs CA 92262

March 24, 2021

Dear Dr. Jenner,

We are writing from the Desert Hospital Outpatient Pharmacy (DHOP) Ambulatory Health program. We are excited to announce the opening of our Free Asthma Clinic in collaboration with Inland Empire Health Plan (IEHP) and the University of Southern California (USC). We are excited to begin this journey of expanding free clinical services to patients in the Coachella Valley.

Our team consists of licensed pharmacists and residents working together to perform patient outreach, improve outcomes, and reduce hospital readmissions. Our residents and pharmacists are fully licensed and extensively trained to offer comprehensive medication management services which include pharmacotherapy optimization, prescribing, and triaging care. Our team is able to assist with disease state monitoring, reviewing labs, performing follow-up calls, and patient advocacy.

Furthermore, we are hoping to establish a collaborative practice agreement with your organization if permitted. In addition to asthma, our Ambulatory Health Clinic is able to assist with other chronic disease states such as COPD, diabetes, hypertension, heart failure, anticoagulation, and smoking cessation. Please let us know if there is anything that we can do to begin the process.

We have attached our protocols and collaborative practice agreement for your review and signature. Also, we have included a list of patients that were selected and referred to our clinic by IEHP. Thank you so much for your time and dedication. We look forward to hearing from you!

Sincerely,

Ramesh Upadhyayula APh
Director of Pharmacy
rameshrx@gmail.com

Natalie Valadez, PharmD
Residency Program Director
natalievaladez@fillrx.net

Establishing Contact with Physicians

01 02 03 04 05 06

1. INTRODUCE CLINIC
Discuss your collaboration with the health plan and USC School of Pharmacy.

2. HIGHLIGHT CLINICAL SERVICES
Emphasize your clinical services and goals for collaborating with local physicians.

3. EXPRESS INTEREST IN HELPING
Express your sincere interest in helping mutual patients through collaboration.

4. REQUEST EMAIL ADDRESS
Email access is essential for direct communication with office management.

5. OFFER TO EMAIL PROTOCOL(S)
Give the physician time to review your disease state protocol(s) prior to meeting.

6. OFFER TO EMAIL MEETING INVITATION
Check with office manager what times are usually less busy for the office, email invitation.

Meet to Present Services

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Example Follow-Up Email

Natalie Valadez <natalievaladez@fillrx.net>

Thank you for meeting with our team!

Natalie Valadez <natalievaladez@fillrx.net> Thu, Mar 25, 2021 at 11:08 AM
To:
Cc: Ramesh Upadhyayula <rameshrx@gmail.com>

March 25, 2021

Dear ,

We are writing to express our sincere gratitude for your time and participation in the recent meeting between our institutions. Our staff at Desert Hospital Outpatient Pharmacy (DHOP) Ambulatory Health are very excited for the prospect of providing care to patients at .

As discussed in our meeting, our team consists of licensed pharmacists and residents working together to perform patient outreach, improve outcomes, and reduce hospital readmissions. Our residents and pharmacists are fully licensed and extensively trained to offer comprehensive medication management services which include pharmacotherapy optimization, prescribing, and triaging care. Our pharmacists also assist with disease state monitoring, ordering and reviewing labs, performing follow-up calls, and patient advocacy.

Furthermore, we are hoping to gain EHR access and establish a collaborative practice agreement with your organization if permitted. In addition to diabetes management, our Ambulatory Health Clinic would like to offer assistance with hypertension and hyperlipidemia for diabetic patients. IEHP has a focus on hypertension, in particular, and this disease state is also in the IEHP report card which affects P4P revenue.

We look forward to the possibility of collaborating with your fine institution to provide comprehensive pharmacological care services. Please let us know if there is anything that we can do to begin the process. We have attached our protocols and collaborative practice agreement for your review and signature.

Thank you so much for your time and dedication to advancing patient care. Please advise what date and time would work for us to meet with physicians. We look forward to hearing from you!

DHOP Protocols & CPA

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Sincerely,

Ramesh Upadhyayula APh
Director of Pharmacy
rameshrx@gmail.com

Natalie Valadez, PharmD
Residency Program Director
natalievaladez@fillrx.net

Question

4. Step #1 in establishing a collaborative practice agreement with a physician is:
   a. Request Signature
   b. Establish Contact
   c. Present Services
   d. Create Protocols
   e. Send an Introduction Letter

Our Experience

Scenarios We Encountered

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Strategy Considerations

CONSIDER DISEASE STATES AVAILABLE

Physicians may express interest in working with a pharmacist for one or various disease states, determine what will work for you.

EMPHASIZE PRACTICALITY

Build the case for establishing a formal collaboration by highlighting added value. Offer to start slow if hesitant.

DETERMINING WHO TO APPROACH

Build your CPA portfolio by approaching familiar physicians first, before approaching other physicians.

PROMOTE YOUR CURRENT WORK

Discuss your current specialties and give examples of other physicians you work with under CPA agreements.

Get Assistance from Health Plan

ACCESS TO SENIOR ADMIN

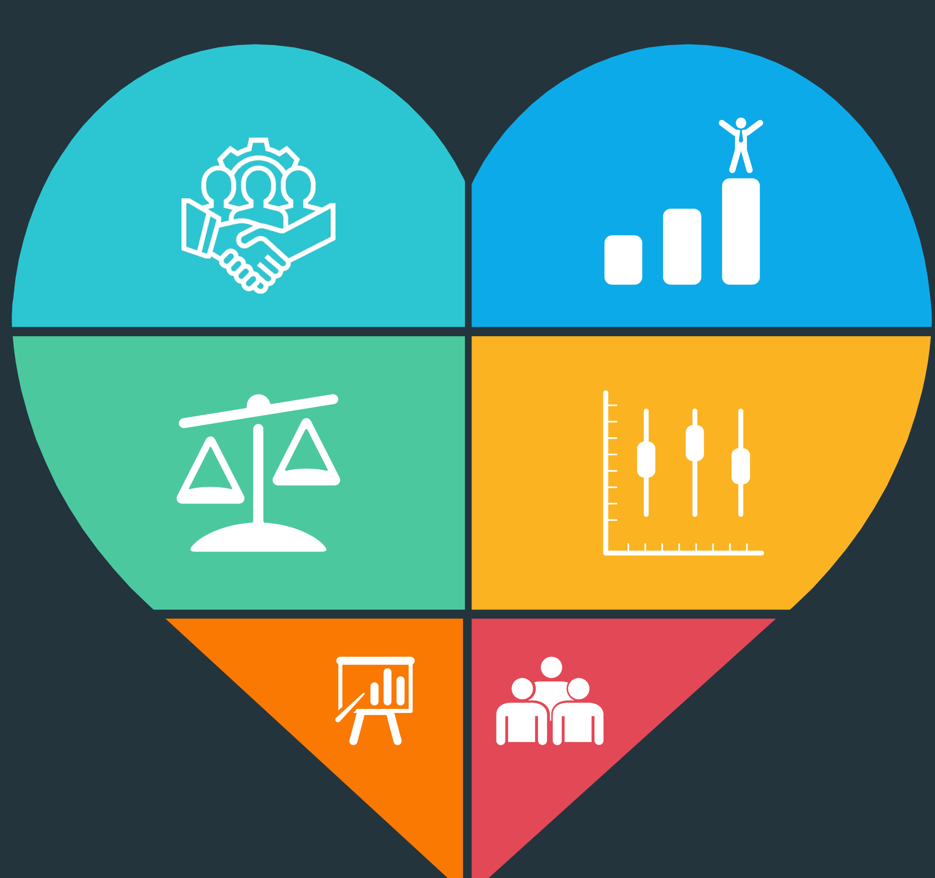
The health plan is more successful in arranging a meeting with senior admin.

PROPOSAL MORE WEIGHTED

Collaboration proposals are more weighted when coming from payor.

TARGET PERFORMANCE SCORES

The health plan knows the physician or medical group's performance scores.



BENEFITS OF CMM

For physician's unfamiliar with CMM, the health plan can highlight benefits.

PHARMACIST OUTCOMES

Additionally, proven pharmacist-driven outcomes can be highlighted by payor.

LARGER TEAM

The health plan is an ideal partner for meeting with large medical groups.

Scenario #1

EXISTING RELATIONSHIP: PREVIOUSLY ACQUAINTED

Previous experience with our pharmacy, through calling for clinical question or discussion with us regarding a patient.

FAMILIARITY WITH CMM: MINIMAL

Physician heard of pharmacist-managed anticoagulation and expressed having a need for help with this disease state.

ORGANIZATION TYPE: PRIVATE PHYSICIANS GROUP

Physician practices with other physicians in close affiliation with a medical center for a medical residency program.

PREFERRED METHOD OF COMMUNICATION: TEXT/PHONE

After discussing possible collaboration, cell phone contact information was exchanged. All subsequent meetings were arranged thru text/calls.

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Scenario #2

EXISTING RELATIONSHIP: NONE

Physician's office in the community, no previous acquaintance other than being in the same community and minimal mutual patients.

FAMILIARITY WITH CMM: MINIMAL

Physician heard of groups in the area that utilized pharmacists for CMM, however, they had not worked with pharmacists before.

ORGANIZATION TYPE: PRIVATE MEDICAL PRACTICE

Physician practices alone without any partners and with minimal support staff.

PREFERRED METHOD OF COMMUNICATION: PHONE/EMAIL

Initial phone conversation followed by email with invitation for a Zoom meeting and protocols to be reviewed.

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Scenario #3

EXISTING RELATIONSHIP: PREVIOUSLY ACQUAINTED

Previous experience working with health plan. Organization familiar with our pharmacy due to close proximity and mutual patients.

FAMILIARITY WITH CMM: HIGH, PREVIOUS EXPERIENCE

The organization had previously worked with pharmacists for the provision of CMM services.

ORGANIZATION TYPE: FQHC

A Federally Qualified Health Center offering medical, dental, counseling, social services, in-house pharmacy and lab.

PREFERRED METHOD OF COMMUNICATION: EMAIL/ZOOM

Health plan set-up introductory meeting with senior management at FQHC, clinical services were presented and email follow-up sent.

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Questions?
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