Pharmacy Revolution: Innovating Prescription Fulfillment With In-Clinic Micropharmacies

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St. Luke's Health System Boise ID

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Learning Objectives

At the end of this session, participants should be able to:

1. Recall barriers that may prevent patients from successfully obtaining their prescriptions and receiving effective medication education following clinic appointments.

2. Identify potential operational challenges, workflow opportunities and regulatory compliance considerations associated with implementing an in-clinic micropharmacy model.

3. Recognize best practices for utilizing an in-clinic micropharmacy model to support improving medication access, affordability and adherence as compared to a standard community pharmacy model.

Audience Question: Current Role

- Show of hands

  o How many of you currently oversee or work in an outpatient or clinic pharmacy setting?

Source: Getty Images. Access date 6/19/24

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Audience Question: Micropharmacy Awareness

Source: Getty Images. Access date 6/19/24

- Show of hands
  - Have you heard of the concept of micropharmacies or in-clinic pharmacies before today's presentation?

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IN-CLINIC MICROPHARMACY

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St. Luke's Retail Pharmacies

13
locations

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It Starts With Us

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St. Luke's Medical Centers

St. Luke's Boise

St. Luke's Elmore

St. Luke's Jerome

St. Luke's Magic Valley

St. Luke's McCall

St. Luke's Meridian

St. Luke's Nampa

St. Luke's Wood River

Sources: Images obtain from St. Luke's Hospital. Not for reuse without permission of SLHS.

St. Luke's Geographical Locations

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St. Luke's Medical Centers

Meds to Beds
Bedside Medication Delivery

St. Luke's Boise
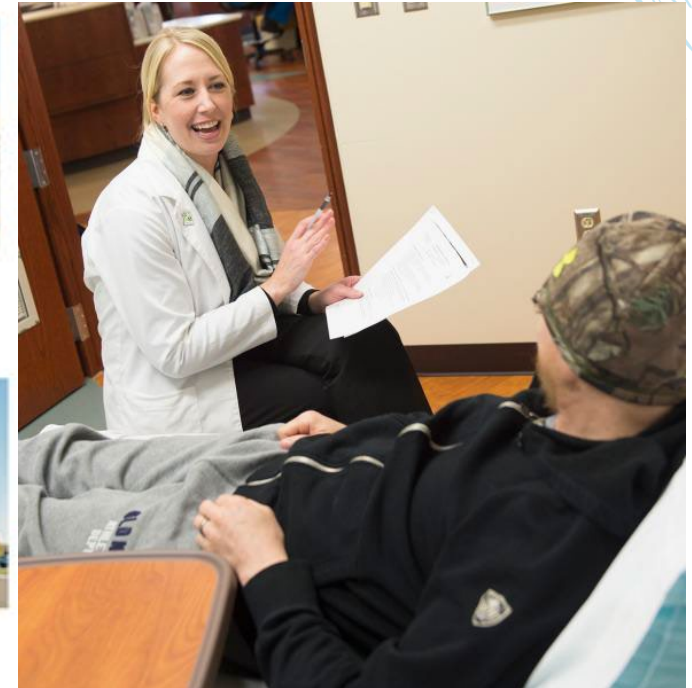
St. Luke's Elmore

St. Luke's Jerome

St. Luke's McCall

St. Luke's Meridian

St. Luke's Nampa

Sources: St. Luke's Hospital System. Not for reuse without permission of SLHS

Medication Lockers

Sources: St. Luke's Hospital System. Not for reuse without permission of SLHS

Community Partnership

Winco Grocery

Two locations currently

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Pharmacy Curbside Services

Medication Pickup

Vaccinations

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Home Delivery / Mail-Order

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St. Luke's Medical Clinics

Opportunity!

St. Luke's Clinic:
Working Together to Provide Exception[al...] [Comm]unities We Serve

Where We Are

- Riggins
- New Meadows
- McCall
- La Grande
- Baker City
- Ontario
- Emmett
- Fruitland
- Caldwell
- Eagle
- Ketchum
- Meridian
- Nampa
- Sun Valley
- Boise
- Hailey
- Mountain Home
- Jerome
- Buhl
- Twin Falls

1,000 PROVIDERS

1,800 SUPPORT STAFF

250 CLINICS

7 HOSPITALS

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St. Luke's Medical Clinics

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St. Luke's Ambulatory Pharmacy

Staff	Services	By the Numbers
	• Collaborative drug therapy management • Medication Education & Counseling • NO dispensing functions	• 32 Pharmacists • 7 Pharmacy technicians • 29 Primary care clinics • 1 Pharmacotherapy clinic • 22+ Specialty clinics

Source: St. Luke's Hospital System. Not for reuse without permission of SLHS

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IDENTIFYING & PROMOTING LOCATIONS

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Micropharmacy Model

- In-clinic

  o Not full retail pharmacies

  o First-fill

  o No refills

  o Tailored to clinic needs

Source: St. Luke's Hospital System. Not for reuse without permission of SLHS.

Selling the In-clinic Micropharmacies

- Seamless pharmacy care delivery

- Patient convenience

- In the moment troubleshooting

- First-fill adherence

- Specialized patient counseling

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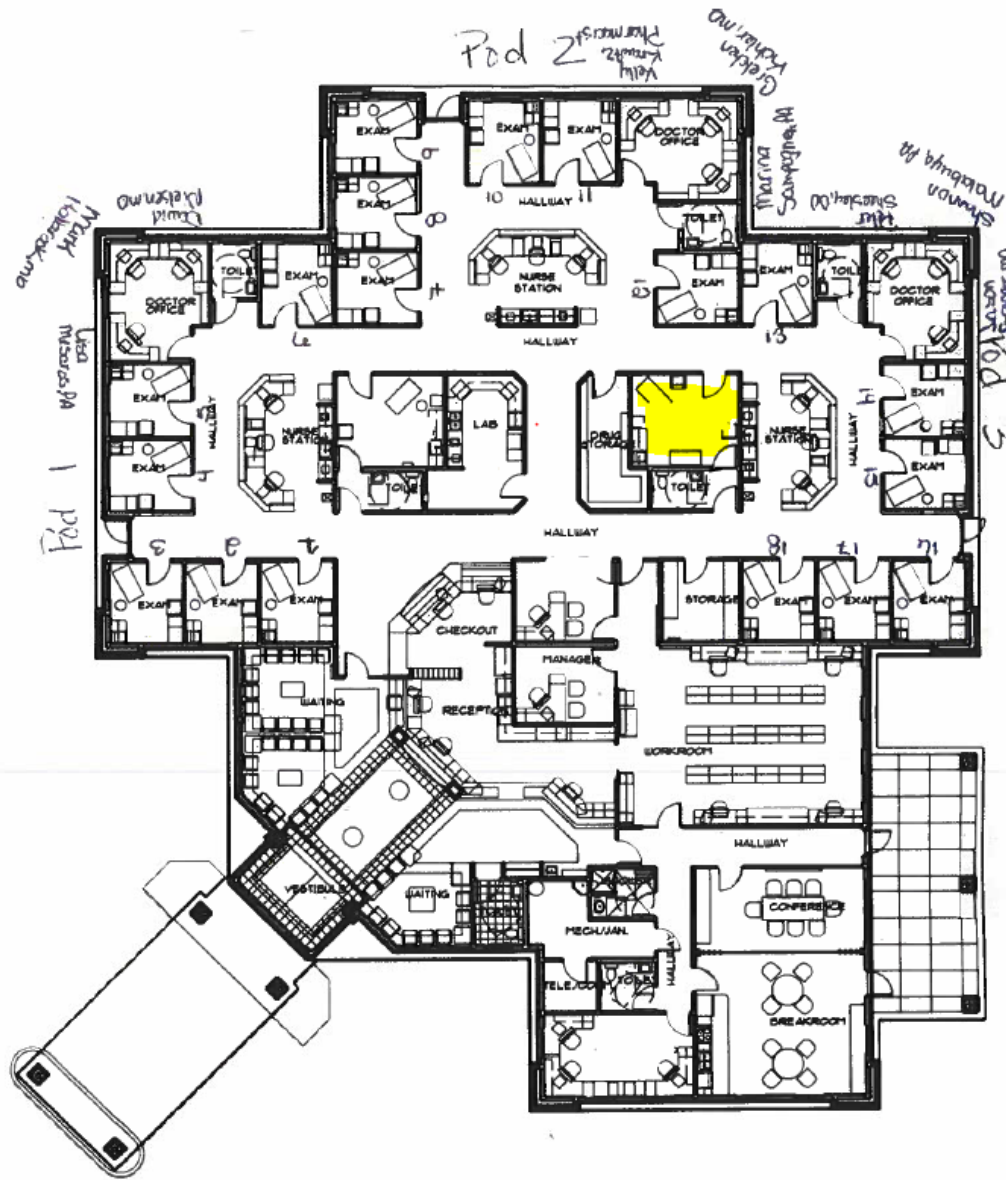
Addressing Concerns

- New process

- Change of clinic workflows

- Space considerations

- Increase in traffic

- Limitations of functionality

- Patient barriers

- Marketing

Source: Getty Images. Access date 6/19/24

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Clinic Space

Source: St. Luke's Hospital System. Not for reuse without permission of SLHS

Micropharmacy Renovation

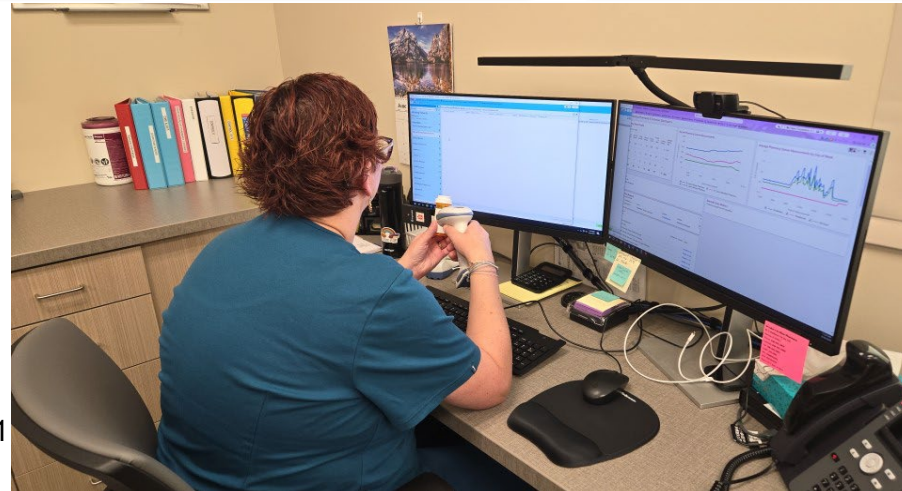Sources: St. Luke's Hospital System. Not for reuse without permission of SLHS

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MICROPHARMACY PROCESS

Source: St. Luke's Hospital System. Not for reuse without permission of SLHS

In-clinic Pharmacy Process

Enter Prescription

Clinical Review

Prescription Dispensing

Key Elements

Fill Prescription

Patient Counseling

Product Verification

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In-Clinic Prescription Fulfillment Roles

Data Entry → Prescriptions clinic initiated

Review → Remote Central Pharmacist

Fill → Clinic Pharmacy Technician

Verify → Remote Central Pharmacist

Counsel → Remote Central Pharmacist

Dispense → Clinic Pharmacy Technician

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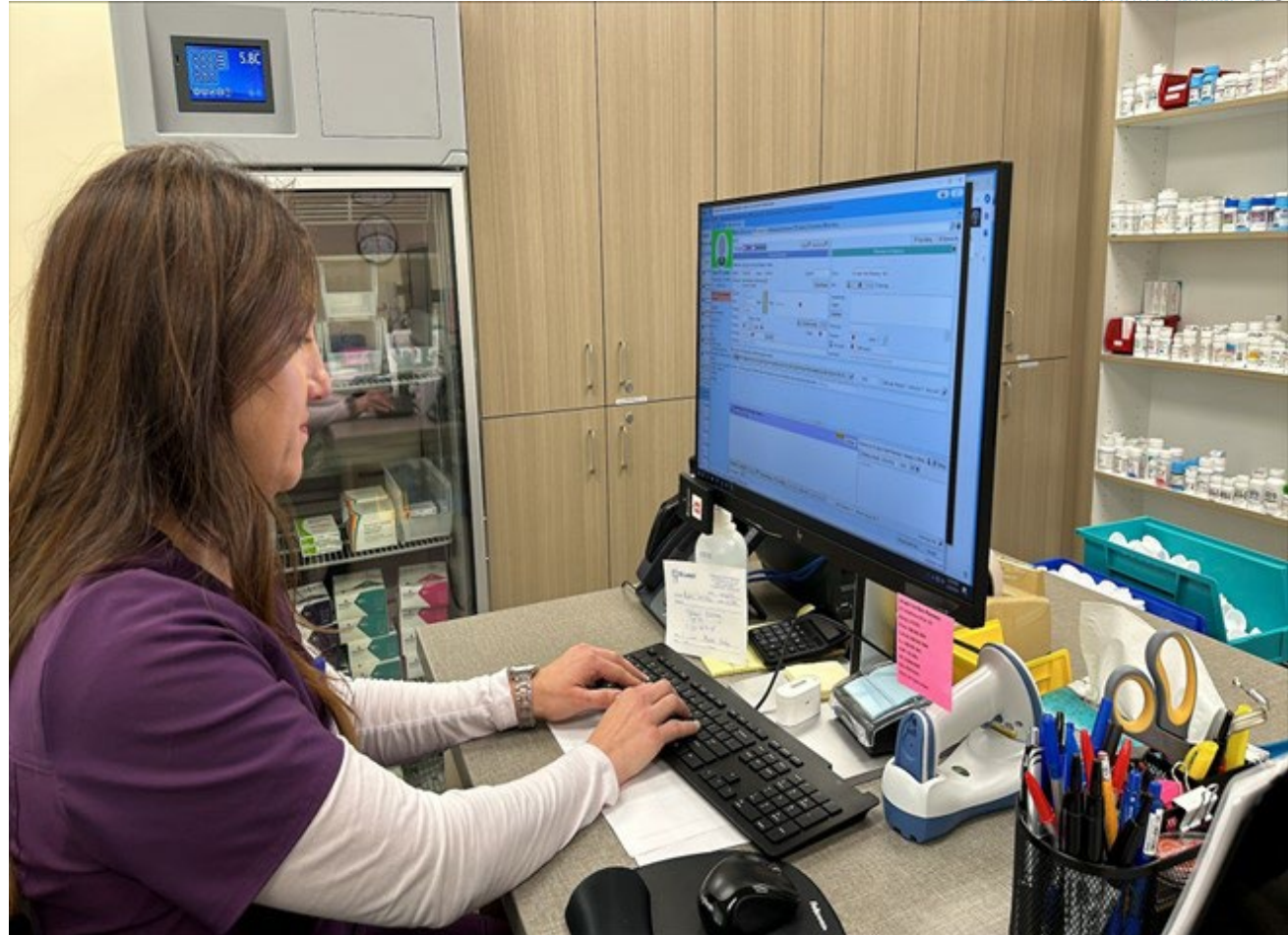
Prescription Data Entry

Utilize EPIC Ambulatory

Originate only from clinic providers

- **Electronic forms increase efficiency**

Prescriptions pass from

- **First-fill Queue
  to Clinical Review Queue**

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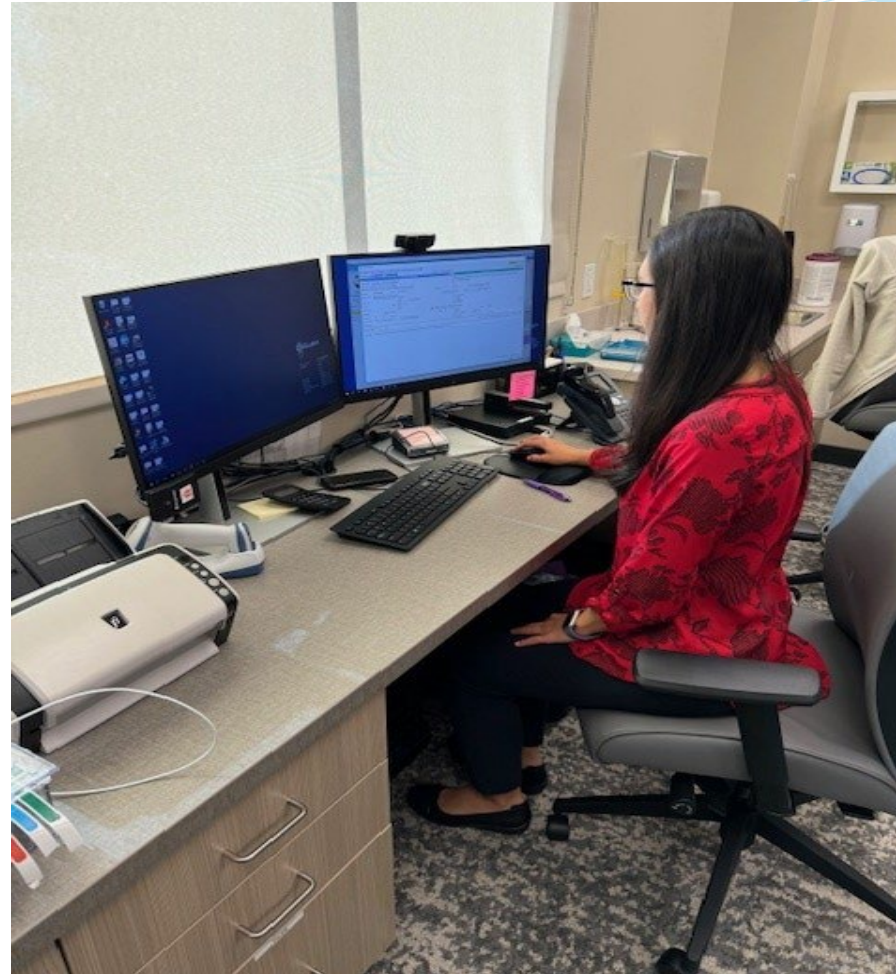
Prescription Clinical Review

Clinical Review

- **Remote Central Pharmacist**

- **Utilizing Epic Willow Ambulatory/Hyperspace**

Pharmacist

- **Communicates in real time with interdisciplinary team**

- **Voalte, iPhone, Teams, Phone**

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Prescription Filling

Clinic Pharmacy Technician:

- **Selects medication from targeted formulary**

- **Barcode scanning of correct medication recorded in Epic**

Prescription Filling is captured under overhead camera:

- **Viewable by central remote pharmacist and stored for 30 days**

- **Image of medication and stock medication bottle captured and sent through Voalte iPhone to central remote pharmacist**
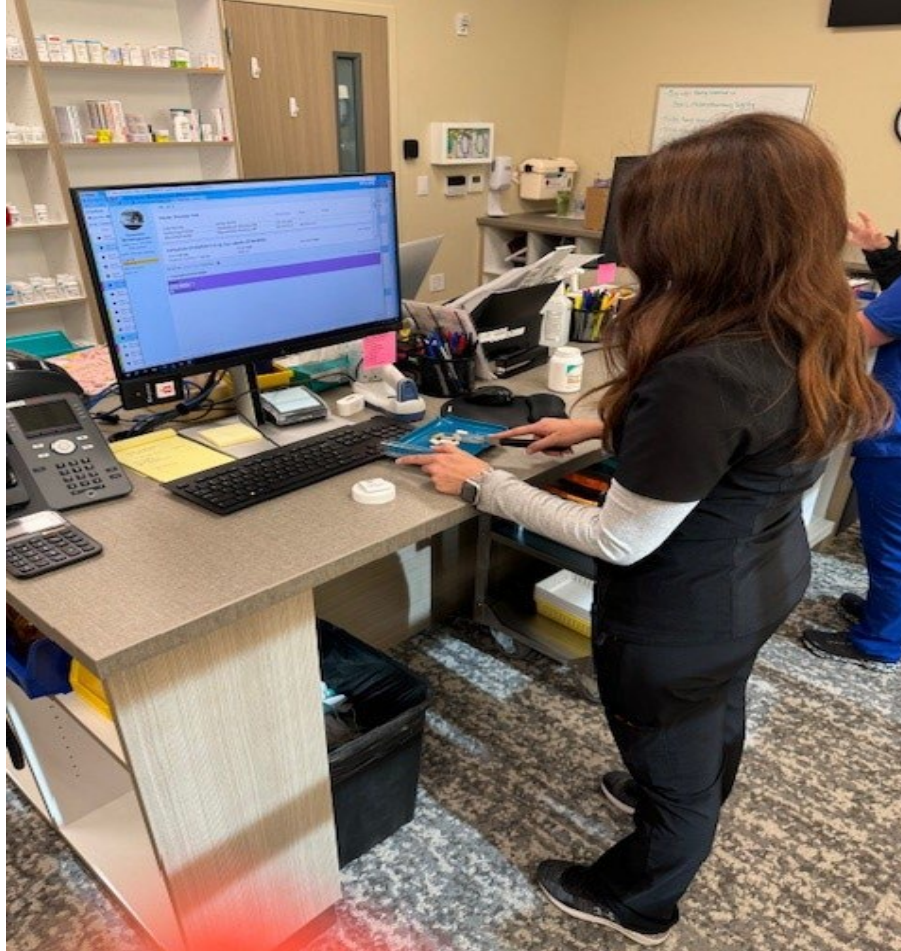
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Patient Counseling

- Telephonic medication counseling in clinic room

- Counseling right after provider visit yielding reinforcement of medication purpose while answering patient questions

- Medication costs are discussed, ensuring initiation of therapy

- Central Remote Pharmacist and Outpatient Pharmacy sites offer medication counseling support after clinic visit

- If Central Remote Pharmacist decides patient needs additional counseling for complicated medication or device, Ambulatory Pharmacist can be utilized

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Prescription Dispensing

Technician Dispenses Prior to Patient Leaving

- Provider-based clinic prescriptions are provided to patient in lobby waiting area

- Non-provider based clinic prescriptions are provided to patient in clinic exam room

- Patients receive bill; payment due net 30 days currently

- Epic Point of Sale in a mobile capacity close to implementation

- Future: curbside prescription dispensing

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CLINIC INTEGRATION

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Identifying Clinic Needs

Clinic Designation

Available Resources

Pharmacy Services

Formulary

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Identifying Clinic Needs

Clinic Designation

Identify the designation
of clinics as "provider-based"
or "freestanding"

- Centers for Medicare & Medicaid Services (CMS) categorizes hospital-owned clinics as either "freestanding" or "provider-based"

- The difference in these designation effects in-clinic micropharmacy:

- Space

  - Workflows

  - Staffing

Source: Centers for Medicare & Medicaid Services. *Medicare Claims Processing Manual*. Chapter 12, Section 200. U.S. Department of Health and Human Services, www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf. Accessed 6/23/2024.

Identifying Clinic Needs

Resources

Identify other gaps in pharmacy resources

- Pharmacy resources that aid in the support of the micropharmacy workflows:
  o Ambulatory pharmacists & technicians
  o Prior authorization personnel
  o Medication assistance resources
  o Lab access
  o Imaging & procedures

Identifying Clinic Needs

Formulary

Adapt micropharmacy formulary to individual clinic needs

- Clinic type:
  - Primary care
  - Urgent care
  - Specialty
- Varying urgent care type needs
- Patient populations
  - First dose injectables
  - Devices
- Ambulatory pharmacist locations

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Identifying Clinic Needs

Immunizations

In-clinic micropharmacies can administer & bill Part D vaccines

- Medicare Part B is limited to:
  - Flu
  - Pneumonia
  - Hepatitis B
  - COVID-19
- Medicare Part D covers:
  - All commercially available vaccines to PREVENT illness
  - Shingles, RSV
  - Tetanus-diphtheria-whooping cough

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Identifying Clinic Needs

UTI workflow

In-clinic micropharmacies can offer walk-in UTI management

- Walk-in management options for urinary tract infections (UTI)
  - Triage nurse screens patient per SLHS Clinic UTI protocol
  - Patient presents to clinic for urinary analysis (UA)
  - Results are sent to ambulatory pharmacist
  - Ambulatory pharmacist prescribes appropriate antibiotics to micropharmacy
  - Antibiotics are dispensed & counseled on via the micropharmacy

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SUCCESS, BARRIERS & NEXT STEPS

In-Clinic Pharmacy Successes

Integration	Formulary	Health System	Provider	Patient
Breaking Down of Silos	**Greater Control**	**Pharmacy Business**	**Improved Adherence**	**Increased Access to Care**
• Pharmacy part of clinic team • Increased communication/ coordination with providers	• Medication targeted to patient needs • Adaptable • Low inventory cost	• Increased prescription capture rates • Expanding coordinated patient care	• Patients following treatment plans • Reinforced patient education	• Convenience • Reinforced education • Pharmacy covered vaccinations

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In-Clinic Pharmacy Barriers: Regulatory

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INITIAL CHALLENGES

- DEA
  - Telehealth pharmacy designation
- CMS clinic designation
- Medication wholesaler
- Medicare Part B

MODEL CHALLENGES

- **Implementing different pharmacy model**
- **Time to implementation**
- **Identifying space within a clinic**
  - Square footage
  - Refrigerators
  - Licensure
- **Construction costs**
  - Alarm / badge access
  - Shelving
  - Outlets
  - Information Health Technology
  - Revenue cycle
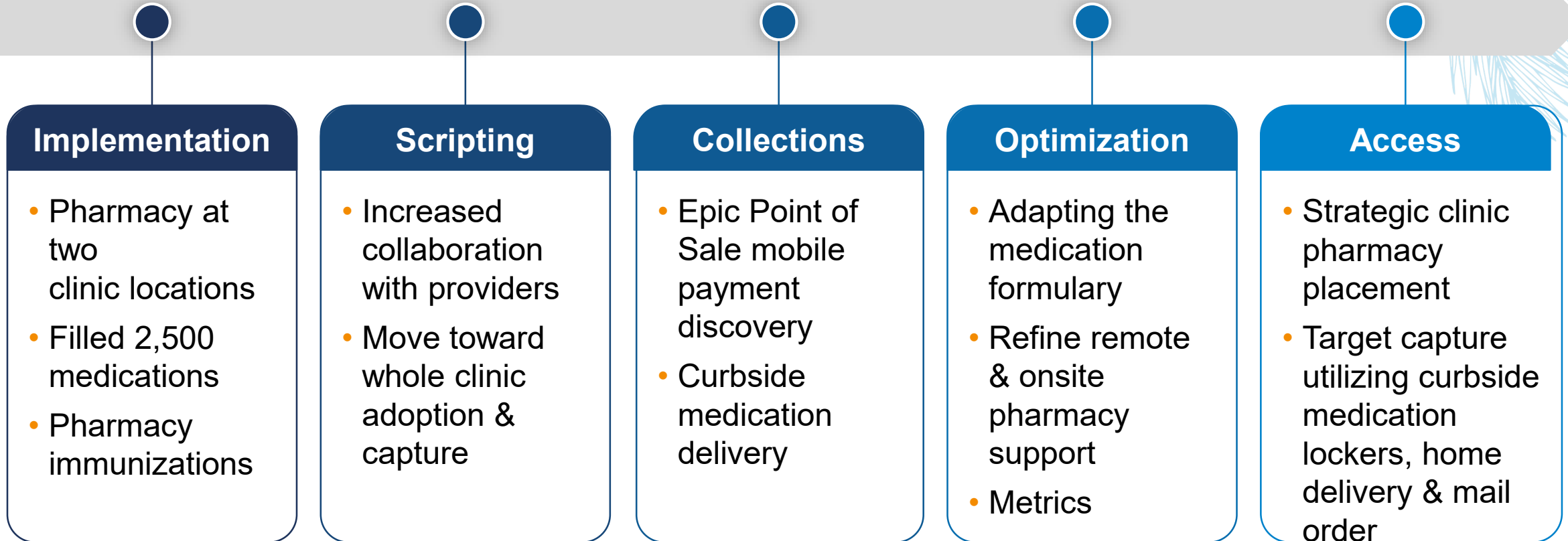
In-Clinic Pharmacy Barriers: Logistics

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In-Clinic Pharmacy Next Steps

Milestone

Implementation

- Pharmacy at two clinic locations
- Filled 2,500 medications
- Pharmacy immunizations

Scripting

- Increased collaboration with providers
- Move toward whole clinic adoption & capture

Collections

- Epic Point of Sale mobile payment discovery
- Curbside medication delivery

Optimization

- Adapting the medication formulary
- Refine remote & onsite pharmacy support
- Metrics

Access

- Strategic clinic pharmacy placement
- Target capture utilizing curbside medication lockers, home delivery & mail order

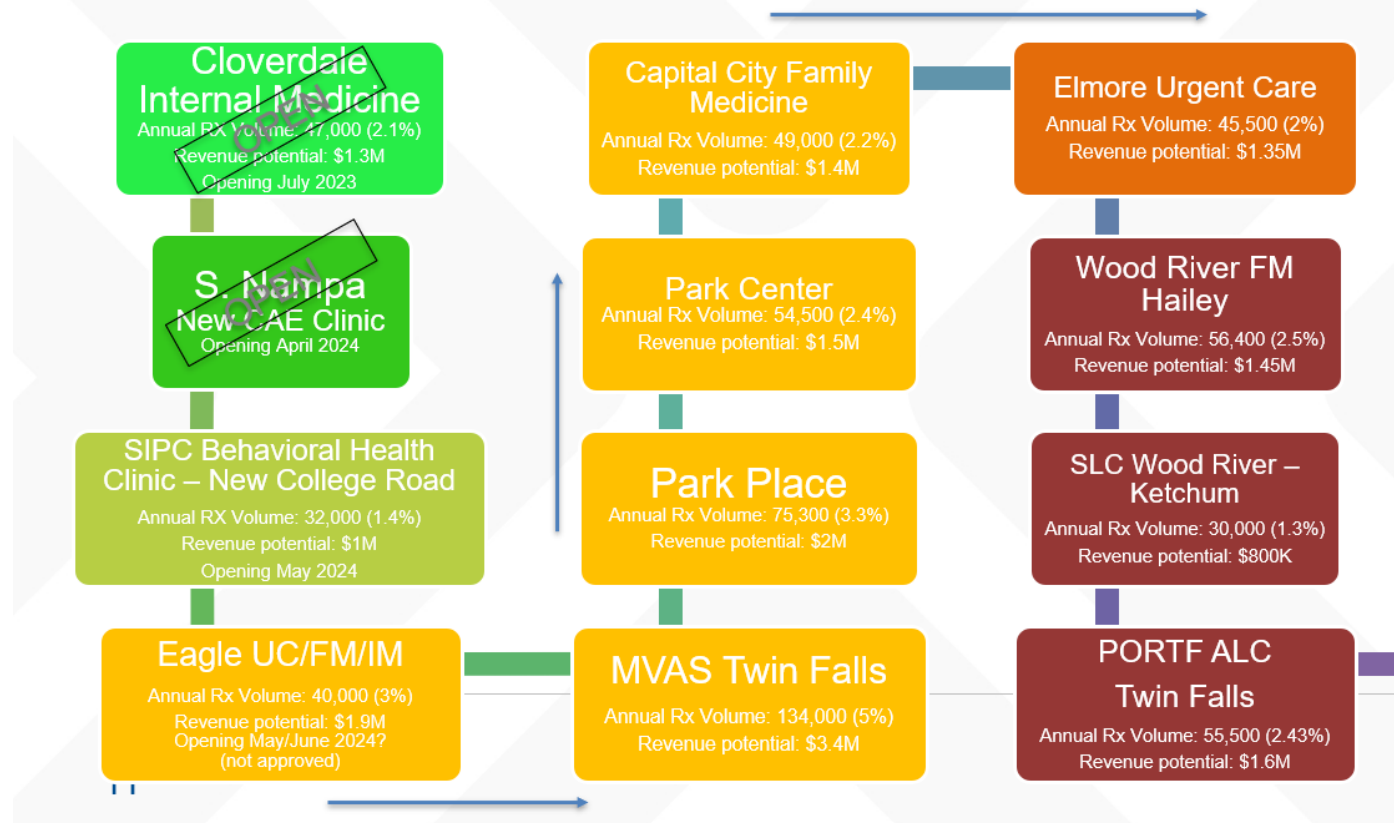**HEALTHTRUST** UNIVERSITY CONFERENCE

Micropharmacy Expansion

MicroPharmacy Roadmap Proposal

New Net Revenue Based on 20% Capture Rate; % Represents the % of total system prescriptions that come from the clinic 12 Clinics below represent 25% of all System Prescriptions

Cloverdale Internal Medicine
Annual RX Volume: 47,000 (2.1%)
Revenue Potential: $1.3M
Opening July 2023

S. Nampa New CAE Clinic
Opening April 2024

SIPC Behavioral Health Clinic – New College Road
Annual RX Volume: 32,000 (1.4%)
Revenue potential: $1M
Opening May 2024

Eagle UC/FM/IM
Annual Rx Volume: 40,000 (3%)
Revenue potential: $1.9M
Opening May/June 2024?
(not approved)

Capital City Family Medicine
Annual Rx Volume: 49,000 (2.2%)
Revenue potential: $1.4M

Park Center
Annual Rx Volume: 54,500 (2.4%)
Revenue potential: $1.5M

Park Place
Annual Rx Volume: 75,300 (3.3%)
Revenue potential: $2M

MVAS Twin Falls
Annual Rx Volume: 134,000 (5%)
Revenue potential: $3.4M

Elmore Urgent Care
Annual Rx Volume: 45,500 (2%)
Revenue potential: $1.35M

Wood River FM Hailey
Annual Rx Volume: 56,400 (2.5%)
Revenue potential: $1.45M

SLC Wood River – Ketchum
Annual Rx Volume: 30,000 (1.3%)
Revenue potential: $800K

PORTF ALC Twin Falls
Annual Rx Volume: 55,500 (2.43%)
Revenue potential: $1.6M

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Assessment Question #1

Which of the following may create a barrier for patients from successfully obtaining their prescriptions?

      a) Lack of transportation to a pharmacy
      b) High medication costs
      c) Difficulty understanding medication instructions
      d) Long wait times at the pharmacy
      e) All of the above

Assessment Question #1

Which of the following may create a barrier for patients from successfully obtaining their prescriptions?

    a) Lack of transportation to a pharmacy
    b) High medication costs
    c) Difficulty understanding medication instructions
    d) Long wait times at the pharmacy
    e) All of the above

Assessment Question #2

Which of the following regulatory compliance issues must be considered when implementing an in-clinic micropharmacy model?

      a) Board of Pharmacy Licensure
      b) DEA Licensure
      c) Medicare Part B
      d) The Joint Commission
      e) All of the above

Assessment Question #2

Which of the following regulatory compliance issues must be considered when implementing an in-clinic micropharmacy model?

a) Board of Pharmacy Licensure
b) DEA Licensure
c) Medicare Part B
d) The Joint Commission
e) All of the above

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Which of the following best practices for an in-clinic micropharmacy model can support improving medication access for patients compared to a standard community pharmacy model?

    a) On-site in-clinic pharmacist
    b) 1500 square foot pharmacy space
    c) Dedicated medication authorization team
    d) Expansive medication formulary
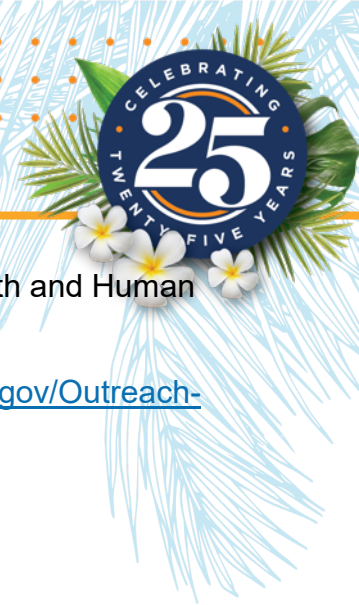
Assessment Question #3

Which of the following best practices for an in-clinic micropharmacy model can support improving medication access for patients compared to a standard community pharmacy model?

a) On-site in-clinic pharmacist
b) 1500 square foot pharmacy space
c) Dedicated medication authorization team
d) Expansive medication formulary

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Thank You